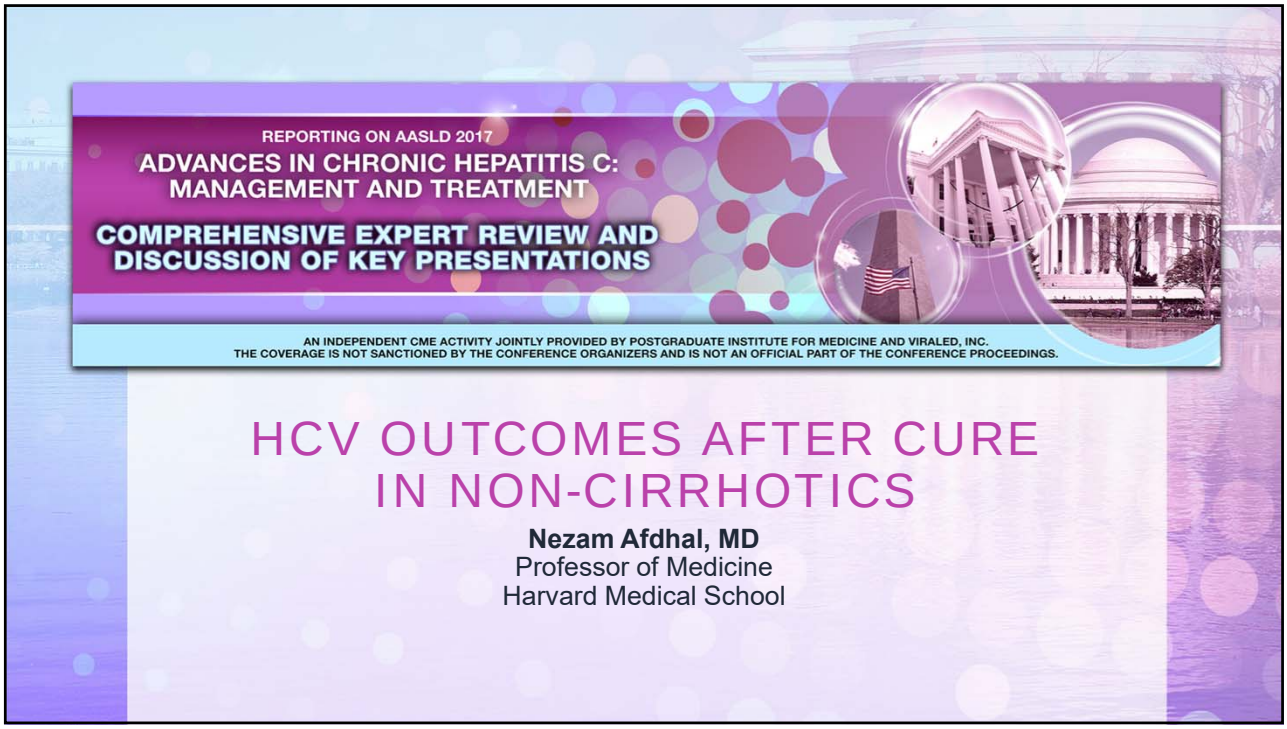


# HCV OUTCOMES AFTER CURE IN NON-CIRRHOTICS

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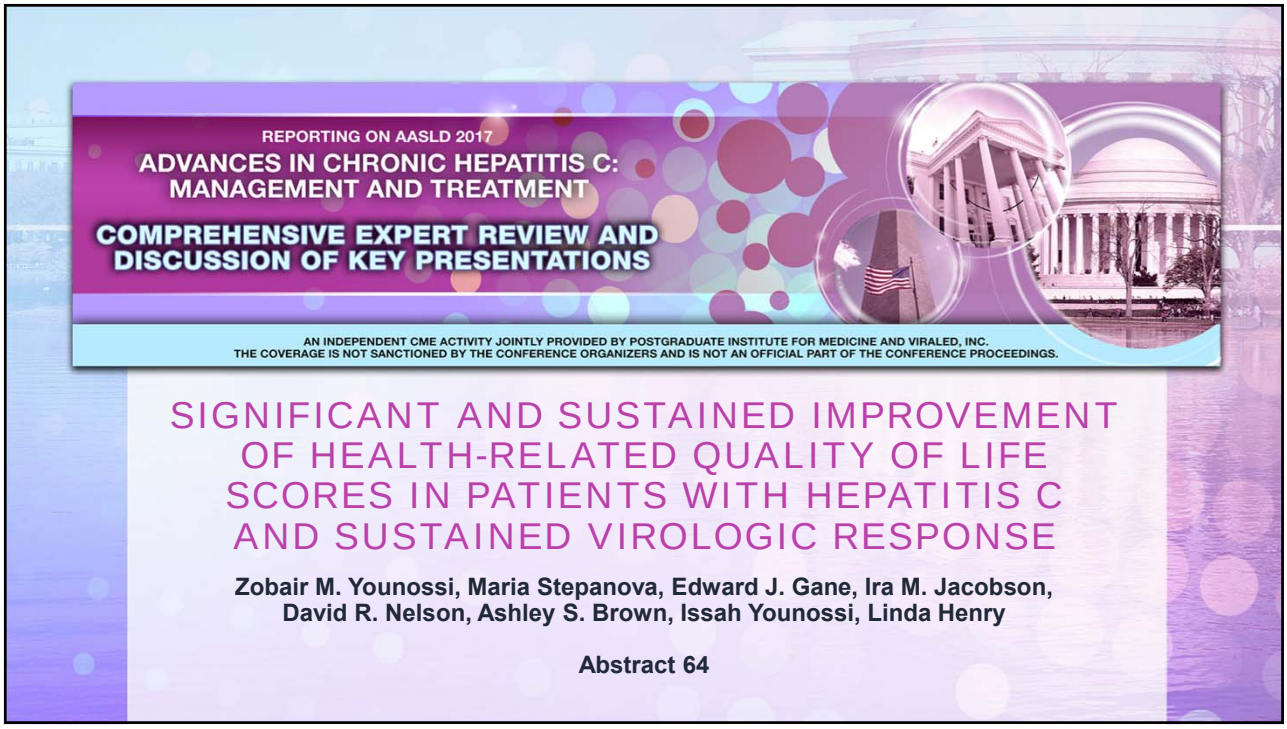
Professor of Medicine
Harvard Medical School




# SIGNIFICANT AND SUSTAINED IMPROVEMENT OF HEALTH-RELATED QUALITY OF LIFE SCORES IN PATIENTS WITH HEPATITIS C AND SUSTAINED VIROLOGIC RESPONSE

**Zobair M. Younossi, Maria Stepanova, Edward J. Gane, Ira M. Jacobson, David R. Nelson, Ashley S. Brown, Issah Younossi, Linda Henry**

**Abstract 64**

# AIM:

**To assess long-term changes in HRQL in subjects with chronic HCV infection