

COLLOCATION OF HCV TREATMENT, BUPRENORPHINE, AND PREP TO REDUCE HARM IN PWID WITH HCV: PRELIMINARY DATA FROM THE ANCHOR STUDY

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Introduction: People who inject drugs (PWID) have a significantly increased risk for acquisition of HCV and HIV and are progenitors of these ongoing epidemics. Studies of PWID have demonstrated a high desire to obtain HCV treatment, therefore, offering HCV treatment may provide an opportunity to engage PWID in comprehensive care, including services to prevent HCV and HIV transmission, such as buprenorphine and pre-exposure prophylaxis (PrEP). The ANCHOR study was developed to investigate a model of comprehensive care to treat HCV in PWID.

Methods: The ANCHOR study is a single center study evaluating treatment of HCV embedded in an urban harm reduction center. Enrolled patients have chronic HCV, opioid use disorder (OUD), and injected opioids within 3 months. Patients are treated with sofosbuvir/velpatasvir and offered uptake of buprenorphine for OUD, and PrEP for HIV prevention.

Results: 59 patients were screened, and 28 enrolled and started sofosbuvir/velpatasvir. Participants were predominantly male (25,89%), median 57 years old, black race (26,93%), and majority reported injecting opioids one or more times per day (19,68%). 22 patients have reached week 4, and of 15 patients with adherence pill counts, median number of missed pills was 1.

21(75%) patients were not on opioid agonist therapy at screening. Of the 21, all reported interest in buprenorphine, and 9 (43%) have started buprenorphine to date. No patient was on PrEP at screening. 12 (43%) patients reported interest or possible interest in PrEP at baseline, and 6 (21%) have started PrEP to date. Updated data from 60 patients will be available at the time of INSHU.

Conclusions: Preliminary results of the ANCHOR study support that PWID with HCV have high interest in buprenorphine treatment, and moderate interest in PrEP. Collocating these treatments with HCV therapy may provide an opportunity to initiate harm reduction strategies in marginalized, high risk individuals.

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