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AUDITORIUM, MINISTRY OF HEALTH

EACS European AIDS Clinical Society MEETING

STANDARD of CARE for **HIV** and **COINFECTIONS** in **EUROPE**

Chairs: *A. Antinori, A. d'Arminio Monforte, C. Mussini*

Barriers to HCV testing and treatment in Europe

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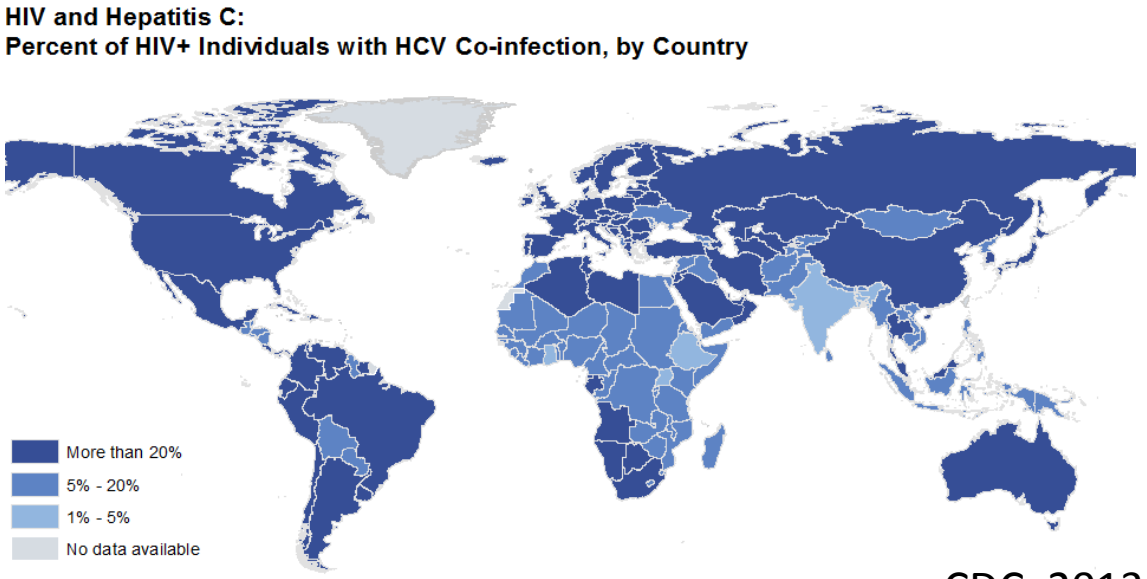
Key populations affected by HCV until '2000

- **Historically, shared routes of transmission for HIV and HCV: blood**
  - IV drug use
  - Transfusions
  - Nosocomial acquisition



CDC, 2013

Key populations mostly affected by HCV after 2000

1st target population: MSM

Danta m. et al., AIDS 2007
case-control, HIV+

- More sex partners
- High risk sex
- intranasal or intranal drugs

Urbanus et al., AIDS 2009
cross-sectional, HIV+/-

- HIV
- GHB
- Fisting
- IDU

▪ Fisting was strongly correlated with the use of sex toys, group sex, bleeding during sex, and GHB use

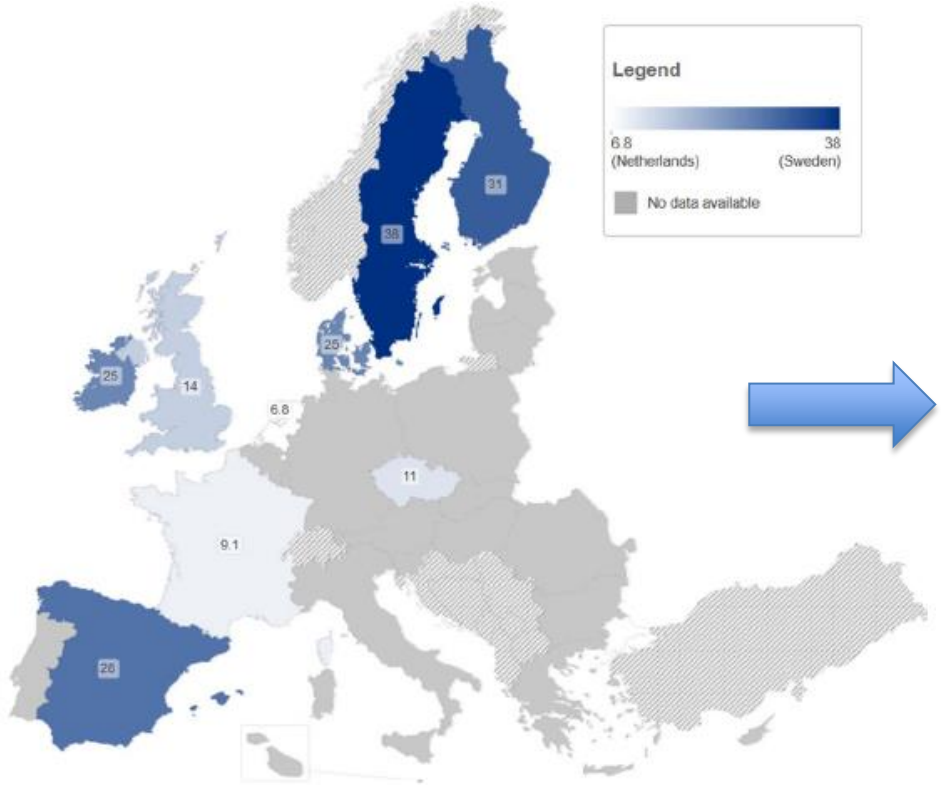
Schmidt A. et al., Plos One 2011
case-control, HIV+

