Aims: Data on hepatitis C virus (HCV) therapy in medically indigent patients is scarce despite a higher prevalence of infection. This study aims to assess the efficacy of HCV treatment in an underrepresented, safety-net hospital population. Methods: All patients receiving pegylated interferon as HCV therapy from 2008 through 2012 at Denver Health Hospital were included in the study. The primary outcomes were sustained virologic response (SVR) and early treatment discontinuation. Biochemical, demographic, and virologic data were collected and analyzed with univariate, multivariate analyses, and regression models. Results: A total of 133 patients were treated, including 56% with genotype (GT) 1 infection. Of these, 33% reported Hispanic ethnicity, 13% reported African American race, 67% were medically indigent, 50% had psychiatric comorbidities, and 8% had commercial insurance. The intention to treat rate of SVR was 47% overall. Therapy was prematurely discontinued in 43% of patients related to being lost to follow-up (27%), null response (23%), and intolerance to PEG/RBV (23%). Six patients required hospitalization and 1 died. There were no statistically significant associations between age, gender, ethnicity, race, diabetes, BMI, psychiatric comorbidities, or medically indigent payer source and the primary outcomes. On treatment viral kinetics and genotype 2 infection were associated with a higher rate of SVR, and genotype 1 infection was associated with early treatment discontinuation. Conclusions: An acceptable SVR rate was achieved using interferon-based therapy in this underrepresented HCV population. However, premature treatment discontinuation rates were high, mostly related to being lost to follow-up. Newer strategies addressing medication compliance and access to care are needed to ensure effective use of future, more costly, therapies.

Research Category: Clinical Research