

Potential shift in Barriers and facilitators of Hepatitis C treatment initiation among people who use drugs with transition from Interferon-based to direct antiviral treatment options

Iuliia Makarenko, Adelina Artenie, Nanor Minoyan, StineHøj, Gillian Bartlett,
Didier Jutras-Aswad D, Julie Bruneau

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Disclosures

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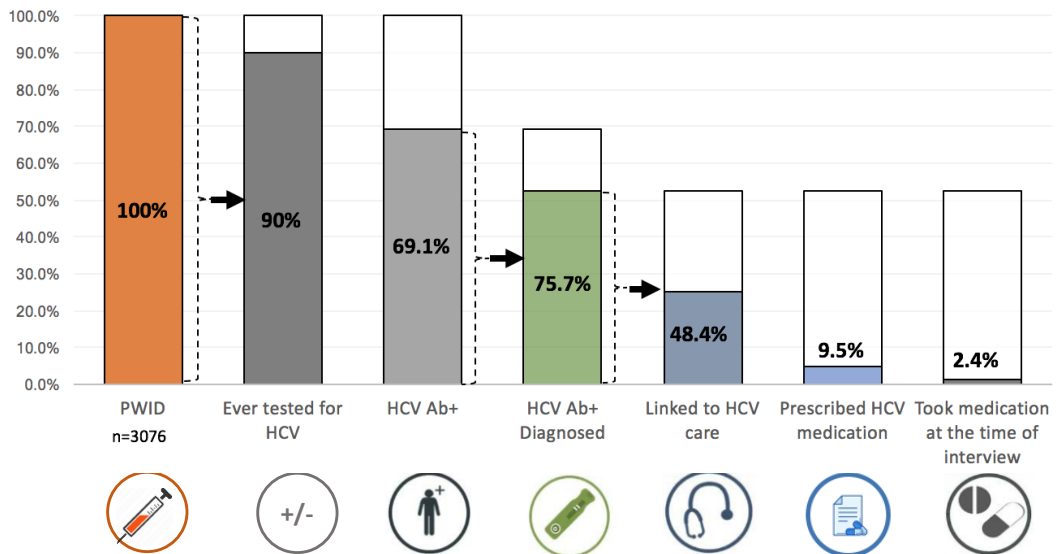
Hepatitis C and injection drug use in Canada

- People who inject drugs (PWID) are the principal group at risk for hepatitis c (HCV) in Canada.
- Injection drug use causes **>60%** of the total HCV cases.
- **60-80%** of PWID are An+ HCV positive.

Grebely et al., 2014; Degenhardt et al., 2016

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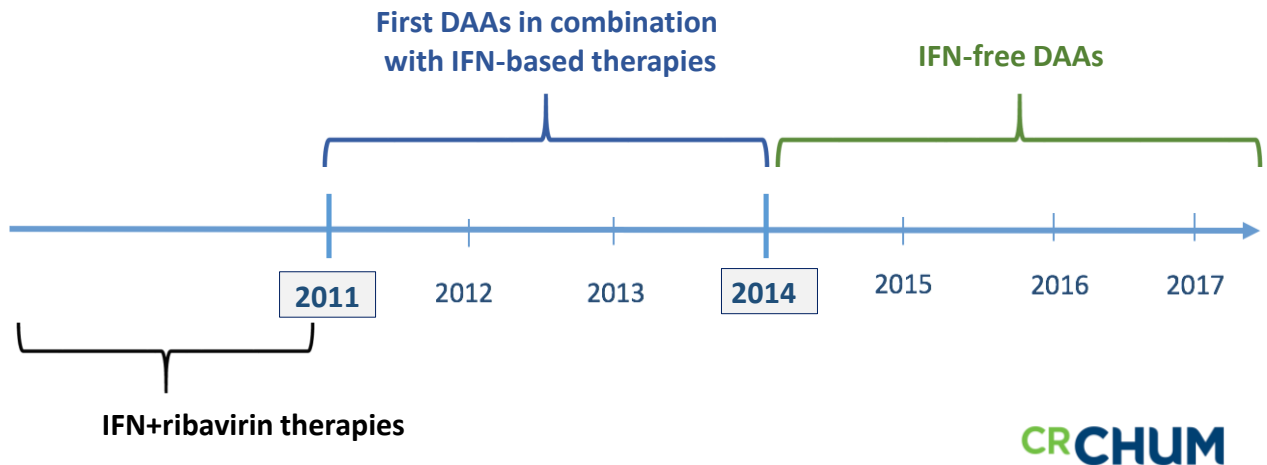
HCV continuum of care among PWID in Canada



