

Eliminating Hepatitis C by 2030: The Role of AbbVie

AbbVie is committed to working toward the World Health Organization's (WHO) 2030 hepatitis C virus (HCV) elimination goal by developing innovative medicines, fostering transformative partnerships and actively supporting external stakeholders who have declared intention to work toward HCV elimination.

José Luis Calleja,¹ Tarek Saadi,² João Semedo Tavares,³ Kristina Lohmann,⁴ Marina Lysenko,⁴ Natalia García Román,⁴ Mark Bondin,⁴ Ana Gabriela Pires dos Santos,⁴ Joana Dias,⁴ Els-Heidi Bakker-Voetman,⁴ Sandra Cunha,⁵ Bettina Maeschli,⁶ Thomas Reiberger⁶

1. Department of Gastroenterology and Hepatology, Hospital Universitario Puerta de Hierro, Madrid, Spain; 2. Gastroenterology Institute and the Liver Unit, Rambam Health Care Campus, Haifa, Israel; 3. Johnson Academy, Lisbon, Portugal; 4. AbbVie Inc., North Chicago, IL, USA; 5. Swiss Hepatitis, Zurich, Switzerland; 6. Department of Internal Medicine III, Medical University of Vienna, Vienna, Austria.

1. THE HCV CHALLENGE

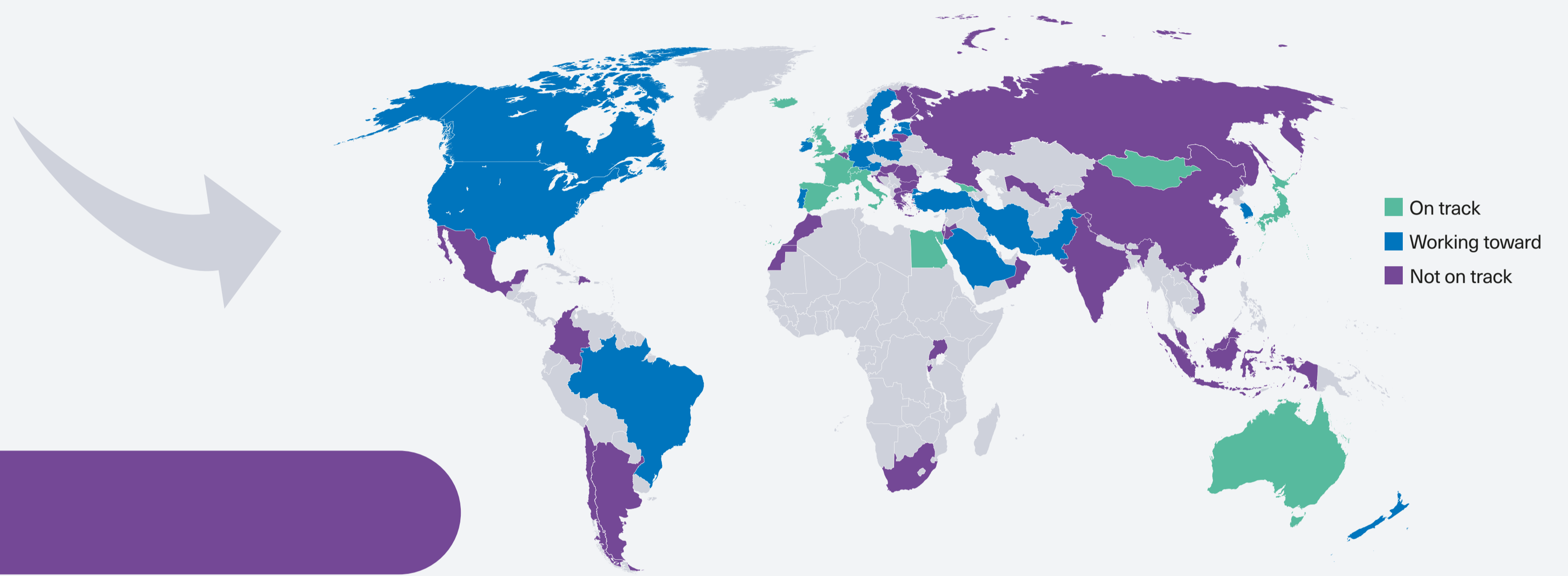
71 million people worldwide have chronic HCV¹

