Characteristics of patients with missing sustained virologic response (SVR) data, elimination program in Georgia

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Background and Aims: The HCV Elimination Program in Georgia, starting in 2015, set the ambitious goal of curing 95% of patients treated, defined as achieving sustained virologic response (SVR). Unfortunately, loss to follow-up may lead to biased interpretation of results if the missing tests to ascertain SVR status belong to a group of patients whose response to treatment influencesthe observed outcomes. Objective of this study was to compare characteristics of HCV patients having SVR test at 12-24 weeks after completion of antiviral treatment to patients lost to follow up and not having SVR test.
Methods: Data were extracted from elimination program database of clinic NeoLab, one of the major implementers of HCV elimination program. Socio-demographic, behavioral and clinical data of all patients treated with direct acting antiviral (DAA) treatment are entered in this database. Characteristics of patients who had SVR test at 12-24 weeks after treatment were compared to those who did not show up for SVR visit.
Results: Overall, 2296 DAA treated patients reached the point of 24 weeks after completion of treatment and were eligible for the analysis (patients who died or stopped the treatment were excluded from the analysis). Majority were males (88.3%). Gender was significantly associated with having SVR test (11.8% of males did not show up for SVR test vs 5.3% of females. PR=0.418. 95% CI:0.26-0.65). Other variables with statistically significant association with SVR test were: 1). Alcohol consumption before the treatment (8.8% of non-users and 12.8% of users did not have SVR test); 2) History of injection drug use (9.3% of those who never used drugs vs 13.3% of PWID did not come to SVR visit); 3) Fibrosis level (patients with advanced fibrosis by liver elastography or FIB4 test were less likely to have SVR test compared to those with lower fibrosis level (PR=0.66; 95% CI:0.48-0.90). Age, socio-economic status, genotype and residence (rural vs urban) were not significantly associated with compliance to SVR visit schedule.
Conclusions: There were differences between the groups of patients who had or did not have SVR test. Activities to improve patients' compliance to the follow-up visit should be planned, particularly in the groups of people with lowest show up rate.