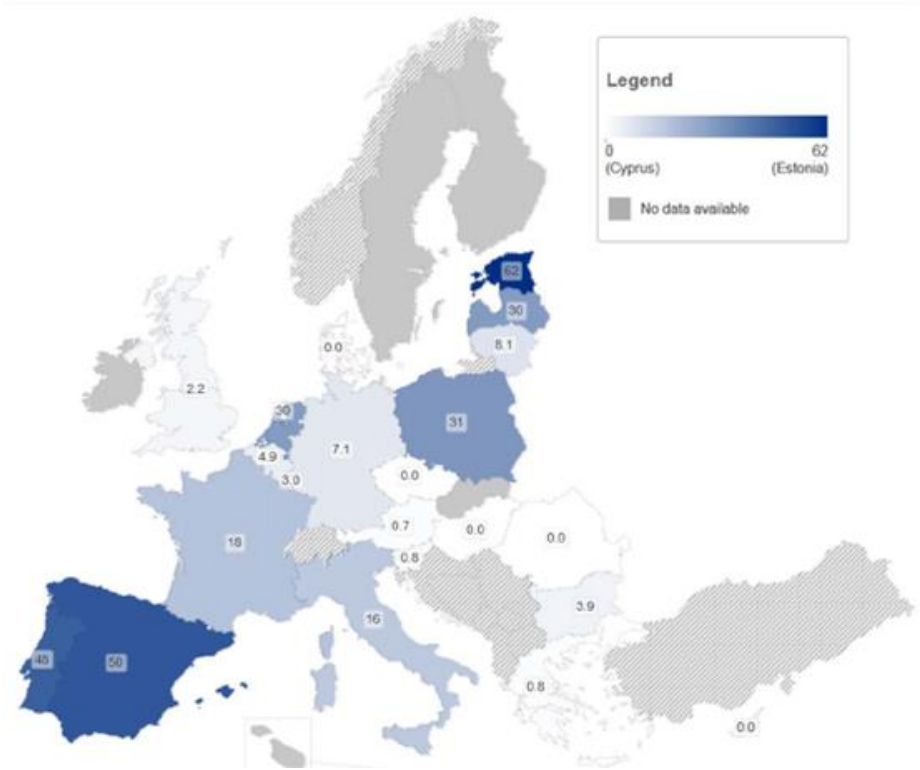
- Rectal bleeding
- Fisting
- intranasal drugs

Vanhommerig, CROI 2014

Key populations mostly affected by HCV after 2000

2nd target population: PWID





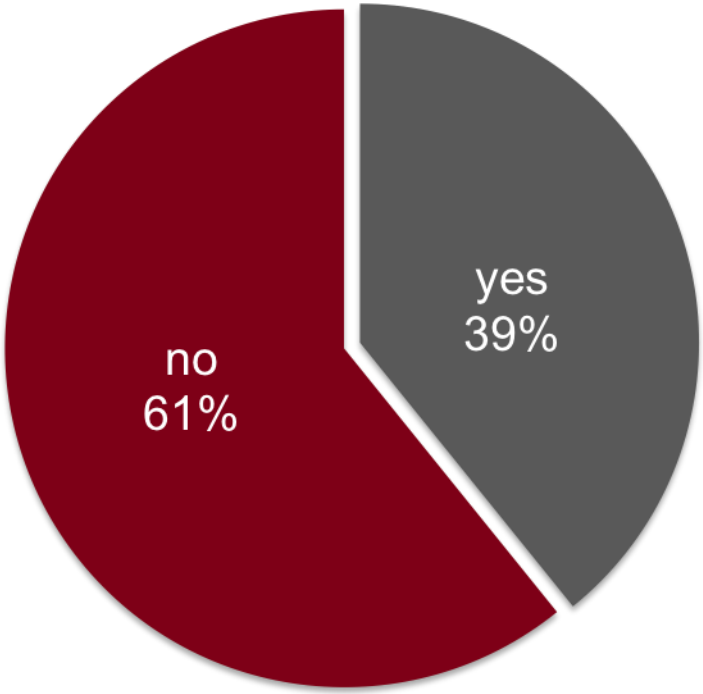
Incidence of HCV infection in PWID (per 100 persons years)

Proportion of HCV-infected PWID infected with HIV

Wiessing, PlosOne 2014

Emerging new key population: CISM?