- 11 million ▶ African region
- 15 million ▶ Eastern Mediterranean region
- 14 million ▶ European region
- 7 million ▶ Region of the Americas
- 10 million ▶ Southeast Asia region
- 14 million ▶ Western Pacific region

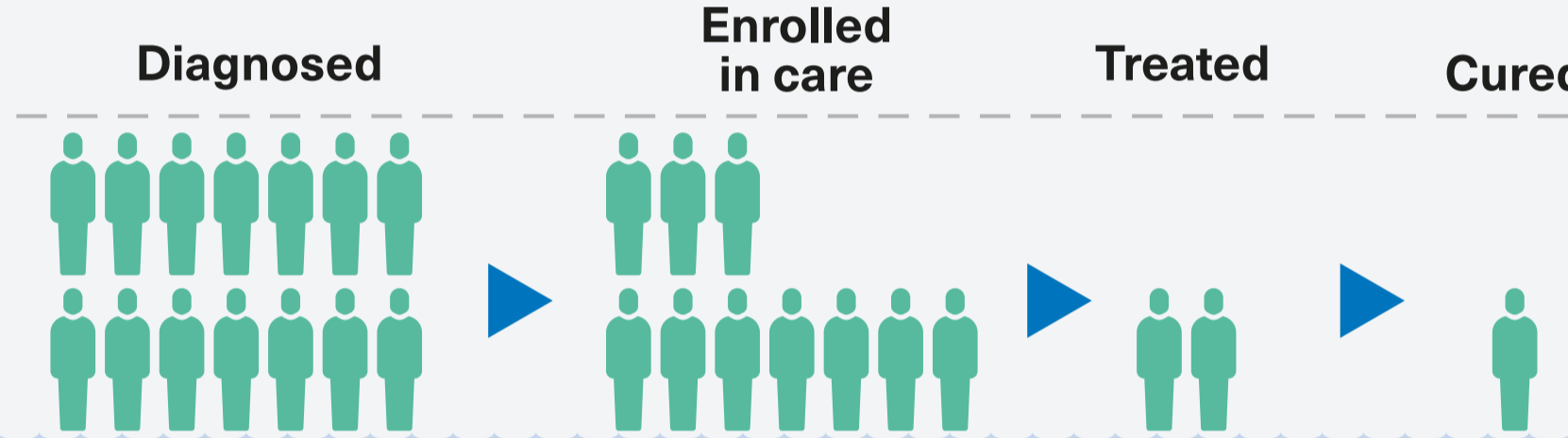
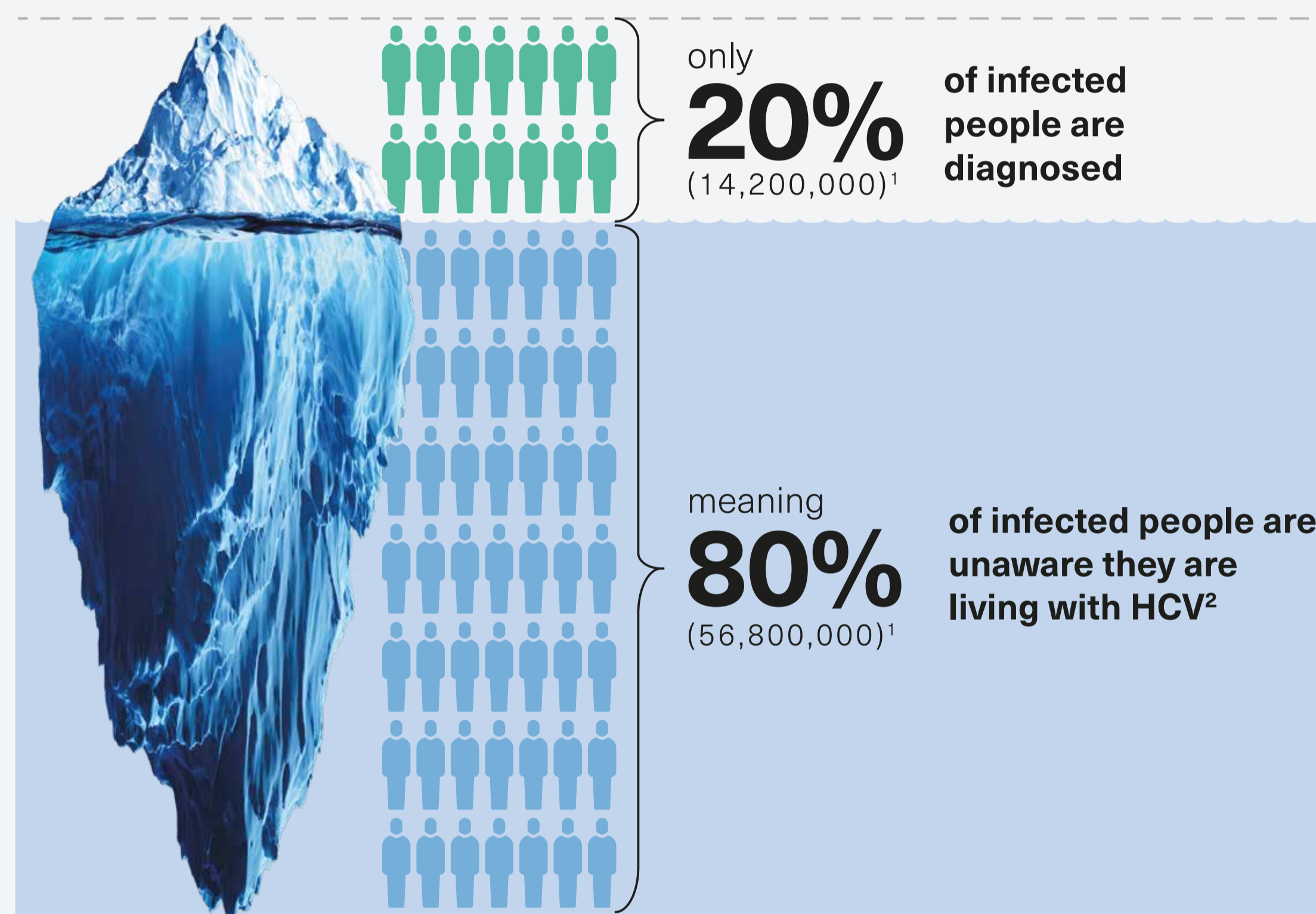
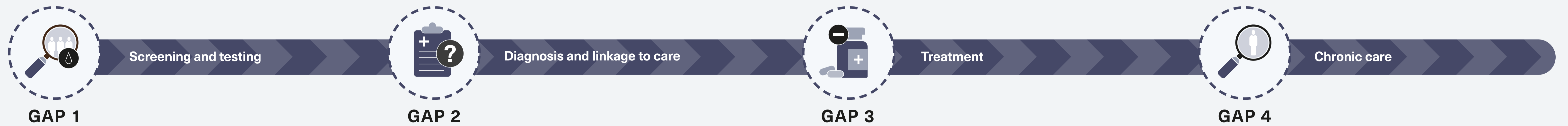


