











# HEALTH UTILITIES IN CHRONIC HEPATITIS C PATIENTS ONE YEAR AFTER SUCCESSFUL TREATMENT WITH DIRECT-ACTING ANTIVIRALS

A05 - Bile and liver therapy

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## **Objective**

To assess the change in health utility values for patients cured of hepatitis C virus infection, one year after successful treatment with direct-acting antivirals (DAAs), and the variables associated to that change.

#### **Methods**

Observational, prospective study included cured patients with oral direct-acting antivirals between May 2016 and April 2017.



Differences in medians compared by Wilcoxon-test

% Disutility reduction=(post48 - baseline)/(1-baseline) \* 100

Multivariable linear regression analysis adjusting by sex, age, HIV, baseline mobility limitation, anxiety-depression and liver fibrosis before treatment.

#### Results

199 patients included; 65% male, 32% HIV co-infected and 29% cirrhotic (F4)

	Median baseline utility	Median post-48 utility	Median difference	P value
Global (n=199)	0.857	0.932	+0.075	<0.001
HCV/HIV co-infected (n=63)	0.871	0.932	+0.061	0.001
F0-F1 (n=48)	0.901	0.932	+0.031	0.051
F2-F3 (n=93)	0.857	1.000	+0.143	<0.001
F4 (n=58)	0.809	0.890	+0.081	<0.001

Global 52% disutility reduction

HCV/HIV 47% disutility reduction F4 patients
47%
disutility
reduction

Moderate-advanced fibrosis (F2-F3) and cirrhosis (F4) were associated with higher utility improvement than those with lower fibrosis degree ( $\beta$ =0.06; 95%CI,0.001 to 0.12 and  $\beta$ =0.07; 95%CI, 0.003 to 0.13, respectively)

### **Conclusions**

A long-term improvement in health utilities occurs in chronic hepatitis C patients successfully treated with DAAs, even in HCV/HIV co-infected. This benefit is especially evident in patients with advanced fibrosis. Availability of utility values obtained directly from patients contributes to future economic evaluations of these new drugs.

