COLLOCATION OF BUPRENORPHINE WITH HCV TREATMENT TO IMPROVE ADHERENCE AND REDUCE HARM IN PWID WITH HCV: UPDATE FROM THE ANCHOR STUDY

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Background:
People who inject drugs **(**PWID) have increased risk for HCV, however many are required to be abstinent or on stable medication-assisted treatment (MAT) to receive DAAs. Offering buprenorphine with DAAs may improve HCV outcomes and reduce harms associated with injection drug use (IDU).

Methods:
ANCHOR is a single-center study evaluating treatment of HCV in PWID with chronic HCV, opioid use disorder (OUD), and IDU within 3 months. Participants receive sofosbuvir/velpatasvir (SOF/VEL) and optional buprenorphine.

Results:
154 patients screened and 90 enrolled. Participants are predominantly male (77%), median 56 years, black (92%) and inject opioids at least daily (60%). 61 (68%) patients were not on MAT at screening, all of whom reported interest in buprenorphine. To date, 39 (64%) have started buprenorphine and 26 (66%) are retained on buprenorphine.

Compared to patients on no MAT, patients who started buprenorphine on study were more likely to attend week 4 and week 12 visits (95% vs 71%; p=0.02; 86% vs 40% p=0.007) and to pick-up the second bottle of SOF/VEL (100% vs 82%; p=0.02).

Patients who started buprenorphine had a significant decline in Darke HIV-Risk Taking Behaviour Scale from day0 to week4 (p=0.003), day0 to week12 (p=0.001), and day0 to week24 (p=0.003). No significant change was found in patients on baseline MAT or no MAT.

Data for 100 enrolled patients will be available at the time of INHSU.

Conclusions:
Preliminary results of the ANCHOR study support that PWID can successfully initiate buprenorphine during HCV treatment. Use of buprenorphine improves visit adherence and decreases risk behavior compared to those not on MAT. We await long-term data to see if ANCHOR collocated care model can provide a critical opportunity to cure HCV while simultaneously preventing reinfection, and preventing long-term harm associated with IDU and OUD.

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