

## HEPATITIS C TREATMENT BY PRIMARY CARE TEAMS IN INNER-CITY COMMUNITY HEALTH CLINICS: A PROSPECTIVE COHORT STUDY

Nouch S<sup>1,2</sup>, Gallagher L<sup>1</sup>, Erickson M<sup>3</sup>, Grewal A<sup>2</sup>, Kleban H<sup>1</sup>, Quesnelle J<sup>1</sup>, Persaud S<sup>1,2</sup>, Kason D<sup>1,2</sup>, Pare D<sup>1,2</sup>, Knebel L<sup>1,2</sup>, Viljoen M<sup>1,2</sup>, Zhang W<sup>3</sup>, Bacani N<sup>3</sup>, Sereda P<sup>3</sup>, Shoveller J<sup>3</sup>, Hall D<sup>1,2</sup>, Norbury M<sup>1,2</sup>, Barrios R<sup>1,2,3</sup>, Hull M<sup>1,2,3</sup>

<sup>1</sup> Vancouver Coastal Health Authority, Vancouver, Canada.

<sup>2</sup> University of British Columbia, Vancouver, Canada.

<sup>3</sup> BC Centre for Excellence in HIV/AIDS, Vancouver, Canada.

**Background:** Efforts to scale-up treatment of Hepatitis C (HCV) in vulnerable populations including those who inject drugs (PWID) necessitates novel and integrated models of care. HCV treatment by family physicians in primary care settings may allow large-scale uptake, however little data exists to demonstrate efficacy of primary care programs providing direct acting antivirals (DAAs).

**Methods:** This prospective cohort evaluated outcomes of HCV treatment delivered by family physicians with HCV and addiction expertise working in multidisciplinary HCV treatment programs located within three Vancouver inner-city primary care clinics between September 2015 and February 2017. Participants completed baseline questionnaires including questions on demographics and substance use. Participants were recorded as achieving a sustained virologic response (SVR12) if HCV RNA was undetectable 12 weeks following the end of therapy, or recorded as lost-to follow-up (LTFU) if no results were obtained. A logistic regression model assessed factors associated with LTFU.

**Results:** 104 individuals (79% male, median age at baseline was 53 years [q1-q3 47-60 years]) were included in the analysis. Overall 31% had evidence of cirrhosis, 17% were treatment experienced, and 74% of participants reported history of injection drug use, with 25% reporting injection drug use in the month prior to treatment initiation. 52% of participants were on opiate replacement therapy. 89% of participants had not directly seen a specialist physician for HCV management in the year prior to treatment. Of those with documented lab work, SVR 12 was 97.5%, however 16 were LTFU (15%). Those LTFU were more likely to be younger than those with documented SVR ( $p=0.049$ ).

**Conclusion:** HCV treatment in the primary care setting by multidisciplinary teams including family physicians can be successful in inner-city populations in the era of DAAs, however efforts are needed to ensure ongoing engagement in care.

**Disclosure of Interest Statement:** Dr. Susan Nouch has no disclosures.  
Hepatitis C Treatment By Primary Care Teams In Inner-City Community Health Clinics: A Prospective Cohort Study