„Have you ever used needles to inject drugs in a party setting?“



n = 123 HIV+ MSM,
all MSM as HIV transmission risk

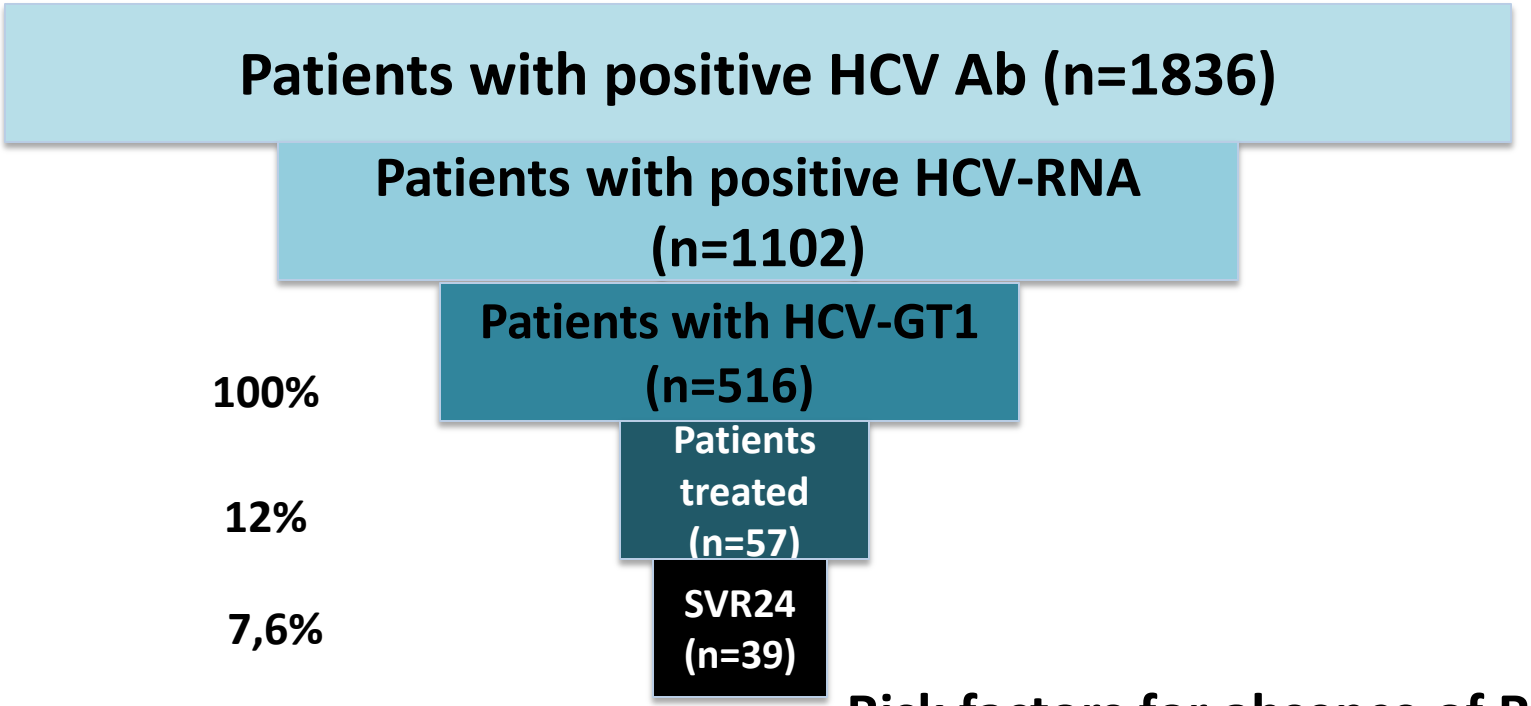
Steininger, 3rd coinfection workshop Berlin 2014

Historical barriers to HCV treatment

- Undertraining of HCPs and low information rate of patients
- Fear of stigma (« the double stigma »)
- Low HCV screening rates in HIV patients
- Lack of integrated guidelines for HCV management in some countries
- Low liver disease evaluation (fear of liver biopsy)
- Low treatment uptake (strong and frequent side effects, mild efficacy)

