



DAA Therapy For HCV Infection Among People With A Substance Use History Attending An Inner-City Community Health Centre - Victoria, Canada

Milne R₁ , Drost A₁ , Grebely J₂ , Selfridge M_{1,3} , Fraser C_{1,4}

¹Cool Aid Community Health Centre (CACHC), Victoria, Canada; ²The Kirby Institute, UNSW Sydney, Sydney, Australia, ³University of Victoria, Victoria, Canada; ⁴Department of Family Practice, University of British Columbia, Vancouver, Canada



Disclosures

Cool Aid Community Health Centre has received educational and research grants from Abbvie, Gilead, Merck, ViiV

Background

- Direct-acting antiviral (DAA) HCV therapy has been shown to be effective among people who inject drugs (PWID), but there is limited research on HCV treatment among PWID in real-world primary care settings.
- It is important to evaluate HCV treatment uptake and outcomes in primary care settings as specialist access is a significant barrier to care for many.
- Single-site, integrated substance use and mental health services reduce barriers to care for PWID.
- The aim of this analysis was to assess the efficacy of DAA therapy for chronic HCV among people with current or prior substance use attending a community health centre.

Methods

- Retrospective study of participants attending an inner-city community health centre in Victoria, Canada.
- Participants with a history of substance use (non-injecting or injecting drug use, or alcohol use determined by chart review) were included if they initiated treatment between November 2014 through October 2016 and were due for sustained virological response (SVR) by April 1, 2017.
- The primary endpoint was SVR12.
- Intent to treat analysis

Results

Of 166 participants who initiated treatment:

- 70% male, 30% female
- 19% HIV/HCV coinfection
- 32% on OST
- 65% with ongoing SU (54% PWID),
- 15% <F2, 44% F2-3, 41% F4
- **97.5% (n=162) completed treatment**
 - two LTF (1.2%) and two deaths (1.2%).
- **87% (144/166) SVR12 in ITT; 98% SVR PP**
 - Non-SVR: 15 LTF and four deaths. No reinfection has been documented to date.
- **No difference in SVR12 by:**
 - HIV status (HIV, 90% vs. no HIV, 86%, $P=0.77$)
 - OST (OST, 87% vs. no OST, 87%, $P=1.00$)
 - Ongoing SU (yes, 88% vs. no, 84%, $P=0.63$), and PWID (yes, 90% vs. no, 84%, $P=0.26$).

Conclusions

- This retrospective study demonstrates that DAA treatment is effective, with no observed reinfections in a highly complex inner city cohort of people with ongoing substance use within a primary care setting.
- Our findings further demonstrate the efficacy of treating vulnerable populations within the context of primary care and provide a rationale for expanded primary care services of HCV.
- Our findings identify the need for new strategies to reduce LTF and increase ongoing engagement for follow up evaluation of re-infection and improved overall health outcomes

Acknowledgements

We would like to thank our entire team at Cool Aid for their dedication, our clients for their inspiration, and a special thank you to Jason Grebely for his academic guidance.

