Accessible Care intervention for engaging people who inject illicit drugs in hepatitis C virus care:

Preliminary results from a randomized clinical trial

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Disclosures

- Benjamin Eckhardt has received research grants to New York University School of Medicine from Gilead Sciences Inc.
- Shashi Kapadia has received research grants to Weill Cornell Medicine from Gilead Sciences Inc.
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- No pharmaceutical grants were received in the development of this study.

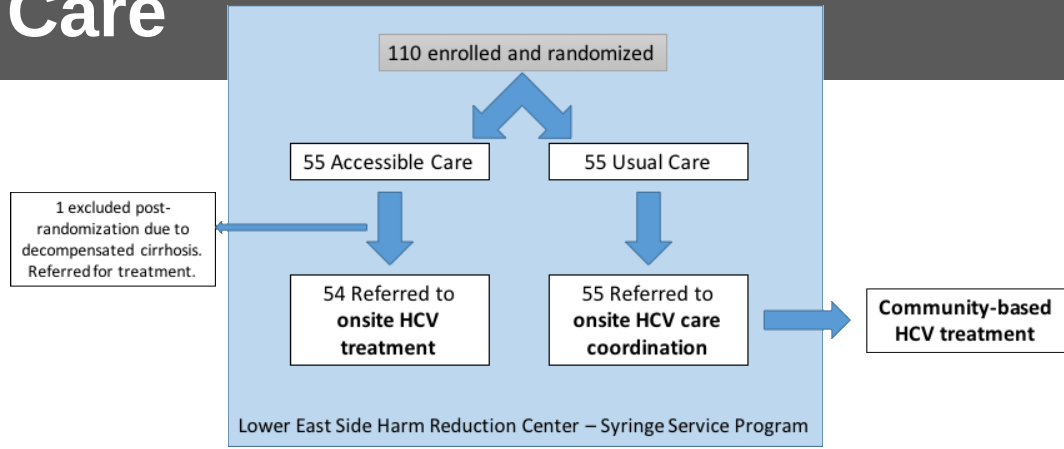
Background/aims

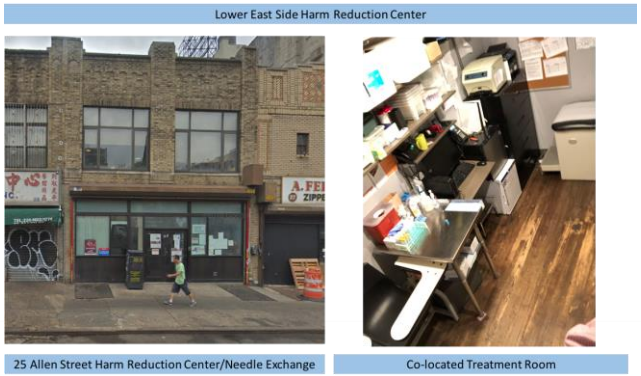
- To achieve hepatitis C elimination, treatment programs need to be developed to engage, treat, and cure people who are actively injecting drugs.

- We present preliminary data from the first 110 participants in the Accessible Care intervention for engaging people who inject illicit drugs (PWID) in hepatitis C (HCV) care.

Methods – Accessible Care

- Ongoing randomized clinical trial comparing the effectiveness of Accessible Care (low-threshold care co-located in a syringe syringe program) with Usual Care in facilitating linkage, engagement, and retention in HCV care.
- Eligibility criteria: (1) HCV RNA positive and (2) had injected drugs in the past 90 days.
- Exclusion criteria: (1) pregnant women, (2) decompensated cirrhosis, (3) already in HCV care
- Primary study endpoint: SVR12 within 12 months of enrollment (results pending)
- Secondary endpoints include (among others):
  - Rates of HCV care linkage & engagement
  - Rates of substance use treatment and harm reduction engagement
  - Rates of HCV re-infection





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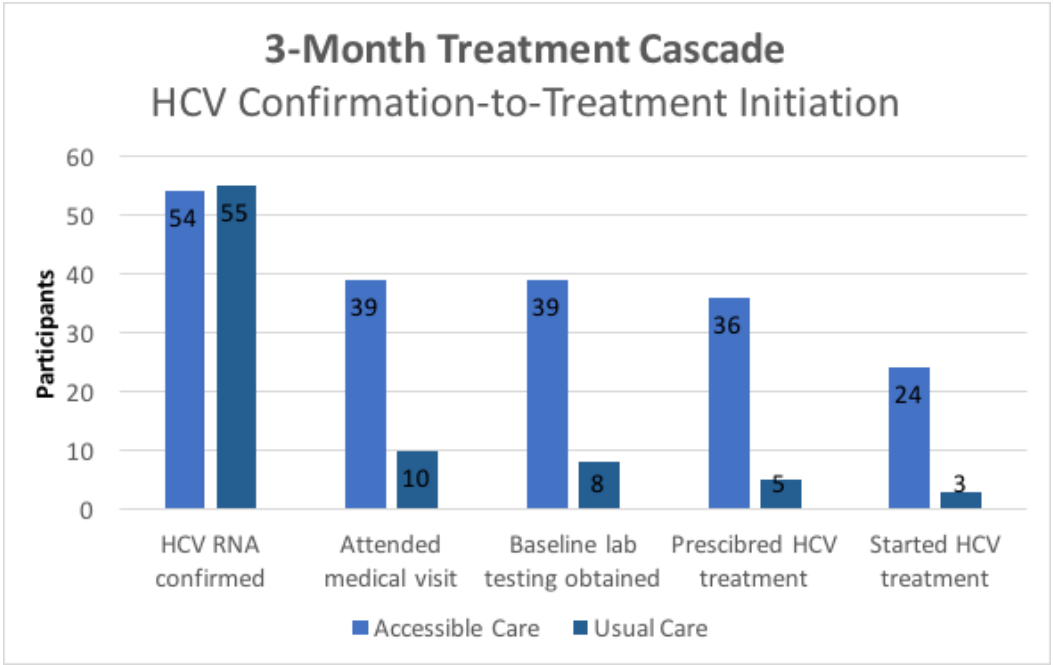
Results – Accessible Care