Papatheodoridis, Liver Int 2014

Exemple #1: Eligibility and access to treatment in Switzerland

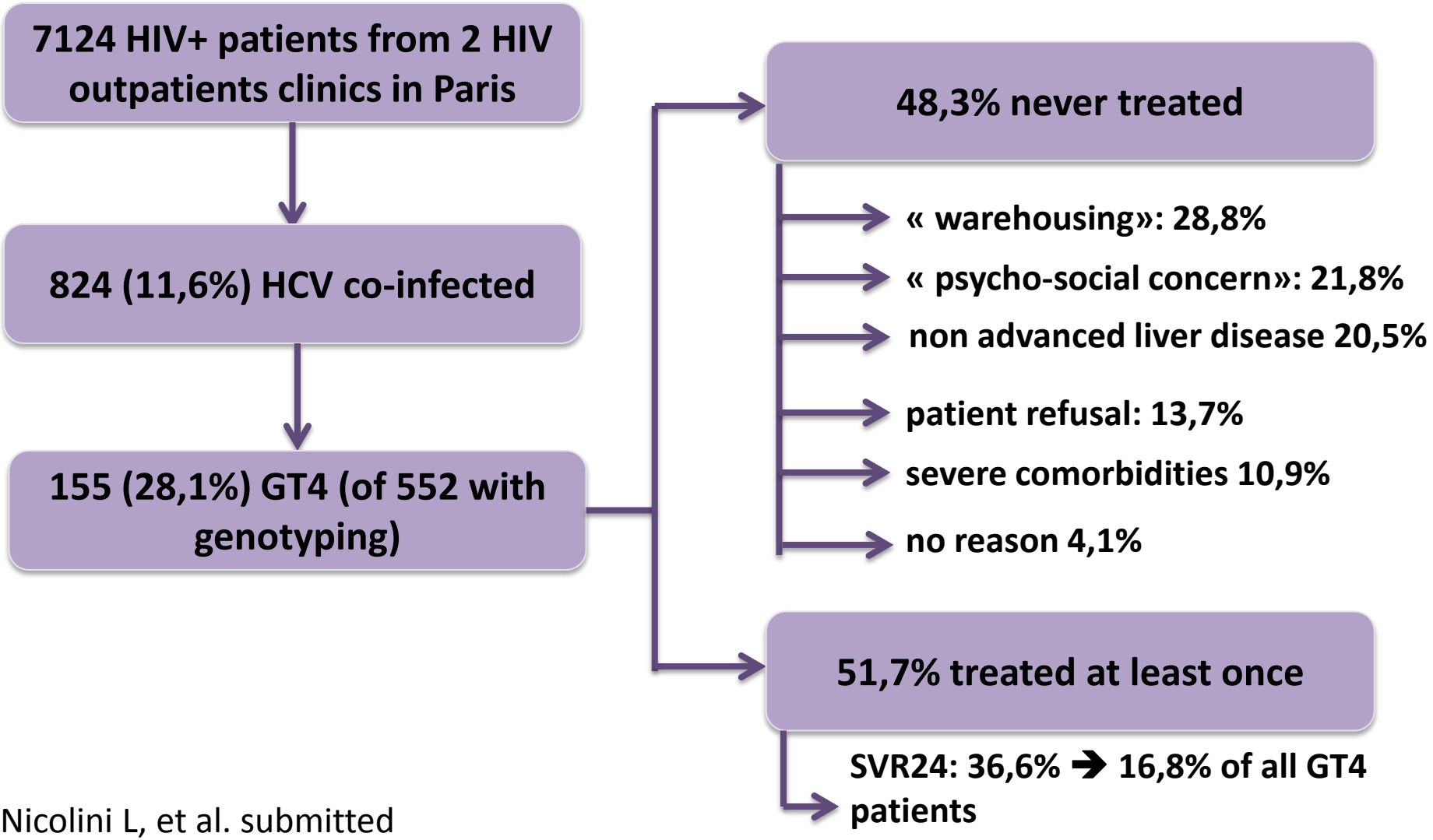


Risk factors for absence of Rx:

- **Addiction (Alcohol, IV drug use)**
- **Non advanced liver disease**

Schaerer V. CROI 2014

Exemple #2: Eligibility and access to treatment in France



Nicolini L, et al. submitted

Potential barriers from patients' side

- Disproportionately affecting patients from low economic background, undereducated, unemployed, incarcerated: unequal access to HCV diagnosis and care across Europe
- Fear of stigma, rejection from the community / family
- Lack of knowledge ?

