HCV SUPPORT GROUPS: DO THEY STILL HAVE A ROLE IN THE DAA ERA?

Magel T ¹, Holeksa J ¹, Thiam A ¹, Chu L ¹, Yung R ¹, Truong D ¹, Conway B ¹ Vancouver Infectious Diseases Centre ¹

Background: Studies have shown peer support groups for HCV-infected PWID to be associated with engagement in care and treatment and perhaps even reductions in substance use. Historically, these approaches were quite helpful among patients receiving longer courses of interferon-based therapy. In a setting where treatment is simplified and can be delivered more flexibly, the role of the peer support group has been called into question.

Methods: A retrospective comparative analysis was performed among those with HCV who did and did not participate in our centre's HCV peer support group. All were enrolled in multidisciplinary care addressing medical, social, psychological and addiction-related needs.

Results: A total of 54 support group and 331 non-support group participants treated for HCV with DAA's at our centre were included in this analysis. Patient demographics for participants/non-participants include: mean age 56 /55 years, 88% /70% male, 61%/48% active daily drug use, 46%/35% on opioid substitution therapy (OST), 20%/ 31% alcohol use and 28%/11% homeless. Of group participants, 51/54 (94%) achieved SVR_{12} . Two individuals are engaged in HCV treatment elsewhere and one individual is lost to follow-up. In the non-support group patients, SVR_{12} was achieved in 305/331 (92%). No cases of re-infection occurred in individuals attending group, 2 cases of re-infection occurred in non-support group DAA patients (0.29 per 100 person-years).

Conclusion: Support group participants represented a more vulnerable population (daily drug use/homelessness), and such characteristics may help define a sub-group for whom this intervention remains useful. HCV treatment success rates remained very high among those not attending group. It is interesting to note that both cases of recurrent viremia occurred in non-group participants, possibly suggesting a role of the group in reducing high-risk behaviors post-SVR₁₂.

Disclosure of Interest Statement: Tianna Magel has nothing to disclose.

Astou Thiam has received travel grants from AbbVie.

Julie Holeksa has received travel grants from AbbVie.

Letitia Chu has nothing to disclose.

Rossitta Yung has nothing to disclose.

Dr. David Truong has received honoraria from Merck and Co.

Dr. Brian Conway has received grants, honoraria, travel funding, advisory board positions with AbbVie, Merck & Co, Gilead Sciences and ViiV.