LOW RATES OF TREATMENT DESPITE HIGH RATES OF SIGNIFICANT FIBROSIS: A FIVE-YEAR-SINGLE-CENTER EXPERIENCE FROM BERLIN
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Background: Chronic hepatitis-C-infection (cHCV) is characterized by a highly variable disease progression dependent on numerous cofactors. Treatment uptake is generally low. Methods: Cross-sectional, single centre observational study. Patients with cHCV with and without HIV-coinfection were referred for transient elastography (Fibroscan®) and evaluation of their liver status. Results: 561 patients (74.7% male) were included and stratified according to their HIV status: 330 (58%) were HIV-negative, 231(42%) were HIV/HCV-coinfected. The median [range] duration of HCV-infection was 21 years [0.5-57]. The median HCV viral load was 6.1 log IU/ml [1.1-7.6]. The HCV genotypes were as follows: GT1: 302 (53.8%), GT2: 14 (2.5%), GT3: 88 (15.7%), GT4 30 (5.3), unknown 128 (22.7%). The most common mode of transmission was IDU (60.8%), followed by MSM (20%) or other (11.4%). In HCV and HCV/HIV patients significant fibrosis was diagnosed in 27.9% and 29%. Cirrhosis was found in 26% and 28.5% respectively. The median liver stiffness was not significantly different in both groups (7.9kPa vs. 7.8kPa), while HIV infected patients had been HCV-infected for a much shorter time (10 vs 24 years, p<0.0001). 67.9% and 54.5% were HCV treatment naïve respectively. Conclusion: HIV-coinfection is associated with a significant risk of rapid progression to fibrosis. In both groups treatment uptake is low despite a significant disease burden in an urban European setting, where HCV treatment is generally accessible. With the availability of new drug regimens this issue needs to regain full consideration.