who have achieved SVR**

# METHODS:

**Long term registry post SVR SF 36 every 24 weeks for 3 years**

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# BASELINE CHARACTERISTICS

**Baseline data was available for 3,486 subjects with SVR-12:**

- Age: 53.2 ± 10.0 years
- Male: 62%
- Treatment-naïve: 62%
- Cirrhotic: 16%
- HCV: GT1 – 65%, GT2 - 10%, GT3 - 18%, GT4 - 4%
- Coinfection with HIV: 12%
- Type 2 diabetes (or hyperglycemia): 10%
- Depression: 25%
- Anxiety: 16%

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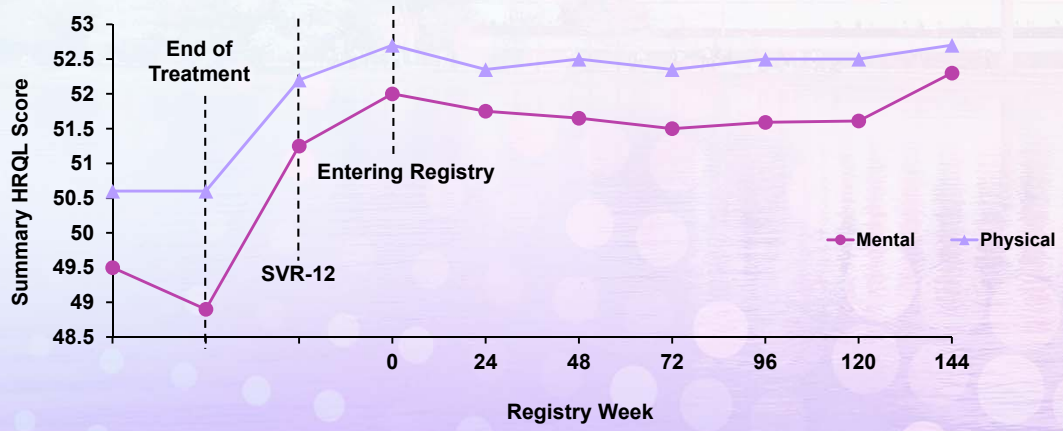
# RESULTS: SF-36 SUMMARY SCORES

