

High Hepatitis C Cure Rates in People Who Use Drugs Experiencing Housing Instability and Food Insecurity Taking 8 Weeks of Glecaprevir/Pibrentasvir

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OBJECTIVE

To evaluate the efficacy of glecaprevir/pibrentasvir (G/P) in people who use drugs (PWUD) with active/recent substance use and explore the impact of socioeconomic disparities on treatment outcomes in hepatitis C (HCV)

CONCLUSIONS

This real-world analysis demonstrated PWUD treated with 8 weeks of G/P achieved high HCV cure rates despite food or housing challenges

Next steps include enhancing provider education and confidence in treating socioeconomically disadvantaged populations to support HCV elimination

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INTRODUCTION

- In the United States, an estimated 2.3 million people are infected with HCV, but many face barriers to treatment including people who use drugs (PWUD)^{1,2}
- Curative treatment for PWUD may be delayed due to concerns that a less-stable lifestyle and socioeconomic disparities, such as homelessness and food insecurity, will adversely impact cure rates
- This study evaluates the impact of socioeconomic disparities on treatment outcomes for people treated with G/P who have active/recent substance use and the proportion of patients achieving sustained virologic response 12 weeks (SVR12) following treatment completion (cure)

METHODS

- A retrospective analysis was conducted with the Kentucky Rural Health Association's Kentucky Hepatitis Academic Mentorship Program (KHAMP) registry and Central City Concern HCV Elimination Program (CCC-HEP) database
- The primary endpoint is the proportion of PWUD achieving SVR12 measured by undetected HCV RNA PCR collected 12 or more weeks after the last reported dose of treatment
 - Risk for food insecurity was determined by county-level data available at FeedingAmerica.com; housing instability was determined by case report in CCC-HEP and estimated by county of residence in KHAMP
 - Treatment completion is defined as > 55 days on G/P
- The number and percentage of PWUD achieving SVR12 (cure) was calculated along with a two-sided 95% confidence interval based on Wilson's score method
- The impact of housing and food insecurity risk were assessed with logistic regression
- Cases eligible for inclusion:
 - Treated with 8 weeks of G/P and treatment started prior to February 2023
 - Reported active/recent substance use including illicit substances and/or alcohol use within 12 months prior to starting treatment

RESULTS

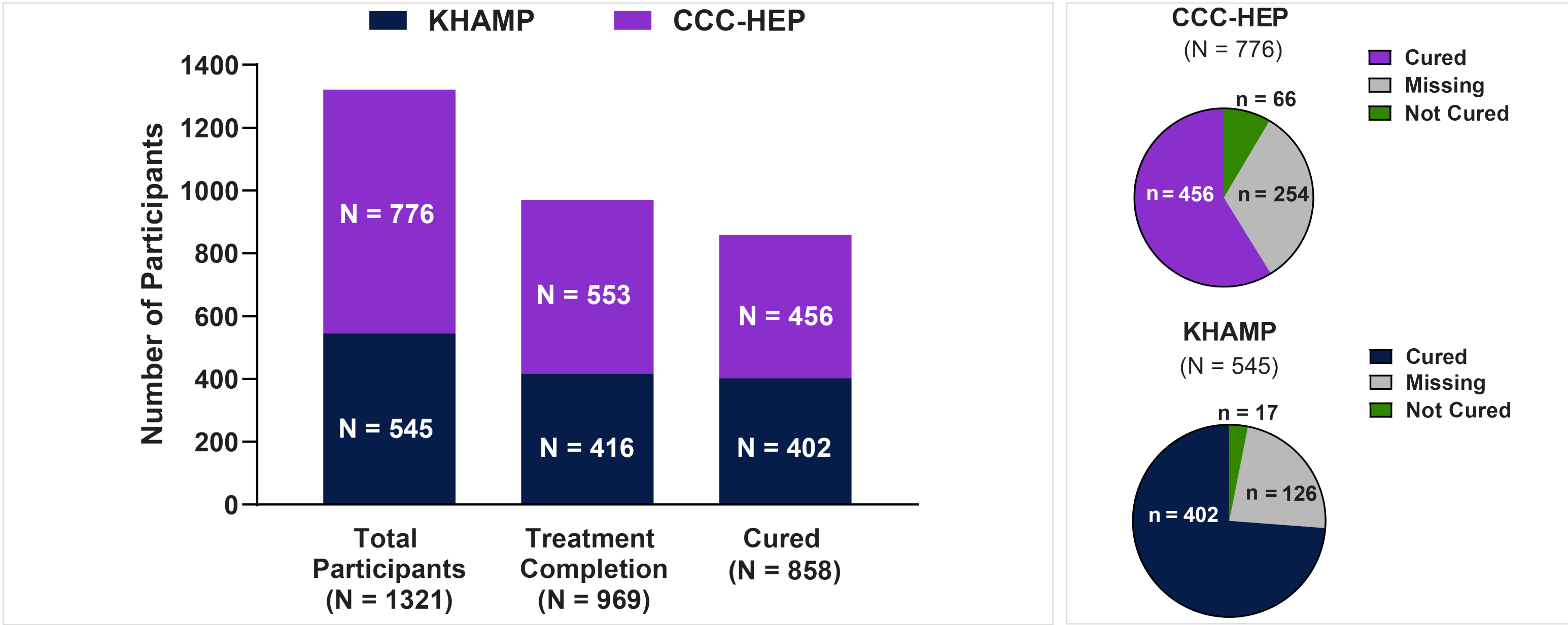
Table 1. Participant Baseline Demographic, Socioeconomic, and Disease Characteristics

