COMMUNITY-BASED HCV THERAPY WITH SOFOSBUVIR AND VELPATASVIR IN THE INNER CITY

Authors:
Brian Conway[1, 2], Leo Yamamoto[1], Shawn Sharma[1], Rossitta Yung[1], Ginny Liu[1], David Truong[1]

[1]Vancouver Id Research & Care Centre Society, Vancouver
[2]Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada

Background:
The SIMPLIFY study demonstrated that sofosbuvir/velpatasvir (S/V) can be used to treat Hepatitis C Virus (HCV) infection among active drug users, achieving *sustained virologic response (*SVR) 12 rates comparable to those achieved in clinical trials enrolling other patient populations. There remains a need to replicate these results in more vulnerable populations, including those using fentanyl and not currently engaged in health care.

Purpose:
The purpose of this project is to identify and successfully engage HCV-infected PWUD in a multidisciplinary model of care to maximize the likelihood of HCV treatment initiation. In this context, to determine the efficacy of a 12-week course of sofosbuvir/velpatasvir (rate and correlates of achievement of SVR12).

Method:
Through dedicated outreach events, we identified HCV-infected patients who were not currently engaged in health care. We offered them the opportunity to enrol in a multidisciplinary program to address medical-, psychological-, social- and addiction-related needs and provide S/V therapy with daily or weekly supervision of adherence, as appropriate. The endpoint of this preliminary analysis is the achievement of SVR12 in those who initiated therapy.

Result(s):
We identified and enrolled 172 eligible HCV-infected treatment-naïve subjects. HCV diagnosis was documented 1-41 years before enrolment. Key demographic characteristics include: 126 (73%) male, median age 47 (23-75) years, F0/1 (120, 70%), ≥ F2 (52, 30%), opiate/cocaine/amphetamine use (126/66/112,73%/38%/65%). Once enrolled in care, 38 (22%) initiated addiction care with opiate agonist therapy. Of 142 who initiated treatment, 95 were available at the SVR12 time point to date. Of these, 88 achieved a cure. The main reasons an endpoint was not measured included 3 overdose-related deaths prior to SVR 12 and 4 disengaged from care. There were no cases of virologic failure or relapse.

Conclusion(s): Through dedicated initiatives, it is possible to identify vulnerable inner-city residents who were previously diagnosed with HCV infection and had never been offered treatment. These initiatives, combined with dedicated programs to provide HCV treatment in an optimized manner, must be considered to achieve HCV elimination in this unique population.

Disclosure of Interest:
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