Grebely, JID 2013. Papatheodoridis, Liver Int 2014

Potential barriers from HCPs' side

- Lack of national guidelines for HCV care and treatment (especially in the context of HIV)
- Limited knowledge of HIV deleterious impact on the course of liver disease in HCV-infected patients
- Poor collaboration between ID specialists and hepatologists for implementing shared care
- Perception of patients as «high consumers of limited financial resources» (risk of reinfection, stigma carried by drug users, etc.

Grebely, JID 2013. Papatheodoridis, Liver Int 2014

Barriers to HCV care in 2015

- Information / training ?
- Guidelines ?
- Screening ?
- Treatment efficacy and tolerance ?
- Drug drug interactions ?

Information and training: noticeable improvement over years

EATG European AIDS Treatment Group

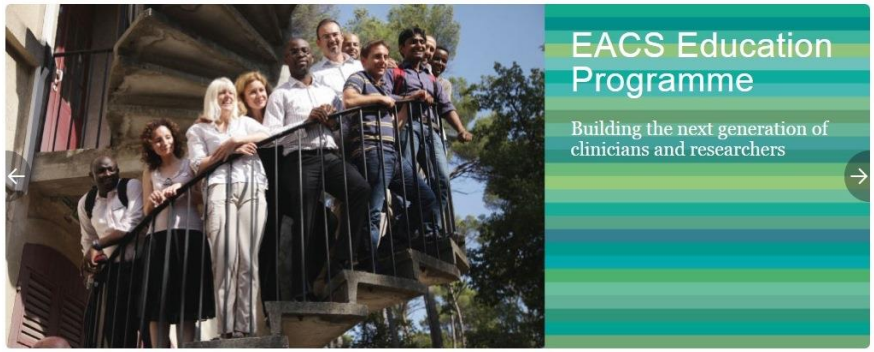
hepC initiative
European Initiative
Hepatitis C and Drug Use

HepHIV 2014
5-7 OCTOBER BARCELONA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

