High Rates of HCV Reinfection and Retreatment in PWID with HCV Cure: 3.5 Year Follow Up Data from the ANCHOR Cohort

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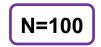


- Sarah Kattakuzhy has received investigator-initiated grants from Gilead Sciences paid to the institution
- Elana Rosenthal has received investigator-initiated grants from Gilead Sciences, Merck, and John C Martin Foundation, paid to the institution

- People who inject drugs who have participated in this research
- Ommunity health workers

- People who inject drugs (PWID) with HCV, opioid use disorder (OUD), and ongoing injection drug use (IDU) who achieve sustained virologic response (SVR) remain at risk of reinfection.
- In HCV modeling data, retreatment of reinfected individuals is critical to elimination.
- We sought to evaluate the rate of reinfection and retreatment in a cohort of high-risk patients over a follow-up period up to 3.5 years.

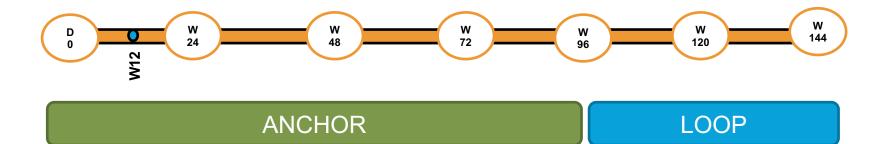
Methods



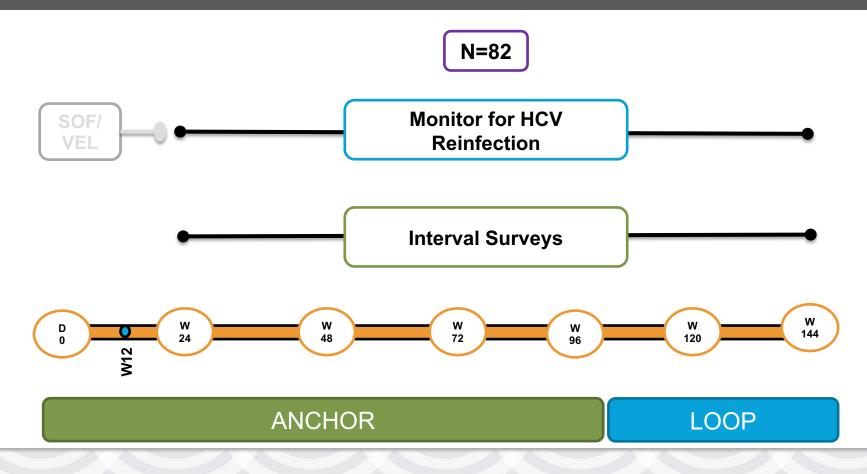


Optional Buprenorphine

Optional PrEP (TDF/FTC)



Methods



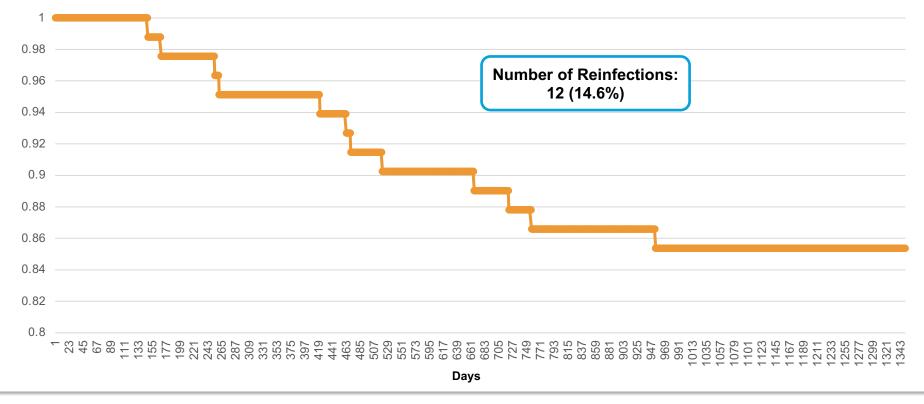
Methods

Endpoints

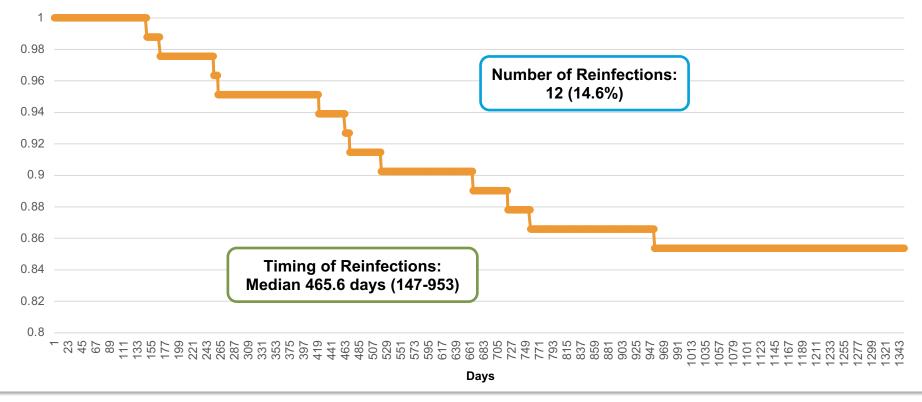
- Risk behaviors
- Medication for OUD
- Reinfection
 - Genotype switch or detectable viral load after SVR
- Retreatment
 - As per IDSA/AASLD guidance

