Collocation of Buprenorphine with HCV Treatment to Improve Adherence and Reduce Harm in PWID with HCV: Preliminary Data from the ANCHOR Investigation

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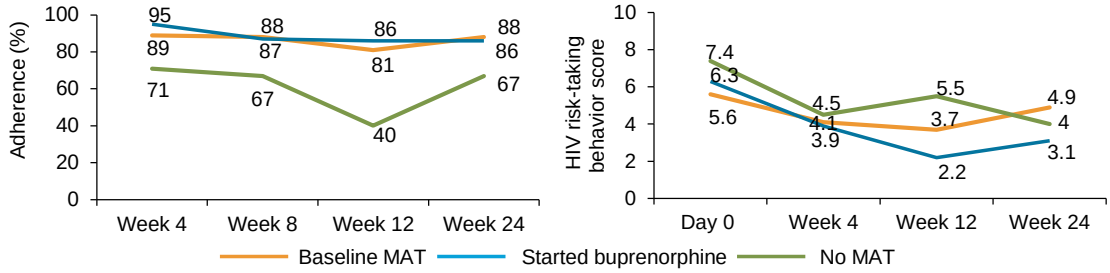
Background/Aims

- Studies modeling HCV treatment as prevention in PWID highlight need for MAT
- Limited real-world data to evaluate
  - effect of MAT on success of HCV treatment
  - the optimal timing of MAT relative to initiating DAA therapy
- **To evaluate the impact of collocated buprenorphine with HCV treatment in PWID with active IDU on HCV related outcomes and IDU associated harms**

Methods

- Single centre study conducted at an embedded clinic within in a harm reduction organization drop-in center in Washington, DC
- N=100
  - Opioid Use Disorder
  - Injection of an opioid within 3 months
- Treatment
  - Sofosbuvir/Velpatasvir for 12 weeks
  - Optional buprenorphine
- Endpoints
  - Adherence to medication and visits
  - Risk taking behaviour
  - SVR & Reinfection

Results



Compared with patients not on medication-assisted treatment (MAT) for OUD, those who started buprenorphine:

- Were more likely to attend treatment visits: Week 4 (95% vs. 71%, p=0.02); Week 12 (86% vs. 40%, p=0.007)
- Were more likely to receive the second bottle of SOF/VEL (100% vs. 82%, p=0.02), and were more likely to receive the second bottle at a clinic visit (p=0.01)
- Had a significant decline in the Darke HIV Risk-Taking Behaviour Scale during and after HCV treatment (–2.2 at Week 4, p=0.003; –4.4 at Week 12, p=0.001; –3.2 at Week 24, p=0.003)

Of the 45 patients who attended the Week 24 visit to date, the overall SVR was 93%

Conclusions/Implications

- Preliminary results of the ANCHOR study support that active PWID not on MAT can be successfully initiated on buprenorphine during the course of HCV treatment
- Initiation of collocated buprenorphine
  - Improves adherence to medical visits and medication pick-up
  - Decreases resources necessary to dispense medication
  - Decreases risk-taking behaviour during and after HCV treatment, a result not seen in those on baseline MAT or no MAT
- ANCHOR collocated care model may provide a critical opportunity to cure HCV while simultaneously treating OUD in PWID in order to prevent reinfection, HIV acquisition and overdose-related death

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The patients of Washington DC