IMMEDIATE HEPATITIS C TESTING AND TREATMENT TO ACCELERATE ELIMINATION AMONG PEOPLE WHO INJECT DRUGS (THE QUICKSTART TRIAL): A CLUSTER RANDOMISED, CROSS-OVER TRIAL

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Introduction
Increasing HCV treatment uptake by people who inject drugs (PWID) is important for achieving elimination. QuickStart aimed to increase treatment and cure by providing rapid point-of-care testing (POCT) and/or immediate treatment in community services for PWID.

Methods
QuickStart was a cluster-randomised, cross-over trial recruiting treatment-naïve PWID across Australia. Sites were randomly allocated to one of three interventions and two sequences (control then intervention, or vice-versa).

In control, participants received standard-of-care (SOC) referral for laboratory testing (anti-HCV±RNA) ±treatment. Interventions were: POCT anti-HCV alone then SOC if antibody-positive (Arm A); POCT anti-HCV±RNA, then SOC if RNA-positive (Arm B); or POCT anti-HCV alone with immediate 14-day treatment starter-pack if antibody-positive and continuation after laboratory RNA confirmation (Arm C).

Primary outcomes were treatment commencement by 90 days, and cure (SVR4-24), analysed among all participants (including those untested/untreated) by intention-to-treat. Protocol and statistical methods have been published (NCT05016609).

Results
1240 participants were recruited (median 45 years-old, 67% male, 78% injecting last month) at 20 sites from 2022-2024. Overall, 45% were anti-HCV, 31% RNA detectable.

Treatment commencement was 6.1% in control (33/545), 6.9% in Arm A (16/233, OR 2.2 98%CI 0.87-5.6), 5.5% in Arm B (12/220, OR 2.7 98%CI 0.53-13.4) and 34.3% in Arm C (83/242, OR 3.6 98%CI 1.2-11.2). Among RNA-positive, treatment commencement in control/A/B/C was 70%, 60%, 67%, and 97%, respectively.

SVR was 3.1% (17/545) in control, 4.7% in Arm A (11/233, OR 3.5 98%CI 0.66-19.0), 1.4% in Arm B (3/220, OR 1.7 98%CI 0.20-13.9), and 9.5% in Arm C (23/242, OR 1.4 98%CI 0.6-3.1).

Compared with control, all interventions increased testing-uptake and reduced time-to-diagnosis; only Arm C reduced time-to-treatment (SHR 2.80, 95%CI 1.1-7.1).

Conclusions
POCT alone showed limited evidence of increasing treatment uptake or cure compared with SOC. POCT with immediate treatment substantially increased treatment uptake, with limited evidence for increased cure.

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