Baseline Characteristics	n=82
Age (median)	57.5 (53-62)
Men, n (%)	61 (74.4)
Race, n (%)	
Black	75 (91.5)
White	4 (4.9)
Other	3 (3.6)
Injection frequency at screening, n(%)	
Daily or more	48 (58.5)
More than once a week, less than daily	14 (17)
Once a week or less	20 (24.4)
Receiving MOUD at screening, n(%)	
No	53 (64.6)
Yes	29 (35.4)
Housing Status	
Stable	44 (53.7)
Unstable	38 (46.3)

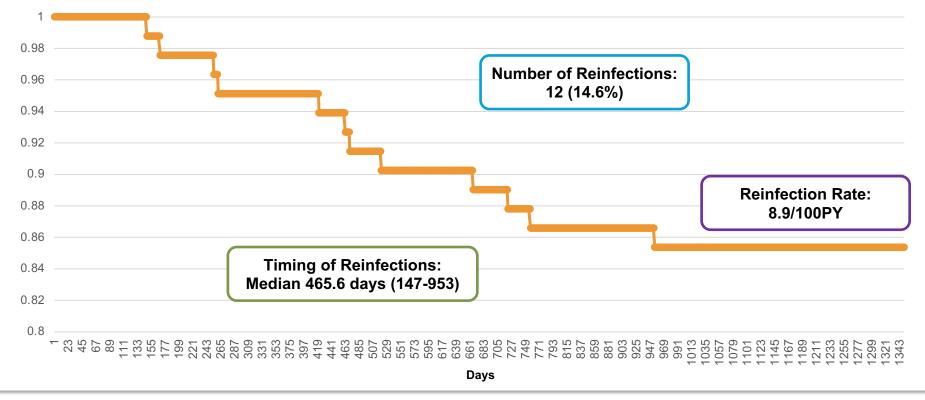
Reinfection-Free Survival

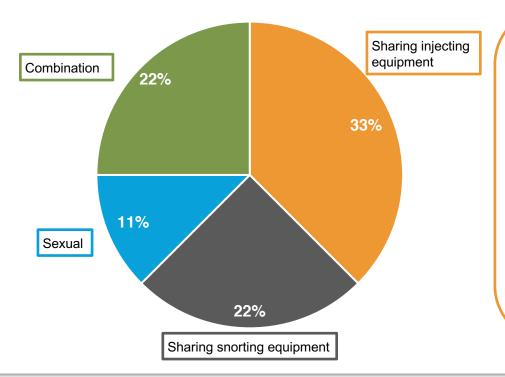


Reinfection-Free Survival



Reinfection-Free Survival

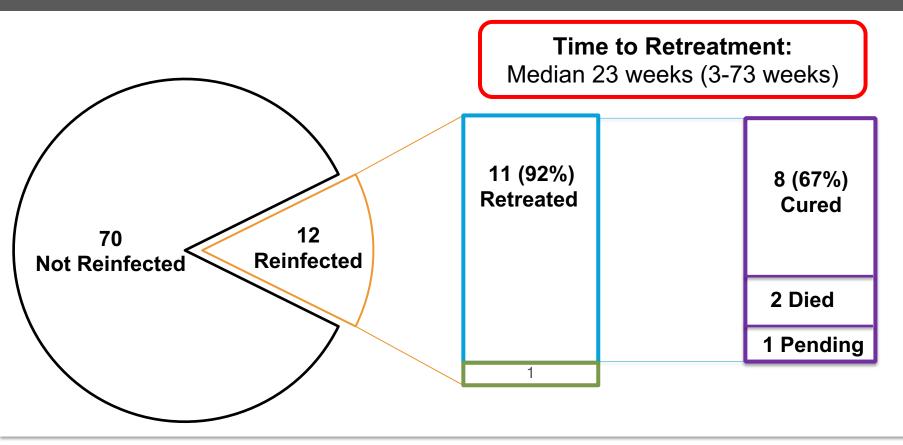




Self-Reported Reasons for Reinfection

Reinfection was **not** associated with

- Opioid use
- Cocaine use
- IDU
- Unstable housing
- MOUD engagement
- Ad-hoc composite score of these factors measured at the time of reinfection(all > p.10)



Conclusions/Implications

- In this cohort of high-risk PWID, we found high rates of HCV reinfection which were not associated with MOUD or drug use at the time of detection.
- Rates of retreatment uptake were high, with high rates of SVR.
- These data highlight the need for longitudinal follow-up in high-risk individuals to facilitate retesting, retreatment, and HCV elimination.
- These data could have a positive impact on people who inject drugs, in particular those with active IDU, by demonstrating the success of retreatment with patient-centered longitudinal engagement.