



HCV CURE RATES AMONG PWID NOT IN MEDICATION ASSISTED TREATMENT IN AN AMERICAN INDIAN/ALASKAN NATIVE POPULATION

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Disclosures

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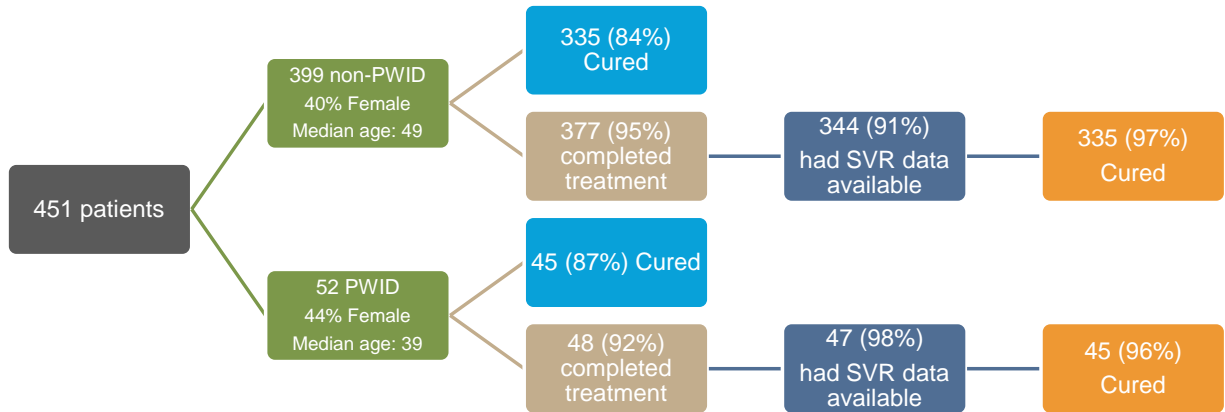
Background/aims

- Hepatitis C virus (HCV) is prevalent in people who inject drugs (PWID)
- Direct acting antivirals (DAAs) show high sustained virological response (SVR12) rates in real world settings, including in PWID enrolled in medication assisted treatment (MAT) and/or syringe service programs (SSP)
- Limited data exists on HCV SVR12 rates among PWID who are not established in MAT or SSP
- The aim of this study is to evaluate SVR12 rates among PWID in a Native American population who were not receiving MAT and did not have access to SSP at the time of HCV treatment
- During the study period, MAT was not available to Cherokee Nation Health beneficiaries. SSPs are illegal in the state of Oklahoma, USA.

Methods

- This was a retrospective study which consisted of the review of medical records of 451 consecutive patients who underwent HCV treatment from November 2015 through October 2017 at Cherokee Nation Health Services, Oklahoma, USA
- We defined PWID as any person who had injected drugs in the 12 months prior to HCV treatment initiation. Demographics and SVR12 data on PWID were compared to the rest of the cohort.
- Endpoint: Sustained virologic response at 12 weeks after treatment discontinuation (SVR12)
- We conducted crude and stratified data analysis using Fisher's Exact Tests and Chi Square Tests. The outcome of interest was cure from HCV (yes/no) and the predictor of interest was intravenous drug use (yes/no).

Results



There was no statistically significant difference in the proportion of patients cured who started treatment, completed treatment, or had SVR data available between those who had and had not injected drugs in the 12 months prior to start of HCV treatment ($p=0.63$, $p=0.45$, $p=0.155$, respectively). The difference in cure rates, when stratified by gender, genotype and liver fibrosis, were also not statistically significant.

Conclusions/implications

- ⦿ In our study, the difference in HCV SVR12 rates among AI/AN PWID who are not receiving MAT or SSP were not statistically significant to the rest of the cohort, including when stratified by gender, genotype and liver fibrosis stage
- ⦿ HCV treatment of PWID in the population studied should be delivered irrespective of their access to MAT or SSP
- ⦿ Future studies should explore HCV treatment outcomes in other populations without access to MAT and/or SSP

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