Public Health Agency of Canada, I-Track study, 2014

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HCV treatment in Canada



Barriers to HCV treatment

- Unemployment
- Homelessness
- Poverty
- Poor knowledge
- Stigma
- Higher addiction severity
- comorbidities: HIV, mental health problems etc.
- Limited access to healthcare

Araïn & Robaey's 2014; Grebely et al. 2013; Janjua et al. 2017; Treloar et al. 2010.

Facilitators of HCV treatment

- Enrolment in OAT program
- Participation in peer-support groups combined with multidisciplinary health care
- Nurse-led education
- Trust to healthcare professionals

Grebely et al. 2010; Grebely et al. 2007; Larrey et al. 2011; Moirand et al. 2007

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Study Aim

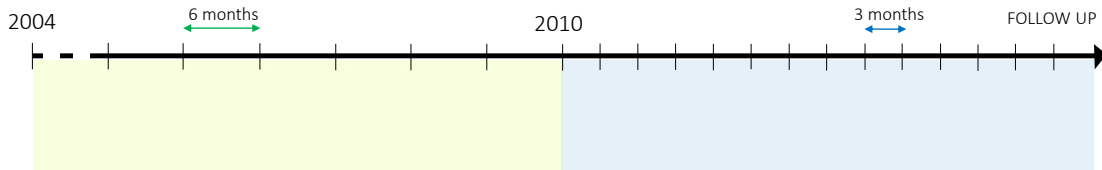
- Examine barriers and facilitators of time to HCV treatment initiation among PWID and their potential shift with availability of INF-free DAA therapies compared to previous IFN-based regimens.

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METHODS

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HEPatitis COhort (HEPCO)



Design: Prospective longitudinal open cohort study

Aim: To identify individual and contextual determinants of HCV infection among PWID

Setting: Montreal, QC, Canada

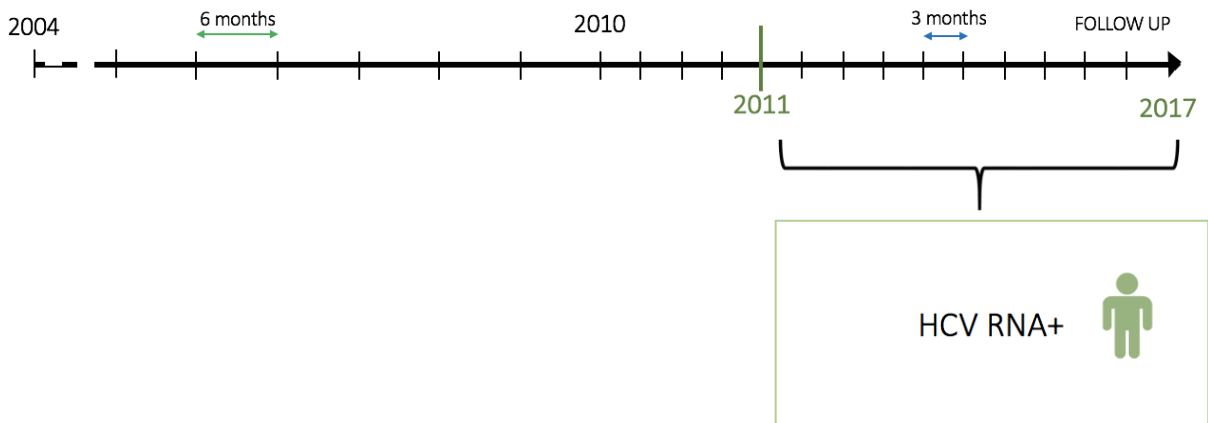
Eligibility: drug injection (within past 6m), age ≥ 18

Recruitment: Combination of street-level strategies and community program referrals

Procedures: Detailed sociodemographic and behavioural questionnaire administered by trained interviewers, HCV testing (every 6/3 months)

