

OPPORTUNISTIC TREATMENT OF HEPATITIS C INFECTION: A RANDOMIZED CONTROLLED TRIAL OF IMMEDIATE TREATMENT INITIATION AMONG HOSPITALIZED PEOPLE WHO INJECT DRUGS (OPPORTUNI-C)

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Background:

Hospitalizations may represent opportunities to engage people who inject drugs (PWID) in HCV care. The aim was to evaluate the efficacy of an immediate HCV treatment strategy among hospitalized PWID.

Methods:

OPPORTUNI-C was a pragmatic stepped wedge cluster randomized trial recruiting HCV RNA positive individuals admitted for emergency inpatient care in internal medicine, addiction medicine, and psychiatry at three hospitals in Oslo, Norway, between 1 October 2019 and 31 December 2021. Seven participating departments were sequentially randomized to change from standard of care to intervention conditions. Risk-based HCV RNA screening was done at admission. The intervention involved non-invasive liver disease assessment, immediate pan-genotypic DAA treatment initiation, and individualized follow-up. Standard of care was a referral to outpatient care at discharge. The primary outcome was treatment completion, defined as dispensing the final DAA package within 6 months, analysed as intention to treat using mixed effect logistic regression with time as fixed effect and department as random effect. Secondary outcomes included time to treatment initiation, analysed with Cox regression with department as a shared frailty factor.

Results:

A total of 210 participants were included in departments of internal medicine (n=114), addiction medicine (n=68) and psychiatry (n=28). The median age was 48 years (IQR 38-57) and 72% were male. Excluding 5 participants with pending results, treatment completion was accomplished in 71% (70 of 99) during intervention conditions and 35% (37 of 106) during control conditions (OR 4.5; 95% CI 1.7-11.5; p=0.002). The hazard of treatment initiation (Figure) was significantly higher during intervention conditions compared to standard of care (HR 3.5; 95% CI 2.3-5.4; p<0.001).

Conclusion:

Immediate HCV treatment among hospitalized PWID was superior to referral-based standard of care in terms of treatment completion and time to treatment initiation. Hospitalisation is an excellent arena for an opportunistic test-and-treat approach to HCV infection among PWID.

Disclosure of Interest Statement:

OD has received lecture fees from Abbvie and research grants from Abbvie and MSD. HM has received lecture fees from Abbie, Gilead and MSD. No pharmaceutical grants were received in the development of this study.

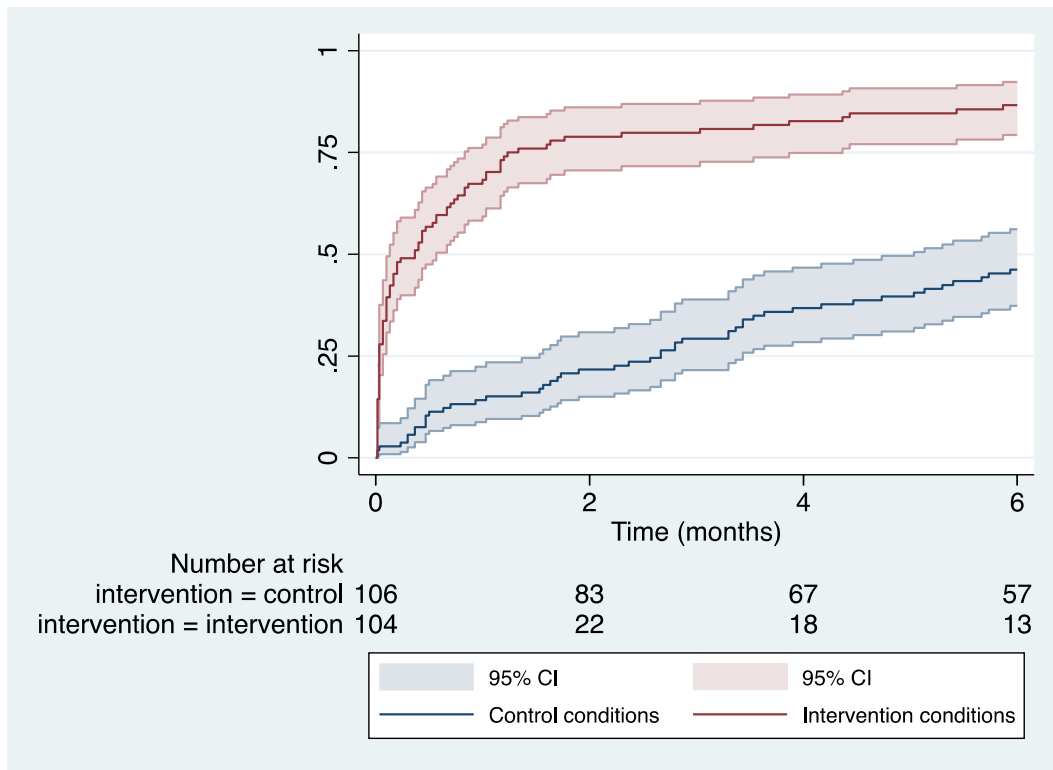


Figure. Kaplan-Meier analysis of time to treatment initiation among participants included in OPPORTUNI-C (n=210). Blue lines represent the proportion of participants during control conditions and red lines represent the proportion of participants during intervention conditions.