

RANDOMIZED CONTROLLED TRIAL OF CASH INCENTIVES OR PEER MENTORS TO IMPROVE HCV LINKAGE AND TREATMENT AMONG HIV/HCV COINFECTED PERSONS WHO INJECT DRUGS: THE CHAMPS STUDY

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Background:

Despite access to direct acting antivirals (DAAs), barriers to HCV linkage and treatment for persons who inject drugs (PWIDs) persist. The aim of the CHAMPS study is to evaluate the impact of two innovative strategies on HCV treatment uptake and cure in HIV-infected PWIDs not engaged in HCV care.

Methods:

HCV treatment-naïve PWIDs with genotype 1 infection were eligible if they received HIV care at Johns Hopkins and had not been evaluated for HCV care within 8 months. Eligible participants were randomized to 1) Usual Care (UC) 2) UC + Cash Incentives; 3) UC + Peer-Mentors. All participants were provided 12 weeks of ledipasvir/sofosbuvir (LDV/SOF) at no cost. In the Peer-Mentor group, participants engaged in interactions with HIV/HCV cured peers. In the incentive group, participants received escalating cash incentives (up to \$220). The primary endpoint was initiation of LDV/SOF within 8 weeks of enrollment.

Results:

144 participants were randomized to one of three groups: Usual Care (n=36), Peer Mentors (n=54) and Cash Incentives (n=54). The majority of participants were male (61%), black (93%) and HCV genotype 1a (78%). Initiation of LDV/SOF was observed in 110 of 144 (77%) participants. The rate of HCV treatment initiation was higher in persons randomized to Peer Mentors (83%, 45 of 54) and to Cash Incentives (76%, 41 of 54) compared to Usual Care (66%, 24 of 36). To date, of the 110 participants who initiated LDV/SOF, 12 have not reached the SVR12 time point, 88 achieved SVR (90% of those who reached the SVR12 time point), and 10 did not achieve SVR12 (1 reinfection, 2 relapse, 6 did not complete treatment).

Conclusion:

While peer mentors and/or cash incentives may effectively improve the HCV care cascade, additional studies are needed including those that evaluate the combination of peer mentors and cash incentives.

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