World Health Organization's (WHO's) 2030 HCV elimination goal

30 OUT OF **60** COUNTRIES were still **not on track** as of 2017 – only 13 years away from the 2030 HCV elimination goal²



2. GAPS IN THE HCV CARE CASCADE



only 60% of patients diagnosed will be referred to a specialist and enrolled into care

only 7% of the infected population is treated annually

>95%

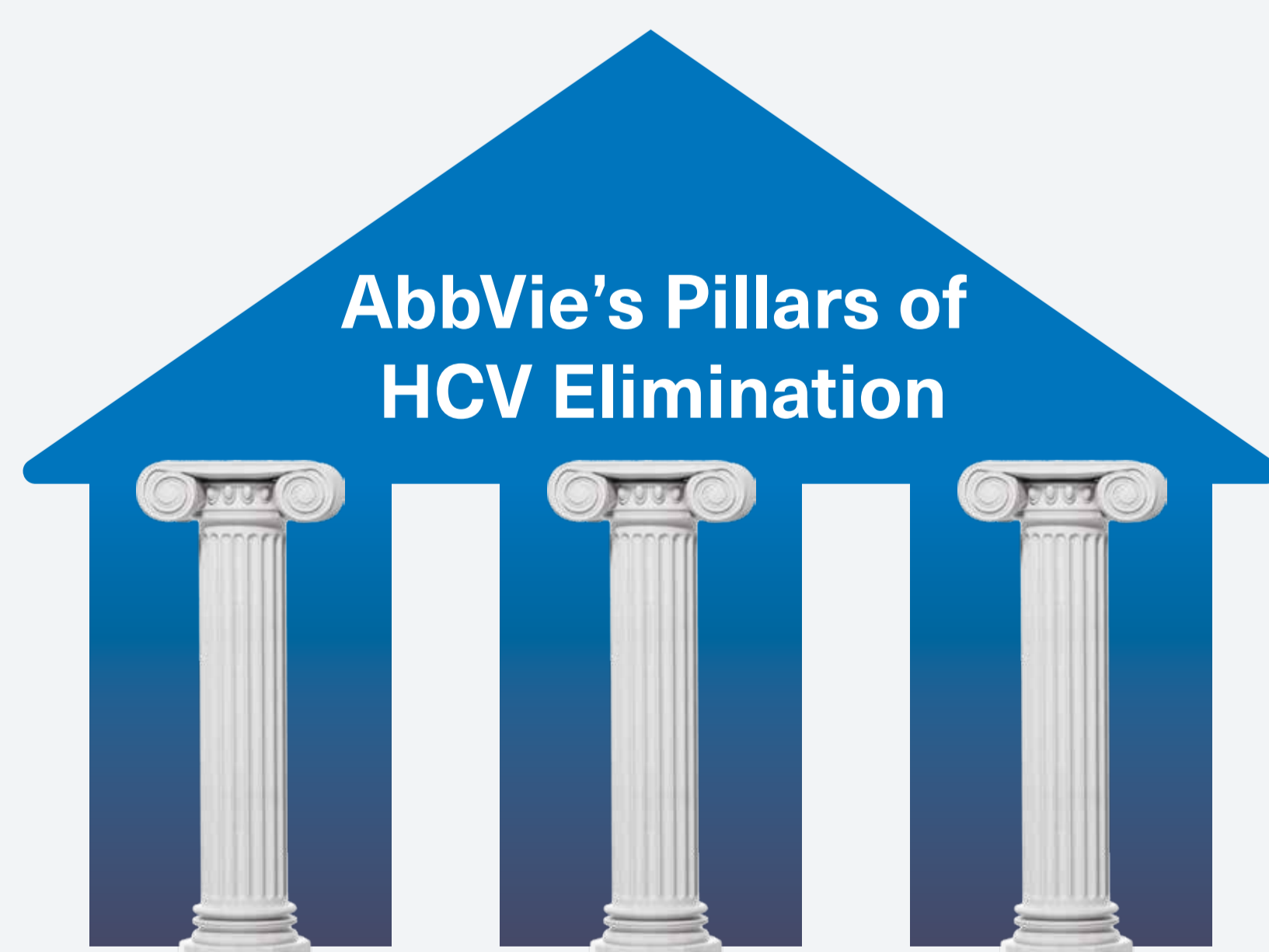
of people with HCV¹ have the potential to be cured with direct-acting antivirals (DAA)

However, HCV infection rate

↑ remains high due to low levels of diagnosis and linkage to care¹

AbbVie is actively supporting strategic information systems that collect surveillance and epidemiology data that will guide measures to achieve HCV elimination²

3. ABBVIE'S COMMITMENT



AbbVie's Pillars of HCV Elimination

Commitment to ongoing medical education

Facilitation of simplification of the HCV cascade

Support for elimination programs

AbbVie supports an estimated **300** micro-elimination projects (including **53** studies) worldwide to elevate and prioritize HCV elimination

Targeting traditionally underserved patients who are also in high-risk populations, such as people who use drugs (PWUDs) and prisoners, will increase the proportion of HCV-infected individuals who are treated and reduce transmission rates

Ongoing Initiatives

AbbVie has partnered with healthcare professionals and external stakeholders on research and projects most likely to have the biggest impact on HCV elimination. Supported studies and projects were prioritized according to the patient population, reproducibility and robust data collection process



