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Elimination & microelimination of HCV: Russian perspective

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Disclosure

- Advisory board/Consulting: Abbvie, Echosens,Gilead, Merck, Genfit, R-pharm
- Speaker: Abbvie, Merck, Echosens
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Current situation of hepatitis C in Russia

- ✓ Prevalence 4,5%
- ✓ Total number of patients ≈ 5 000 000
- ✓ Mortality - unknown
- ✓ Total number of patients treated by DAAs so far ≈ 35 000
- ✓ Total number of patients treated by DAAs in 2017 ≈ 20 000

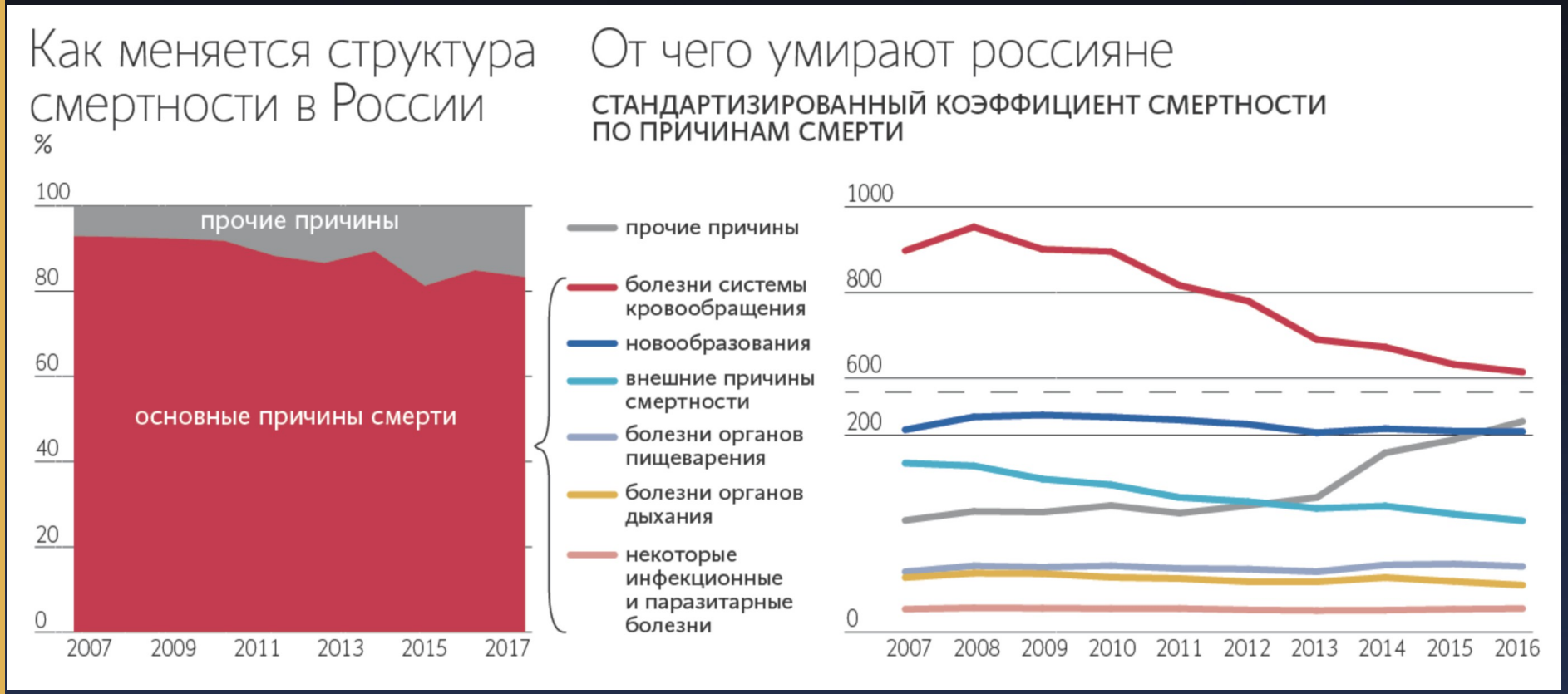
Current resources and programs for HCV

- ✓ Current resources provided by Health Authorities (amount in euros/year) ≈ 36 000 000
- DAAs available: Semiprevir, 2D/3D, SOF, GLE/PIB, GZR/EBR

  - ✓ Program for screening: in risk groups only

  - ✓ Program to improve access to treatment: national hepatitis registry was started to reveal unmet needs in diagnostics and treatment in regions to help them to organize local program for treatment of F3-F4 patients

Major causes of death in Russia (2007-2016)



Cancer mortality in Russia 2017 (men & women, standardized per 100 000)

Rank	Localization of neoplasm	Mortality , per 100000
1	Lung and respiratory	19,3
2	Colorectum	13,51
3	Prostate*	11,98
4	Blood and lymphatics	11,45
5	Stomach	10,26
6	Breast	8,50
7	Pancreas	6,58
8	Oral cavity, lips, pharynx	4,02
9	Liver & intrahepatic bile ducts	3,63
10	Brain	3,46
11	Kidney	3,12

*among men only

Kaprin A et al. 2018

Elimination program is unrealistic now due to…

- High prevalence of HCV
- Low rank of HCV in major causes of death in population
- Low rank of HCC in major causes of oncological death
- Restricted resources of Health Authorities
- High cost of pangenotypic regimens

Is any opportunity for microelimination?

- Patients with comorbidities in which HCV substantially increase unfavorable outcome or complications
  - Posttransplant patients
  - HIV co-infection
  - CKD/dialysis patients

Posttransplant patients

- 37 patients with HCV+ after liver transplantation were treated with 3D+RBV
- RBV dose was corrected in 29,7% patients during treatment
- SVR=100%
- No Severe adverse events (Grade 4)

Umrik, 2018

HIV-HCV co-infection

- 1 220 659 were HIV+ at the end of 2017
- Incidence 61,1 per 100 000 in 2017

2017 Annual report Rospotrebnadzor, 2018

- 15-20% are co-infected with HCV
- Treatment for HIV-HCV co-infection reimbursed through national system of regional HIV-centers
- Microelimination is possible, but need long-time efforts due to high incidence and poor compliance of infected population

CKD/dialysis patients

- 44136 patients with terminal CKD were on dialysis in 2015
- Prevalence of HCV - 10%
- Microelimination is possible
  - Low number of patients to treat
  - Several approved regimens can be used
  - Treatment can be reimbursed

Mukomolov et al., 2011; Yarosh et al., 2013; Tomilina et al., 2017

What we have to do to promote HCV elimination?

- ✓ To improve screening: screening in specific age groups, migrants, etc
- ✓ To start elimination program: need to treat 123 000 patients per year, therefore the only answer is generics
- ✓ Future drugs available: SOF/VEL
- ✓ Other major action: public and health professional awareness