

PRELIMINARY ANALYSIS OF THE SUPERDOT-C STUDY: A CLUSTER RANDOMISED CONTROLLED TRIAL OF PHARMACY LED VERSUS CONVENTIONAL TREATMENT FOR HCV POSITIVE PATIENTS RECEIVING DAILY OPIOID SUBSTITUTION THERAPY WITHIN NHS SCOTLAND.

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Background:

The elimination of Hepatitis C (HCV) requires greater access to testing and treatment to at-risk groups. People prescribed Opioid Substitution Therapy (OST) are at high risk of HCV infection. Community pharmacists see this group frequently to provide OST. We report preliminary results of a randomised controlled trial of a pharmacist-led 'test & treat' pathway vs conventional care.

Methods:

55 community pharmacies in a cluster randomised trial provided either conventional or pharmacy-led care. Patients were recruited to the study if they were HCV antibody positive by DBST. For conventional care, pharmacists referred participants to a local centre for assessment. In the pharmacy-led arm, pharmacists assessed participants for DAA treatment. Drug prescribing was by nurse prescribers (conventional arm) or pharmacist prescribers (pharmacy-led arm). Treatment was delivered as daily modified directly observed therapy (DOT) in a pharmacy. Primary trial outcome was sustained viral response 12 weeks (SVR12) after treatment completion. The study is now closed and in follow-up.

Results:

354 participants were recruited from a pool of 2718 OST recipients, 214 in the pharmacy-led arm (1365 OST recipients) and 140 in the conventional arm (1353 OST recipients). In the pharmacy-led arm; 112 (52%) accessed treatment, 65 have achieved SVR12 so far with 1 failure. 6 participants dropped out (2 deaths, 2 patient choice, 1 pregnancy and 1 moved away). Of the conventional arm patients; 62 (44%) received treatment, 26 have achieved SVR12 so far, 2 failed. 3 dropped out (1 patient choice, 2 moved away).

Conclusion:

Preliminary analysis suggests that the pharmacy-led pathway increased both consent to, and initiation of, treatment. The offer of testing, assessment and treatment with DAAs in a pharmacy increased HCV treatment uptake in people on OST. The delivery of treatment within the familiar setting of the community pharmacy was central to the success of the model.

Disclosure of Interest Statement: See example below:

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