**GLECAPREVIR/PIBRENTASVIR ACHIEVES HIGH SVR RATES AMONGST PEOPLE WHO USE DRUGS: RESULTS FROM A REAL WORLD COHORT.**

Boyle A[1], Marra F[1], Ritchie T[1], Campbell J[1], Hunter C[1], Peters E[1], and Barclay S[1]
[1] NHS Greater Glasgow and Clyde

**Background:** Data on treatment outcomes with Glecaprevir/Pibrentasvir (G/P) amongst people who use drugs are lacking, with few enrolled in registration trials. We sought to evaluate the impact of baseline drug use on SVR rates in a real world cohort.

**Methods:** Patients commencing G/P prior to 01/05/2018 were identified from the Scottish HCV database. For patients on ORT, review of drug service notes identified (where available) self reported intravenous drug use (IVDU), and non-IVDU in the 3/12 pre-treatment. Anonymous linkage with the needle exchange database (NEO) identified Injecting equipment provision (IEP) uptake in the same 3/12.

**Results:** 354 people commenced treatment (250 (70.6%) male, mean age 45.2 (±9.3), 33 (9.3%) with cirrhosis, 187 (52.8% GT3)). Self reported drug use, NEO registration and IEP uptake are summarised below. IEP uptake was highest amongst those in specialist care, though 1:4 in non specialist care (shared care with general practice) accessed IEP.
Premature discontinuation was infrequent irrespective of baseline drug use (4 (3.0%) with vs 2 (2.6%) without). Intention to treat (ITT) and modified ITT (mITT) rates were high for the cohort (91.5 and 97.5%) respectively. Non SVR was predominantly due to non attendance (15), relapse (6) and death (4). ITT and mITT rates were similar according to presence/absence of baseline drug use (90.4% vs 89.6% (p 0.86), 96.8% vs 97.2% (p 0.87)).

| Addictions Care | Self reported IVDU (%) | Self reported Non-IVDU (%) | Any evidence DU (%) | NEO registered (%) | Needle transactions (%) |
|---|---|---|---|---|---|
| Specialist care | 16/160 10.0) | 79/160 (49.4) | 107/160(66.9) | 97 (67.4) | 46 (31.9) |
| Shared care | 1/37 (2.7) | 18 /36 (50.0) | 26/37 (70.3) | 36 (50.0) | 16 (25.8) |
| Not in care | n/a | n/a | n/a | 35 (23.6) | 9 (6.1) |
| Total | 17 (8.6) | 97 (49.5) | 133 (67.5) | 168 (47.5) | 71 (20.0) |

**Conclusion:** We demonstrate that SVR rates in a real world cohort treated with G/P are high, irrespective of drug use.

**Disclosure of Interest Statement:** This work was sponsored by Abbvie. Dr S Barclay has received speakers fees, advisory board fees and grants from Abbvie and Gilead. Miss F Marra has received speakers fees, advisory board fees and grants from Abbvie, Gilead and Merck. Miss Boyle has received speakers fees and grants from Abbvie and Gilead.