OBSERVATIONAL RETROSPECTIVE ANALYSIS OF PATIENTS IN THE CANADIAN ABBVIECARE (AC) HCV PATIENT SUPPORT PROGRAM

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**Background:** Recently developed hepatitis C virus (HCV) medications are much better tolerated and require much shorter treatment courses than those previously available. Furthermore, they are more effective at controlling and eradicating HCV. HCV epidemiology in Canada is well documented but not for patients being treated with the newly available medications.

**Aims:** Analysis of the Canadian AC HCV database was undertaken to characterize enrolled patients, to tabulate reported treatment outcomes and to identify variables that may be associated with those outcomes, including patient-reported cure rates, treatment completion and treatment initiation.

**Methods:** An observational retrospective study design was used to query the data in the AC HCV database. Data was anonymized, screened and validated. Descriptive analyses were performed and logistic regression employed to identify determinants of treatment initiation.

**Results:** Of 1,919 patients enrolled, 1,332 reported initiating treatment, 1,073 completing treatment and 519 reported viral response. Patients averaged 56 years old and 2/3 were male. Most were covered under Provincial drug plans. Only 2% of patients initiating treatment reported discontinuation. Not quite half of patients completing treatment reported virological response, but with only 9 treatment failures, a 98.3% cure rate among patients with complete data was computed (G1a: 97.9%, 287/293, G1b: 98.9%, 183/185, G4: 100%, 21/21). Regression analysis performed to explore associations with treatment initiation showed that province of residence (BC, QC & SK vs. ON), fibrosis score >1 and ribavirin co-prescription were significantly associated with greater likelihood to initiate treatment. Patients covered by public insurance were 37% less likely to initiate treatment than those covered by private insurance ($p=.007$). Regression analysis to explore associations between patient characteristics and either failure to complete treatment or treatment success could not be reliably performed because patients reporting discontinuation or treatment failure were too few.

**Conclusions:** The AC population reflected the Canadian population in its distribution except that PEI was overrepresented in the database, likely reflecting the success of that province’s unique HCV management strategy. Patient reported treatment result (cure/failure), recorded by 48.4% of those who completed treatment, was 98.3% positive, to be treated with caution because of incomplete reporting but consistent with clinical trial results (≥90% cured at 12 weeks). The present study successfully described many attributes of the patient population participating in the AC HCV program. Based on patient initiation, completion and patient activation model scores, the program may promote patients’ engagement in their treatment.
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