

PROJECT ITTREAT (INTEGRATED COMMUNITY BASED TEST – STAGE-TREAT HCV SERVICE) FOR PEOPLE WHO INJECT DRUGS: CLINICAL, PATIENT REPORTED AND HEALTH ECONOMIC OUTCOMES.

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Background: Majority of HCV positive individuals in England are people who inject drugs (PWID). HCV elimination will be impossible without engaging them. This mandates a community based “find and treat” strategy.

Methods: Eight-year study (2013-2021) conducted at a substance misuse service in SE England. Individuals offered dry blood spot testing (DBST), transient elastography (TE), HCV treatment and assessment of patient reported (SF-12v2, SFLDQOL) and health economic (HE) (EQ-5D-5L) outcomes.

Results: To date, 573 individuals recruited, 81% (n=462) males, mean age 40.5 ± 10.0 yrs, injecting drug use (IDU) [n=411 (72%)], alcohol use [n=505 (88%)] and psychiatric illness [n=204(36%)]. Uptake of DBST was 97% (n=558). Prevalence of positive HCV Ab/PCR were 58% (n=323) and 80% (259/323) respectively; genotypes (GT) 1 (49%) and GT 3 46%. Median LSM was 6.8kPa (2.7-75.0) with 28% having cirrhosis. Eighty (31%) were too chaotic, 125/179(70%) of those eligible commencing HCV treatment. Characteristics of treated cohort were: mean age 45.1 ± 9.1 yrs; n=41 (33%) and n=34 (27%) having on going alcohol and IDU respectively; median LSM = 8.7kPa (2.7-75); 38% (n=47) having cirrhosis; treatment received: INF/RBV 12%, INF+DAA 13% and DAA 75%. Treatment outcomes were: EOTR n=109 (96%), SVR12 n=91 (72%), awaiting results n=16 (13%), treatment on-going n=9 (7%) and no SVR12, n=10 (8%). Treatment compliance was 96%. SFLDQOL analysis revealed significant (p<0.05) improvement in QoL on seven domains post SVR12: symptoms (+15.6), memory (+21.4), distress (+41.3), sleep (+13.2), loneliness (+7.2), hopelessness (+14.7) and stigma (+28.9); SF -12 v2 analysis: improvement in physical (+7.2) and mental health (+6.4) domains (p<0.001). Reinfections remained low (3.33/100 person yrs, 95% CI 1.29 - 7.95). A HE analysis is underway. Data has been captured on all clinic contacts, diagnostic tests and treatment regimen. Analysis will estimate cost per case screened, cost per case treated and cost per case cured using these data

Conclusions: Despite the vulnerable nature of PWID, HCV treatment outcomes and compliance are comparable to secondary care with low reinfection rates. Achievement of SVR is associated with significant improvement in QOL. HE analysis awaited. Our data endorses the need for community based integrated services to help pave the way for HCV elimination.

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