	KHAMP (N = 545)	CCC-HEP (N = 776)
Sex, n (%)		
Male	272 (50)	513 (68.1)
Female	272 (50)	230 (30.5)
Transgender/Gender Queer	0	10 (1.3)
Age, years, mean (SD)	38.9 (8.6)	49.3 (12.1)
Insurance, n (%)		
Commercial	21 (3.9)	8 (1.1)
Medicaid	490 (92.1)	619 (81.3)
Medicare	19 (3.6)	121 (15.9)
Uninsured	2 (0.4)	13 (1.7)
Housing insecurity, n (%)		
No	329 (62.3)	581 (74.9)
Yes	119 (37.7)	195 (25.1)
Food insecurity, n (%)		
No	473 (89.6)	N/A
Yes	55 (10.4)	
Illicit drug use, n (%)		
Opioid	210 (38.5)	453 (58.4)
Methamphetamine	10 (1.8)	28 (3.6)
Cocaine	2 (0.4)	41 (5.3)
Stimulant	7 (1.3)	362 (46.6)
Benzodiazepine	0	13 (1.7)
Hallucinogen	0	2 (0.3)
Anxiolytic	0	69 (8.9)
Other substance	123 (22.6)	100 (12.9)

CCC-HEP, Central City Concern HCV Elimination Program; HCV, hepatitis C virus; KHAMP, Kentucky Hepatitis Academic Mentorship Program; N, number of participants; N/A, not available; SD, standard deviation.
Percentages calculated on nonmissing and nonunknown values.
Housing instability was determined by county-level poverty data for KHAMP and reported in CCC-HEP.
Food insecurity was determined by county of residence in the Feeding America database³.
Risk level for housing/food insecurity is defined as 'Low' if the county-level prevalence is between 5 to < 18% for housing or 0 to 21.7% for food, 'Medium' if county-level prevalence is between 18 to < 25% for housing or 21.8 to 32.6% for food, and 'High' if county-level prevalence is ≥ 25% for housing or ≥ 32.7% for food.
Participants with 'Medium' or 'High' risk are considered 'Yes' for housing/food insecurity.