justri.
www.justri.org

HIV in Europe
Working Together for Optimal Testing and Earlier Care

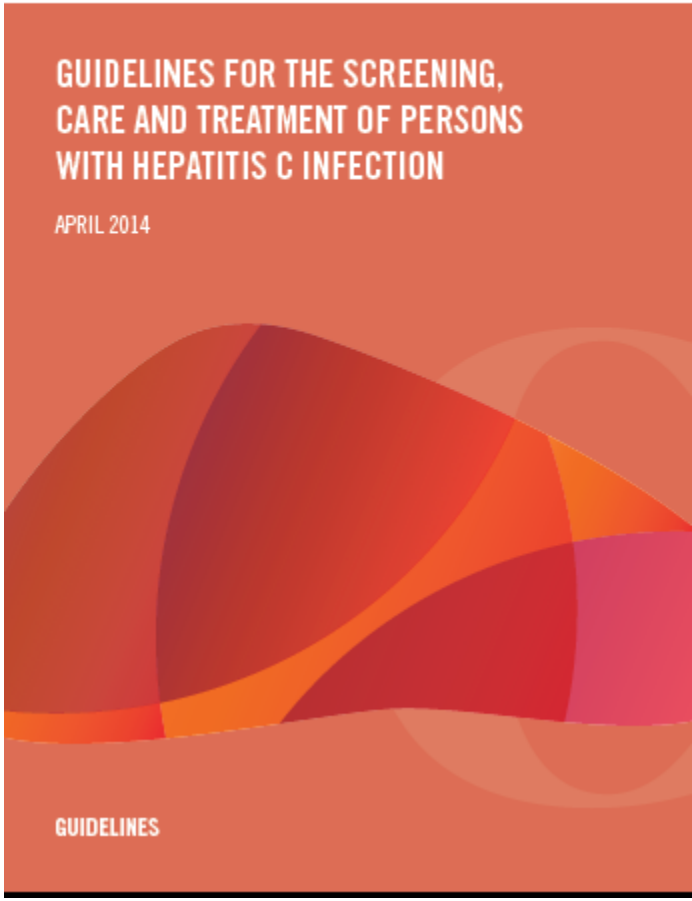
EACS European AIDS Clinical Society



Translations / dissemination of HIV-hepatitis guidelines

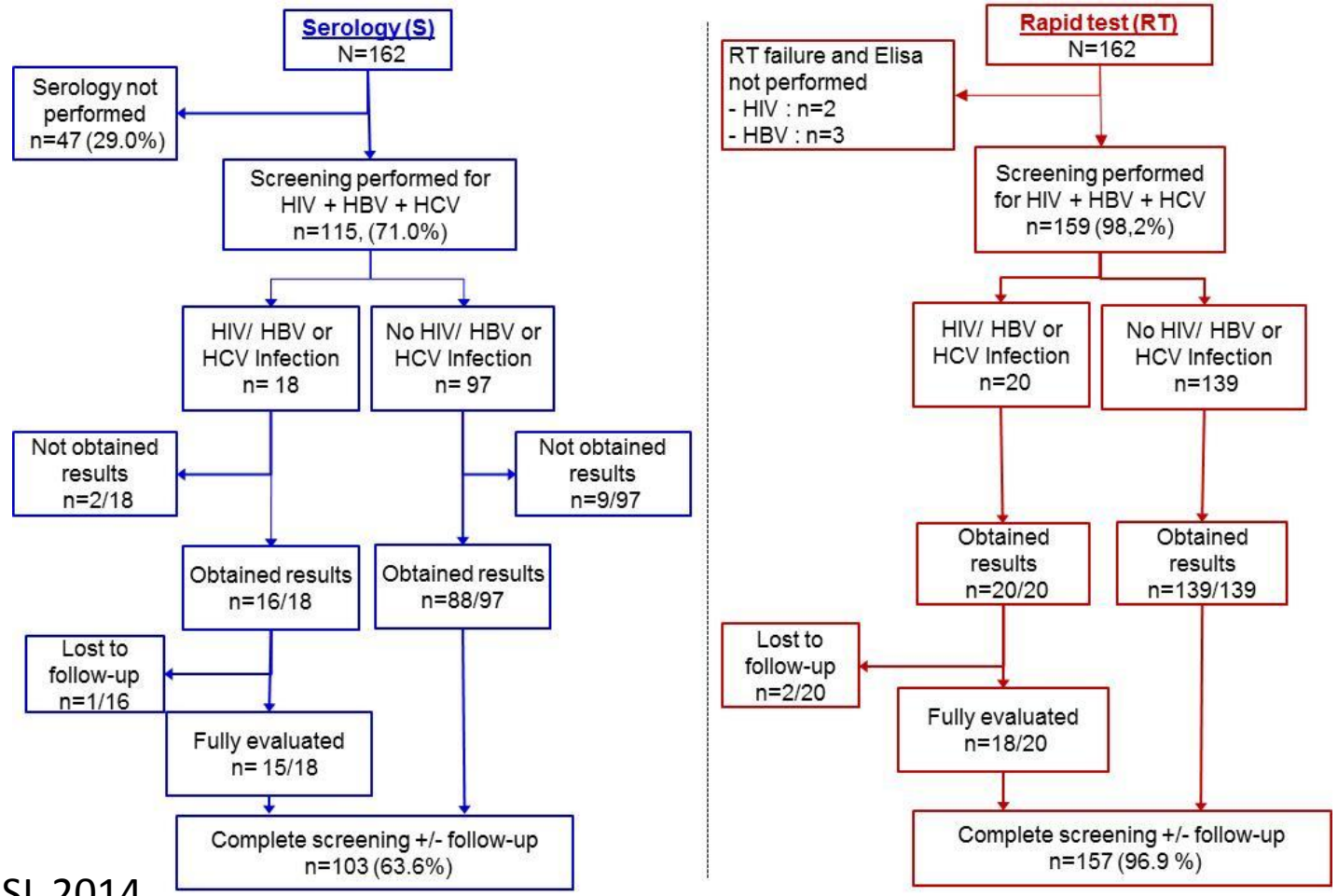
STANDARD of CARE for HIV and COINFECTIONS in EUROPE

