

Project ITTREAT (Integrated Test-stage-TREAT) a community HCV service for PWID

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UK

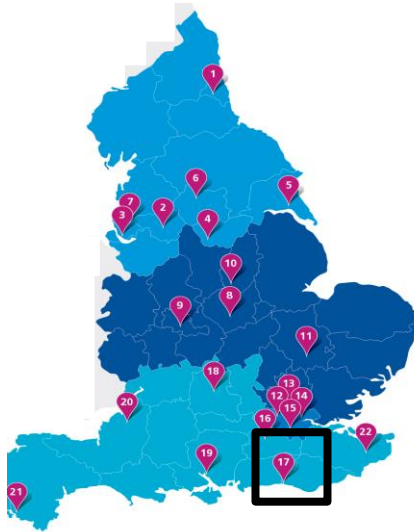


Disclosures

- Margaret O'Sullivan
 - Travel grants-Gilead sciences
- Sumita Verma:
 - Research and educational grants/Honorarium from Brighton and Hove Commissioners, Gilead, Dunhill Medical Trust, the National Institute for Health Research and Kent Surrey and Sussex Deanery
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- AnnaMarie Jones and Hugh Williams None

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HCV in England



- 160,000 with HCV in England
- Delivered through 22 Operator Delivery Networks (ODNs)
- Hub and spoke model
- HCV treatment funded by NHS England: determine number to be treated per ODN and regimen-19/ mth in Brighton

Hepatitis C in England 2017 report. Available at: http://hcvaction.org.uk/sites/default/files/resources/hepatitis_c_in_england_2017_report.pdf (accessed April 2017)

HCV ELIMINATION

“People who inject drugs represent a hard-to-reach population who find it difficult to access traditional models of care. A service that relies on a traditional secondary care model of care for these groups will fail, with high levels of “did not attends”

Eradicating hepatitis C is a realistic aim. Ryder S and Dillon J. 2014; Available at: <https://www.hsj.co.uk/sectors/commissioning/eradicating-hepatitis-c-is-a-realistic-aim/5070199.article> (accessed April 2017)

Project ITTREAT Integrated community-based Test-stage-TREAT): an HCV service for PWID

- Set up a 'one-stop' community HCV service at SMS in Brighton, UK
 - Community hepatitis nurse, onsite FibroScan
 - 2013–2017
- Evaluate service by data collection
 - Clinical
 - PRO (SF12, SFLDQOL)
 - Health Economics (QALY) 'cost per cure'
 - Concurrent embedded qualitative study
- Ethical approval (REC ref 13/EM/0275)

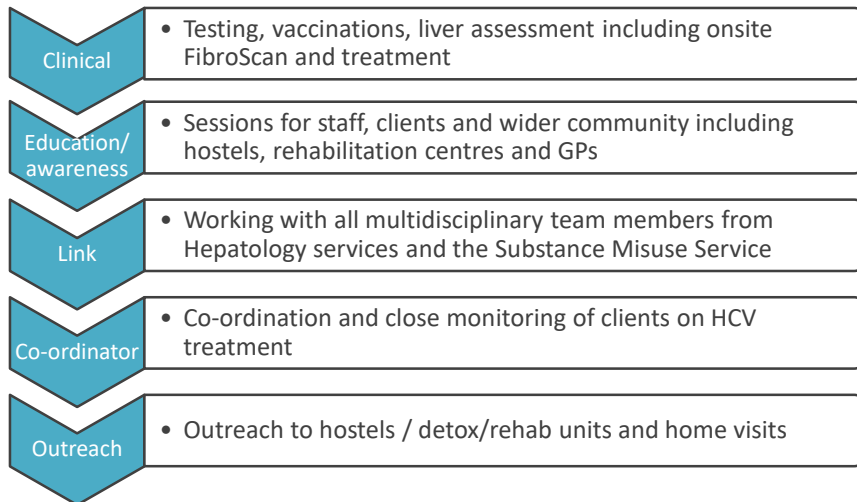


Holistic Integrated Model of Care with provision of all services at one site

- Hepatitis Nurse with additional training in addiction based in community
- Consultant Hepatologist reviews
- Fibroscan, opiate substitution treatment, Psychiatrist and Care co-ordinators onsite
- Access to needle exchange

- Flexible appointments
- Non judgemental environment
- Recovery community
- Access to Peer mentors, support groups and social support e.g. housing

Role of Specialist Hepatitis Nurse



M O'Sullivan, unpublished data

ITTREAT: Interim Results 2016

No recruited	391 (81% men)
Age (yrs)	40 ± 9.8
IDU	274 (70%)
Shared paraphernalia	381 (98%)
Overdose	115 (29%)
Alcohol	336 (86%)
Alcohol current	151 (39%)
Psychiatric illness	174 (47%)
BBV/PCR uptake	377 (96%)
Positive HCV PCR	163/200 (82%)
GT 1/3	44%/45%
Accepted TE	132/163 (81%)
LSM ≥7.5 kPa	59 (36%)

EASL 2015, AASLD 2016

ITTREAT: Interim Results/Outcomes

Suitable for HCV treatment	115/163 (67%)
Commenced treatment	49
On going IDU	11 (22%)
On going alcohol	13 (27%)
Cirrhosis LSM >12kPa	19/49 (39%); 4 decompensated
P/R	16 (33%)
P/R/DAA	17 (34%)
DAA	16 (33%)
EOTR	46 (94%)
SVR 12	37 (76%)
Waiting (achieved EOTR)	4 (8%)
NR	3 (6%)
RR	5 (10%)
Compliance with clinic visits/medication	84 (97%)
Reinfection till date	None
Deaths	2 (OD post treatment)

EASL 2015, AASLD 2016



Brighton and Sussex
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brighton and sussex
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