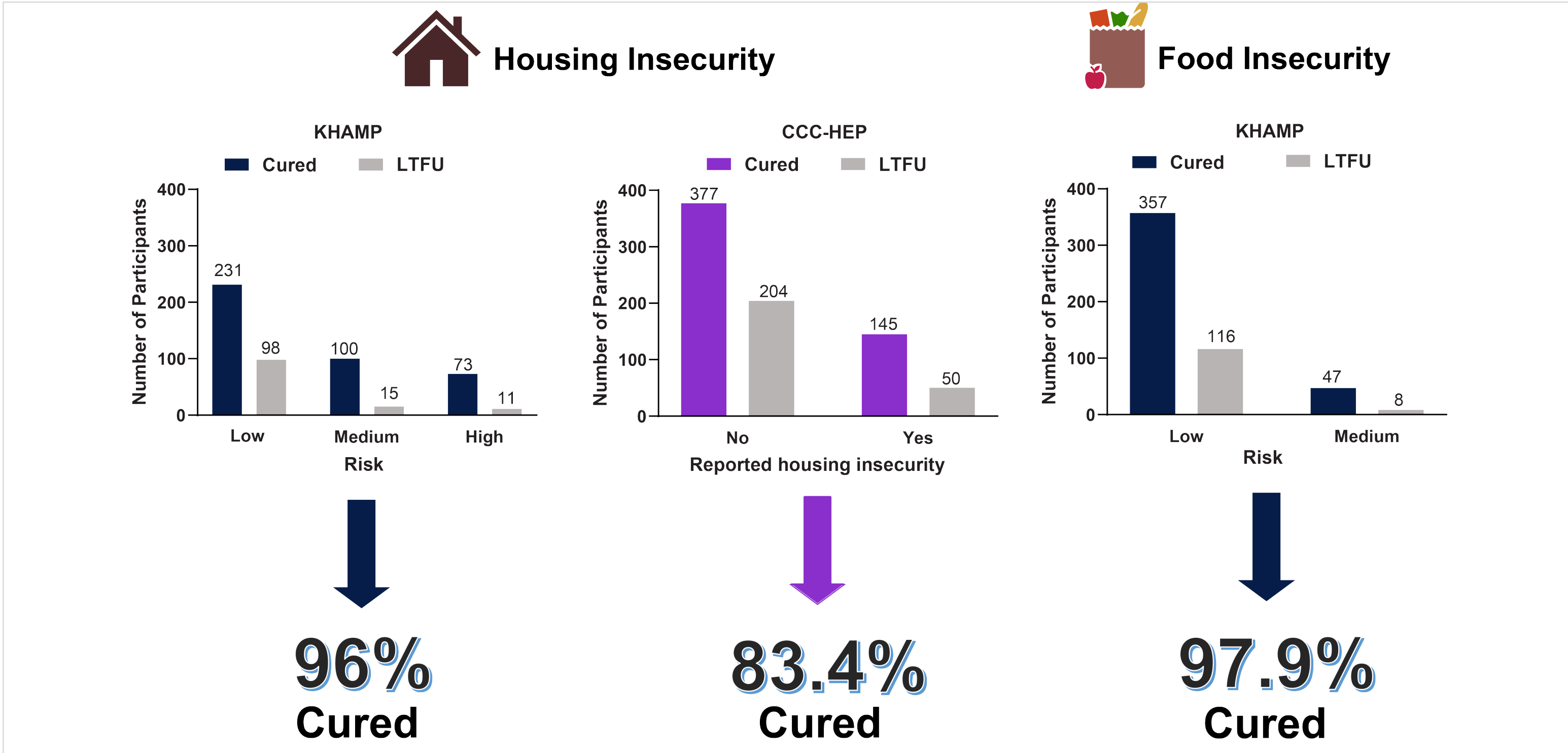
A Total of 1321 Treatment Episodes Met Inclusion Criteria, 545 from KHAMP and 776 from CCC-HEP, and the Observed Cure Rate Was 91.2%

Figure 1. Treatment Overview



CCC-HEP, Central City Concern HCV Elimination Program; G/P, glecaprevir/pibrentasvir; KHAMP, Kentucky Hepatitis Academic Mentorship Program; N, number of participants. Percentages are calculated on nonmissing data. Cure is based on treatment start and nonmissing data. Treatment completion is defined as > 55 days on G/P. Risk for food insecurity was determined by county-level data available at FeedingAmerica.com³. Housing instability was determined by case report in CCC-HEP and estimated by county of residence in KHAMP.

Figure 2. Cases Cured and Lost to Follow-Up in PWUD Experiencing Housing or Food Insecurity



CCC-HEP, Central City Concern HCV Elimination Program; KHAMP, Kentucky Hepatitis Academic Mentorship Program; LTFU, lost to follow-up; N, number of participants; PWUD, people who use drugs. Percentages are calculated on nonmissing data. Cure is based on treatment start and nonmissing data. Food insecurity based on county of residence and prevalence reported at the county level from FeedingAmerica.com³. Food insecurity risk for CCC-HEP could not be estimated due to high concentration of cases coming from a single county. Housing instability was determined by county-level poverty data for KHAMP and reported in CCC-HEP. 'Low' risk were those in a county with poverty rates between 5 to < 18%, 18 to < 25% for 'Medium', and > 25% for 'High'. Food insecurity was determined by county of residence in the Feeding America database. 'Low' risk were 0 to 21.7% and 'Medium' risk were 21.8 to 32.6%.