World Health Organization



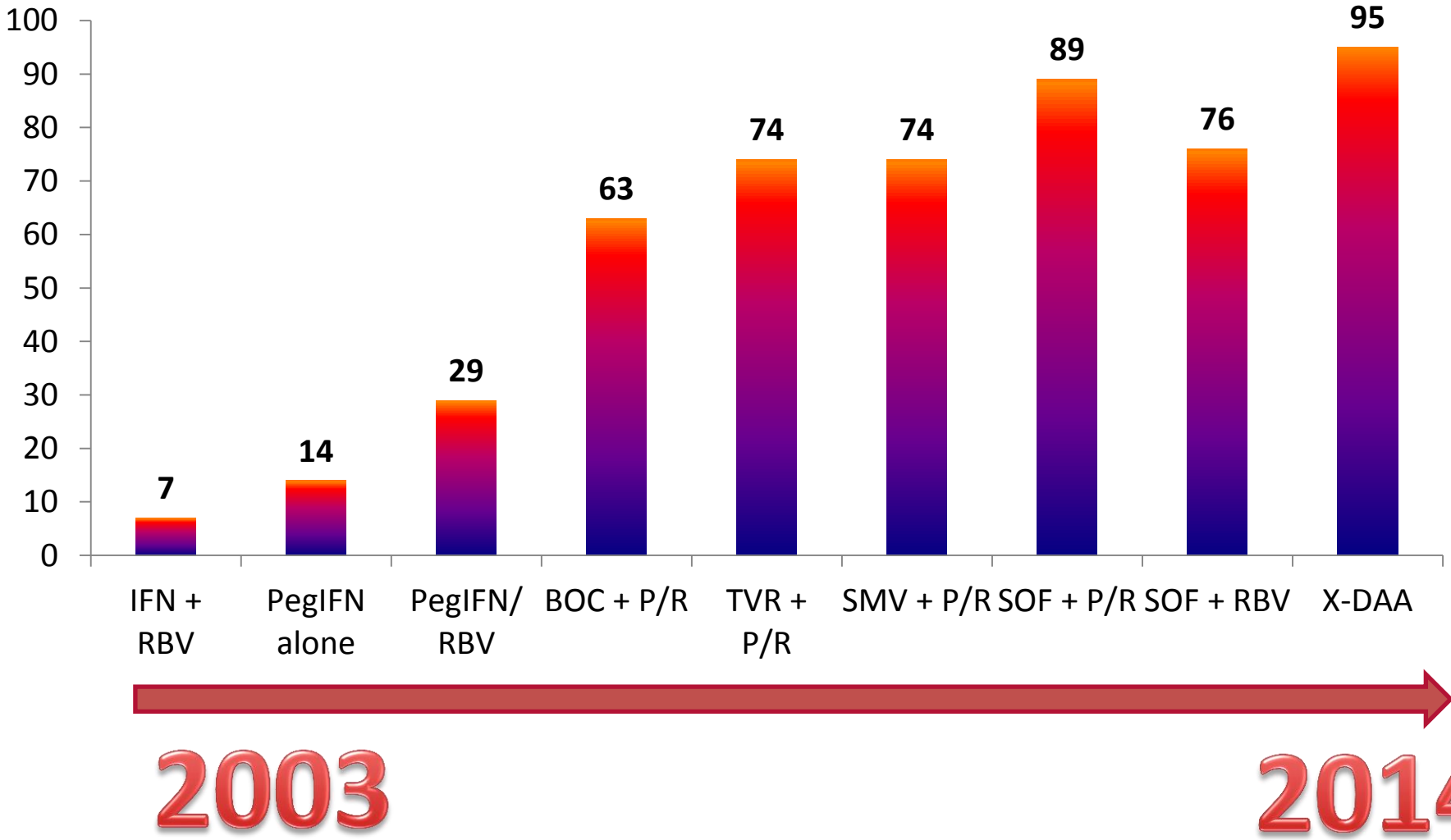
Screening: rapid tests as an effective tool

Rapid tests as a global strategy for integrated HIV-HCV-HBV screening



Bottero, EASL 2014

Treatment efficacy: not a limit anymore



Drug drug interaction: a manageable issue

	Simeprevir	Sofosbuvir	Daclatasvir
ATV/r	No data	No data	DCV ↑*
DRV/r	SIM ↑; DRV ↔	SOF ↑; DRV ↔	No data
LPV/r	No data	No data	No data
TPV/r	No data	No data	No data
EFV	SIM ↓; EFV ↔	SOF ↔; EFV ↔	DCV ↓**
NVP	No data	No data	No data
RPV	SIM ↔; RPV ↔	SOF ↔; RPV ↔	No data
ETV	No data	No data	No data
RAL	SIM ↔; RAL ↔	SOF ↔; RAL ↔	No data
ELV/cobi	No data	No data	No data
DLG	No data	No data	No data
MVC	No data	No data	No data
TDF	SIM ↔; TFV ↔	SOF ↔; TFV ↔	DCV ↔; TFV ↔

EACS updated Guidelines, 2014 · Karageorgopoulos, Curr Opin HIV/AIDS 2014.

Barriers to HCV care in 2015

- Information / training ?
- Guidelines ?
- Screening ?
- Treatm
- Tr
- ons ?

Stigma

Costs

Stigma: the forgotten issue

- **Stigmatizing** = mean by which the social body controls and contains threats against its order and values[1] ➔ intrinsically linked to expressions of power and control and to the maintenance of social order
- **Two dimensions**: enacted v. felt stigma
- **Stigma related to HCV**: association between a infectious (thus transmitible) disease and a breach in social conventions (IV drug use, MSM)
- **Consequences**: adverse impact on the prevention of HCV transmission, on treatment seeking, uptake, and adherence; and on quality of life

Easy, efficient treatment and broad access cannot do anything against stigma

1 Treloar, CID 2014

The economic barrier: a major financial constraint

- **Modeling the cost burden of HCV treatment in France (ANRS 95141)[1]**
- **Assuming that:**
  - 56 000 patients treated over a 3-year period
  - Treatment offered when F2 and more, max 20000/year
  - Use of SOF, DCV with/without RBV depending on GT, prior Rx and cirrhosis
  - Prices used: from expanded access programmes

In France, even if we consider that no F0-1 patients are treated and no additional HCV patients are screened, based on sofosbuvir cost in early access program and fixed price of daclatasvir, IFN-free DAA-based regimens would add 2.3 to 3.1 billion € to an already overburdened medical care system.

