CHOICE OF HCV TESTING MODALITY AMONG PEOPLE AT RISK OF HCV INFECTION: THE SELECT STUDY

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Background:
Understanding patient preferences for hepatitis C (HCV) testing is critical to improve uptake. Despite novel testing modalities, little research exists on patient preferences. This study compared the uptake of HCV testing modalities when participants were given a choice.

Methods:
People at risk of HCV were recruited from selected community sites in the National Hepatitis C Point-of-Care Testing Program. Enrolled participants received a visual aid outlining test features including time to result and mode of collection. Participants reporting prior HCV infection were offered staff-assisted HCV RNA tests [Xpert HCV Viral Load Fingerstick (result in 60 minutes) or dried blood spot (DBS) (result in 1-2 weeks)]. Participants reporting no prior HCV infection were offered self-administered INSTI HCV antibody (result in 1 minute), staff-assisted INSTI HCV antibody (result in 1 minute), staff-assisted Bioline HCV antibody (result in 5-15 minutes), or HCV RNA tests. Participants received their selected test, completed a survey, and received $20 reimbursement.

Results:
Overall, 184 people were enrolled (26% female, 71% ever injecting drugs). Among those without a history of HCV (n=134), 77% (n=103) selected staff-assisted INSTI antibody testing (Figure 1). Only 5% (n=7) chose self-administered INSTI antibody testing and 3% (n=4) chose staff-assisted Bioline testing. Main reasons for selecting staff-assisted INSTI were the short time to result (75%), short time at the clinic (12%), and wanting someone else to do the test (4%). Of those with a history of HCV (n=50), 82% (n=41) selected point-of-care RNA testing and 10% (n=5) selected DBS testing. Reasons for selecting point-of-care RNA were the short time to result (41%) and having used the test before (15%).

Conclusion:
Participants preferred the quickest perceived testing modality and, when given the option, few preferred self-testing over staff-assisted testing. Identifying patient preferences for HCV testing can improve uptake to achieve elimination in Australia.

Disclosure of Interest Statement:
AS and EBC have nothing to declare. JG has received research grants, speaker fees, and participated on advisory boards for AbbVie, Cepheid, Gilead Science and Merck. GD has received research grants from Abbvie and Gilead Sciences. JP has received funding from AbbVie for travel and accommodation.

Figure 1: Proportion of tests selected by participants by HCV history