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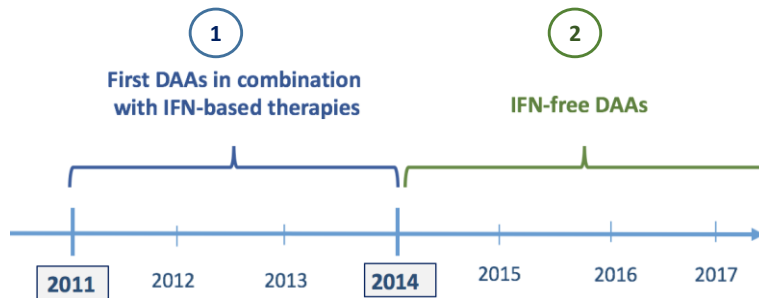
FOR THIS ANALYSIS:



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Statistical Analysis

- **Time-updated Cox-regression analysis (HR, 95% CI)**
- **Censoring:**
 - Did not initiate treatment during the period of observation
 - Lost to follow-up
- **Final multivariable model** was stratified by the period of DAAs availability:

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RESULTS

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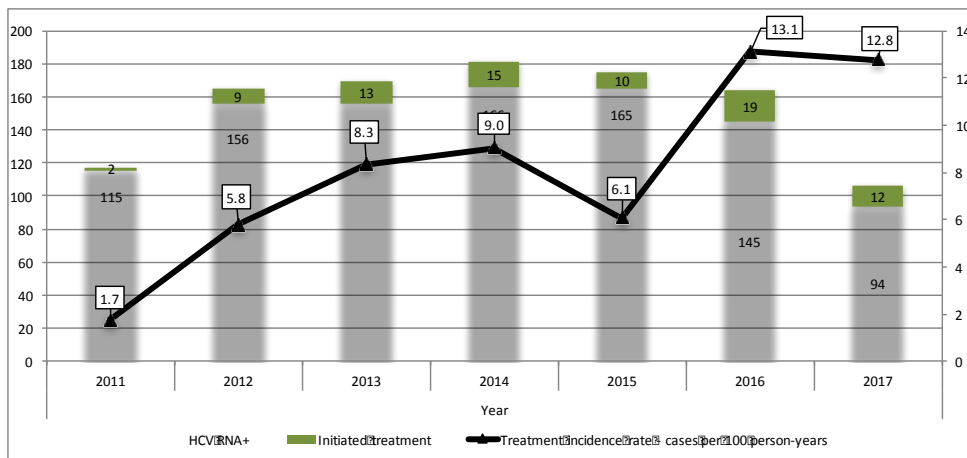
Baseline socio-demographic characteristics of the study participants (N=308)

Characteristic	%
Age (>40 years old)	54%
Sex (male)	85%
Unstable housing	52%
Being on OAT	47%
Frequently injected in the past 3 months	35%
Opiate use in the past 3 months	59%
Cocaine use in the past 3 months	65%
Have seen a family physician in the past 3 months	52%
Previous HCV treatment experience	20%

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HCV treatment initiation, 2011-2017

In total, 80 (26%) out of 308 HCV RNA positive initiated treatment during the study period.



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Factors associated with time to HCV treatment initiation

	Period of follow-up	
	2011-2013	2014-2017
	N=669	N=1053
	Events=24	Events=56
	Adjusted HR (95% CI)	Adjusted HR (95% CI)
Have seen a family doctor in the past 3m	3.63 (1.21, 10.89)	2.52 (1.10, 5.77)
Frequently injected in the past 3m	0.23 (0.05, 0.99)	0.49 (0.24, 0.99)
Age (>40 years)	0.58 (0.24, 1.42)	2.27 (1.24, 4.13)
Being on DAT	0.98 (0.38, 2.59)	2.17 (1.19, 3.94)
Previous HCV treatment experience	1.31 (0.50, 3.45)	3.00 (1.75, 5.15)
Cocaine use in the past 3m	0.40 (0.18, 0.90)	0.64 (0.37, 1.09)

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Discussion and Conclusions

- HCV treatment initiation is still low.
- Older age – a marker of waiting until treatment availability.
- Seeing a family physician is key to facilitate treatment initiation.
- Opioid agonist therapy - an important facilitator of HCV treatment initiation.
- Previous treatment attempt - a proxy of higher engagement in HCV care.
- More frequent drug injection and cocaine were negatively associated with HCV treatment initiation.

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