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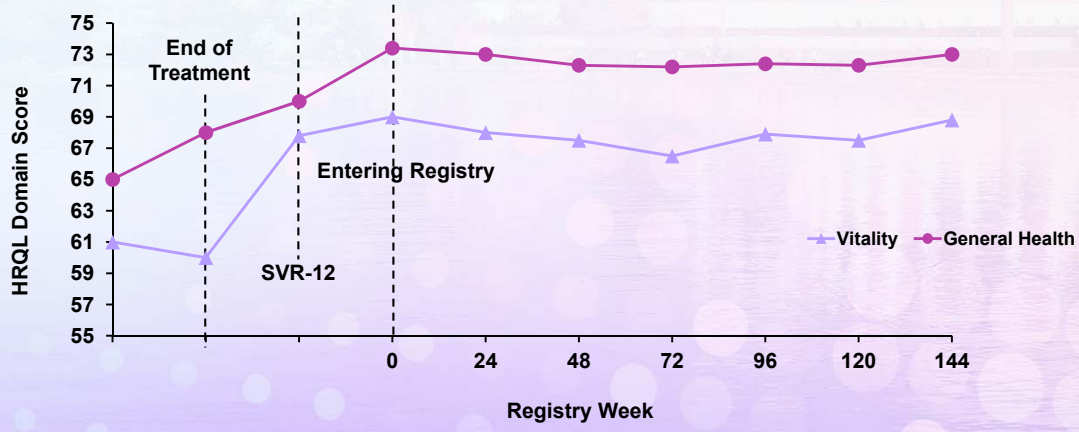
# RESULTS: HRQL

- The greatest HRQL gains were consistently observed in the General Health and Vitality domains

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# RESULTS: HRQL PREDICTORS

- In multivariate regression analysis, history of cirrhosis, depression, anxiety, and clinically overt fatigue were independent predictors of lower HRQL scores:

| HRQL predictor | Betas range (0-100) |
|---|---|
| Age, per year | -0.19 to -0.27 |
| Male gender | +1.6 to +5.0 |
| White race | -2.9 to 4.9 |
| Enrolled in the USA | +3.3 to +10.8 |
| BMI, per kg/m$^2$ | -0.16 to -0.74 |
| Anxiety | -3.0 to -5.8 |
| Depression | -7.0 to -13.4 |
| Fatigue | -4.8 to -12.8 |
| Insomnia | -3.8 to -7.0 |
| Type 2 diabetes | -3.4 to -6.6 |
| Cirrhosis | -2.9 to -7.9 |
| HIV coinfection | -3.5 to -5.0 |

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# RESULTS: POST-SVR

- However, when adjusted for the baseline levels, some comorbidities were associated with greater post-SVR HRQL improvement

| HRQL predictor | Betas range (0-100) |
|---|---|
| Age, per year | -0.09 to -0.14 |
| Male gender | -1.0 to +1.7 |
| White race | -1.4 to +1.1 |
| Enrolled in the USA | -1.1 to -2.7 |
| BMI, per kg/m$^2$ | No association |
| Anxiety | -1.0 to -1.8 |
| Depression | +1.2 to +3.2 |
| Fatigue | +1.3 to +6.0 |
| Insomnia | +1.1 to +2.6 |
| Type 2 diabetes | +1.1 to +2.6 |
| Cirrhosis | +1.8 to +2.5 |
| HIV coinfection | -1.2 to -2.2 |

- This suggests that patients with comorbidities experience higher HRQL gains after achieving SVR

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## CONCLUSIONS

- Improvement in HRQL after achieving SVR is maintained in the long-term follow-up
- These data support the comprehensive and sustainable benefit of HCV cure with anti-viral treatment

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