**HIGH UPTAKE OF COLLOCATED OPIOID AGONIST THERAPY WITH DAA IS ASSOCIATED WITH REDUCED RISKS AND IMPROVED SVR IN PEOPLE WITH ACTIVE INJECTION DRUG USE: DATA FROM THE ANCHOR STUDY**

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**Background** People who inject drugs **(**PWID) with opioid use disorder (OUD) and HCV have significant morbidity and mortality, not only from HCV-related outcomes, but from harms associated with OUD and injecting drug use (IDU) as well. Opioid agonist therapy (OAT) improves outcomes in people with OUD, however, OAT uptake concurrent to HCV treatment and the impact on outcomes remains unknown.

**Methods** ANCHOR is a single-center study evaluating treatment of HCV in PWID with chronic HCV, OUD, and IDU. Participants receive sofosbuvir/velpatasvir x12 weeks, and are offered collocated buprenorphine. Risk behaviors are evaluated using the Darke HIV Risk Taking Behavior Scale (HRBS).

**Results** At screening**,** the 100 enrolled patients were predominantly male (76%), black (93%), middle-aged (median 57years), injected opioids daily or more (58%), and were not on OAT (67%). From screening to SVR, 31(31%) participants on OAT at baseline remained on OAT, 14(14%) were never on OAT, and 53(53%) initiated OAT after screening, with 38(72%) retained at SVR. Achieving SVR was not associated with baseline OAT status(p=0.3), but was significantly associated with being on OAT at week 24(p=0.002). Those who initiated OAT had a significant decline in HRBS(p=0.0001) at SVR not seen in those on stable or no OAT.

**Conclusions**
HCV treatment can serve as a critical opportunity to engage PWID in treatment for OUD, with high rates of uptake and retention associated with improved SVR relative to those not on OAT, and a significant decline in IDU risk behavior. These data reinforce that HCV treatment can be used as an opportunity to simultaneously reduce the harms associated with HCV, IDU, and OUD, improving the morbidity and mortality of this marginalized population.

**Disclosure of Interest Statement:** Gilead Sciences provided investigator-initiated grant funding and medication donation for this study. Dr Rosenthal has institutional research grants from Gilead and Merck. Dr. Kattakuzhy has institutional research grants from Gilead. Dr. Mathur has institutional research grants from Merck.