- Mean age 42.7 years
- 22% women, 78% men
- 7% black, 58% Hispanic, 30% white, 5% other
- 60% homeless
- 86.4% injected within 30 days
- Mean 15.2 days of injection per month (median 12)
- 96% insured
- 1 person previously engaged in HCV care



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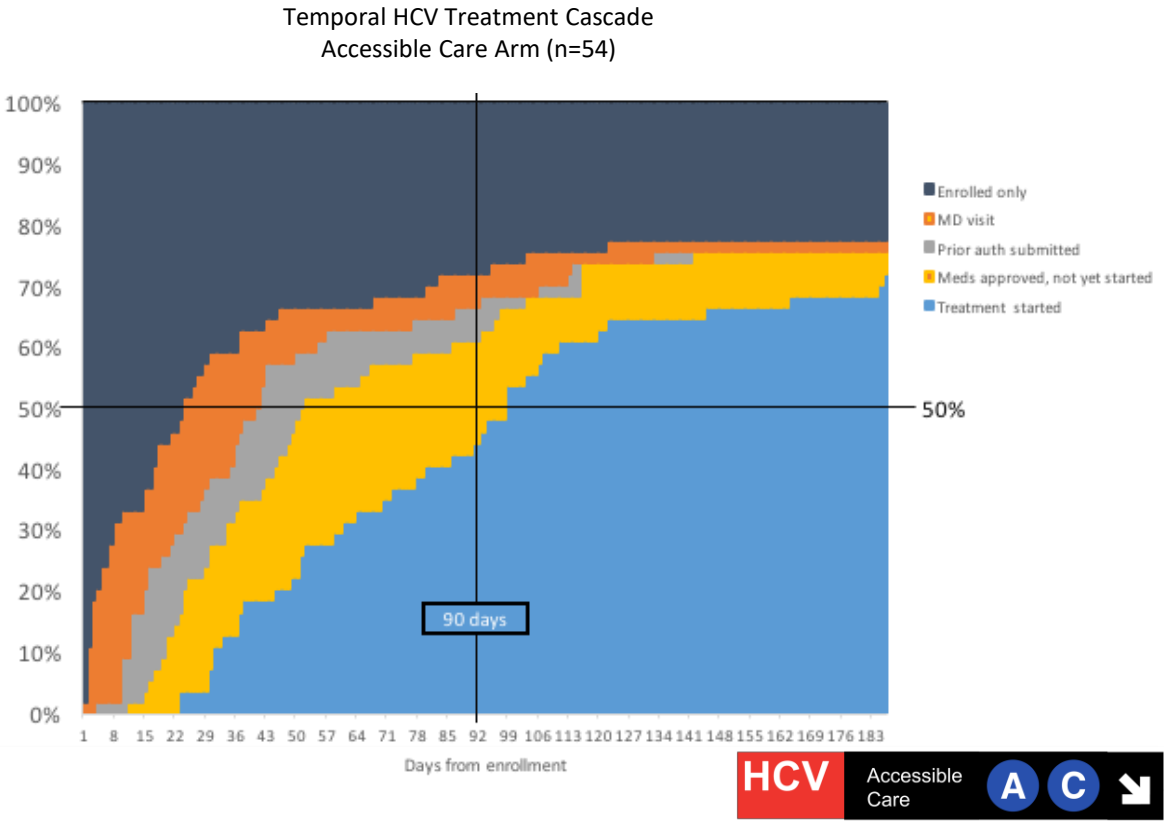
Results - Accessible Care

Within 6 months of enrollment:

- Linked to HCV Care
  - 42 (77.8%) Access. Care
  - 12 (21.8%) Usual Care
- Started on DAA Treatment
  - 39 (72.2%) Access. Care
  - 5 (9.1%) Usual Care
- Of the 39 participants in the Accessible Care arm started on DAA therapy, the median time from enrollment to treatment initiation was 81.1 days [range 22-183]



Conclusions – Accessible Care

- Among HCV-infected PWID enrolled at a syringe service program, higher rates of linkage to care and treatment initiation were seen when treatment was **co-located** within a community-based location focused on providing a stigma- and shame-free environment.

Acknowledgements – Accessible Care

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- Additional ***Accessible Care*** findings in posters # TBD, TBD, TBD, TBD, TBD

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