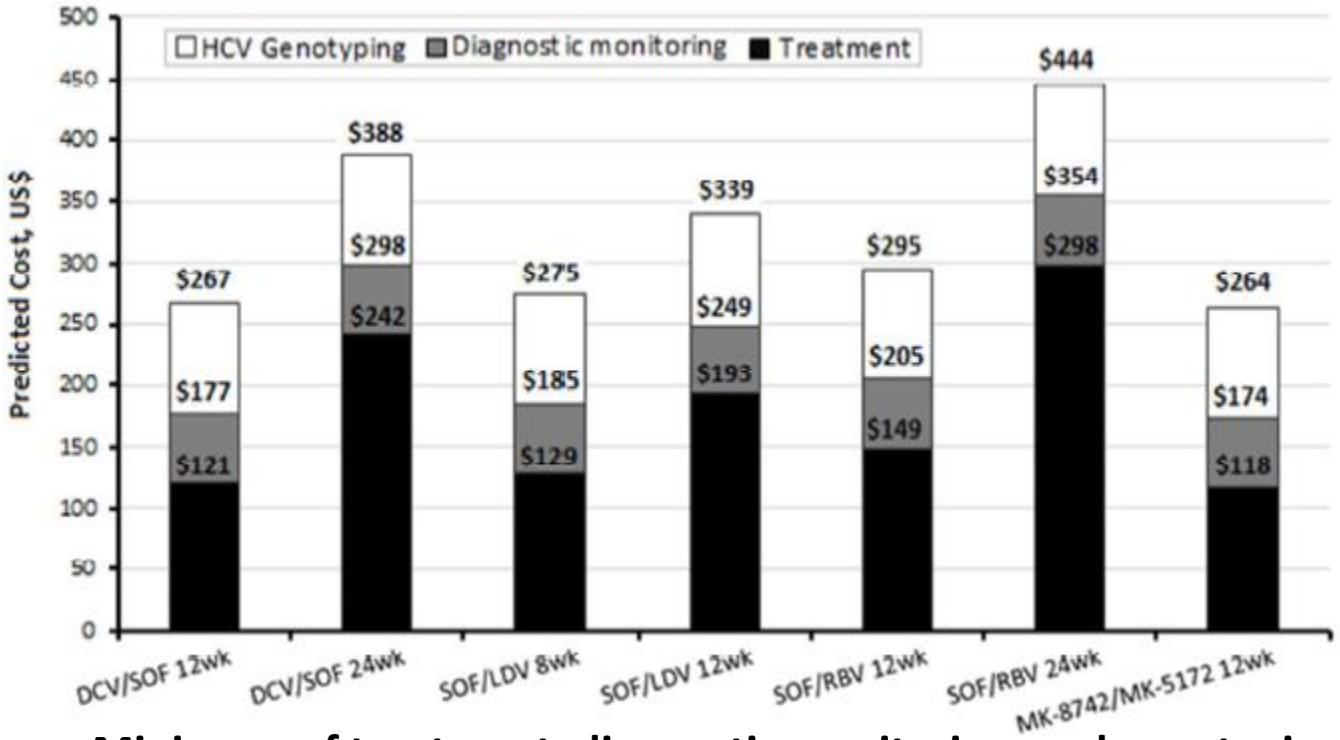
[1]Deuffic-Burban, AASLD 2014

Overcoming the cost burden: the last frontier

Predicted costs of key-drug combinations

Hill, CID 2014

Regimen	Daily dose, mg	Duration, weeks	Predicted unit cost, US$
MK-8742 + MK-5172	50+100	12	$118
Daclatasvir + sofosbuvir	60+400	12 24	$121 $242
Sofosbuvir + ledipasvir	400+90	8 12	$129 $193
Sofosbuvir + ribavirin	400+1200	12 24	$149 $298



Minimum of treatment, diagnostic monitoring, and genotyping

SUMMARY

- Barriers to HCV care and treatment have evolved in the era of DAAs
- Key populations have changed and concentrate on MSM and PWID, with the emergence of a new at-risk group, the CISM
- Historical barriers are being overcome (better training, dissemination of information, new tools for screening, increase in treatment tolerance and efficacy, manageable DDI)
- Remaining barriers: stigma and cost