General Population

A study in Israel (N= 10,000) developed a smart screening algorithm to identify hidden HCV infection using alanine aminotransferase elevation as a marker. The aim was to produce a clear algorithm for screening the general population

Reasons for patients with HCV not initiating treatment were being studied in Germany (N=1000) to identify and address issues surrounding the low treatment initiation rates

GAPS TARGETED

Engaging PWUDs

PWUDs have a higher risk of HCV infection and are difficult to treat due to lack of trust and commitment to the health system. Engaging this specific group of individuals will decrease the prevalence of HCV significantly

To increase diagnosis rates, a study in Spain implemented a portable FibroScan® (Waltham, MA) in Harm Reduction Centers. This allowed diagnosis in one step and therefore resolved the issue of patients skipping visits to the hospital

GAPS TARGETED

Engaging Patients Lost to Follow-up

A project in The Netherlands was designed to retrieve HCV-infected patients who were lost to follow up. 269 patients were eligible for retrieval and, overall, 17.4% were traced

The retrieval of previously diagnosed patients with HCV through screening of laboratory diagnostics and referring eligible patients for DAA treatment is feasible and could help to reduce HCV infection

GAPS TARGETED

Men Who Have Sex with Men (MSM)

Men who have sex with men (MSM) have an increased risk of HCV infection. Free screening and treatment was offered in a study in Austria to increase the number of HCV-MSM who achieve sustained virologic response at Week 12 (SVR12)

GAPS TARGETED

Engaging Prisoners

A two-pronged approach was used in Portugal to help HCV elimination in prisons:

1. Educating physicians about removing the hurdles of treating HCV in prisons
2. Educating prisoners about the importance of HCV treatment, adherence, and prevention of re-infection

GAPS TARGETED

Engaging General Practitioners

A project in Switzerland is focused on lowering the threshold to access HCV care by enabling general practitioners to carry out HCV therapies themselves (with the support of a specialist) and strengthening their role in the testing, diagnosis and treatment of patients with HCV

GAPS TARGETED

53 studies

21 countries

40% addressing underserved populations

References
1. WHO Factsheet: Hepatitis C, 2019. Available from: <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>. Accessed October 4, 2019.
2. WHO Global Hepatitis Report, 2017. Available from: <https://www.who.int/hepatitis/publications/global-hepatitis-report2017/en/>. Accessed October 10, 2019.
3. ODA Foundation, Polaris Observatory. Available from: <http://odafound.org/polaris/>. Accessed October 14, 2019.
4. ClinicalTrials.gov Identifier: NCT02555475. Updated 24 May, 2018 <https://clinicaltrials.gov/ct2/show/NCT02555475?term=NCT02555475&rank=1>. (Accessed October 2018)

AbbVie sponsored the study, contributed to its design; and participated in the collection, analysis, and interpretation of the data and in the writing, reviewing, and approval of the abstract. All authors had access to relevant data, and participated in the writing, review, and approval of the final presentation.
Author Disclosures
JL Calleja: Consultant and lecturer: AbbVie, Gilead Sciences, Bayer and MSD; T Saadi: Consultant of AbbVie; JS Tavares: Nothing to disclose; K Lohmann: AbbVie employee and may hold stock or options; M Lysenko: AbbVie employee and may hold stock or options; NG Román: AbbVie employee and may hold stock or options; J Dias: AbbVie employee and may hold stock or options; E-H Bakker-Voetman: AbbVie employee and may hold stock or options; S Cunha: Nothing to disclose; B Maeschli: Nothing to disclose; T Reiberger: Received grant support from AbbVie, Boehringer-Ingelheim, Gilead, MSD, Philips Healthcare, Gore, speaking honoraria from AbbVie, Gilead, Gore, Intercept, Roche, MSD; consulting/advisory board from AbbVie, Bayer, Boehringer-Ingelheim, Gilead, Intercept, MSD, Siemens; travel support from Boehringer-Ingelheim, Gilead and Roche.

Presented at the International Viral Hepatitis Elimination Meeting (IVHEM), November 22-23, 2019, Amsterdam, the Netherlands.



Scan QR code to download an electronic version of this poster presentation. QR code expiration: December 1, 2019