HCV GET-UP: A GROUP EVALUATION AND TREATMENT UPTAKE INTERVENTION IMPROVES HCV LINKAGE TO CARE FOR PWID

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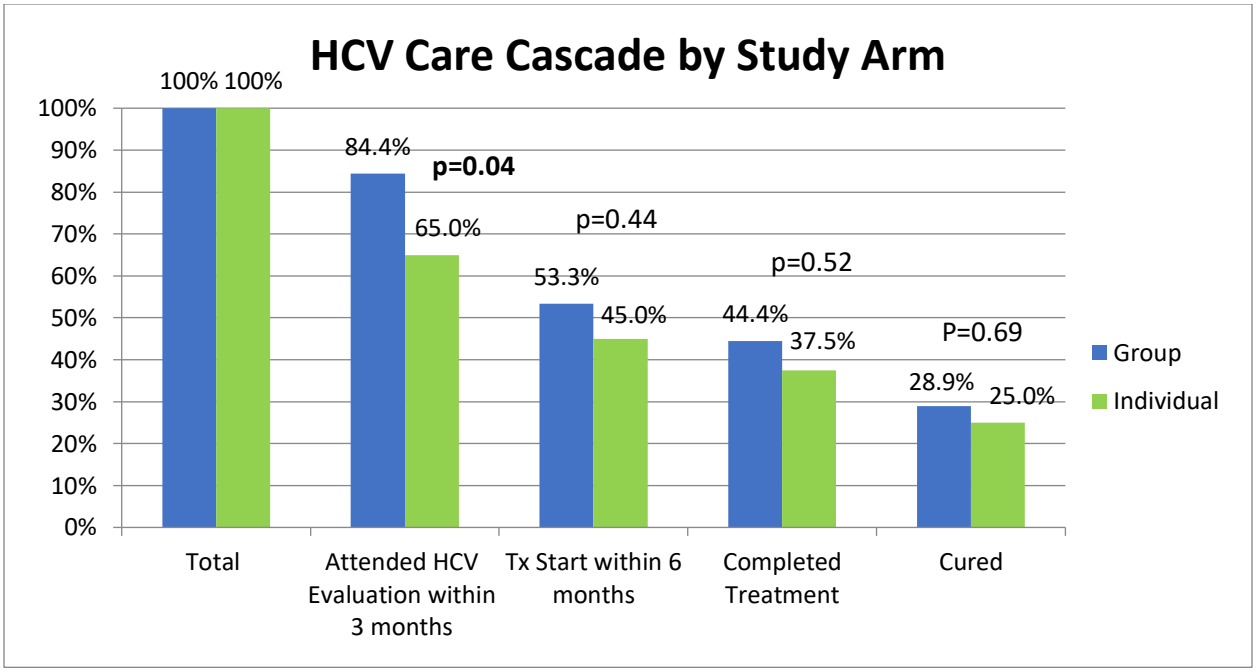
Background
Though people who inject drugs (PWID) represent the overwhelming majority of those living with HCV in the United States, most have not been treated. PWID often have reduced access to specialty care, as well as low perceived vulnerability to poor HCV-related health outcomes. We therefore evaluated a primary care-based HCV Group Evaluation and Treatment UPtake (HCV GET-UP) intervention to improve HCV linkage-to-care and treatment uptake for HCV+ PWIDs.

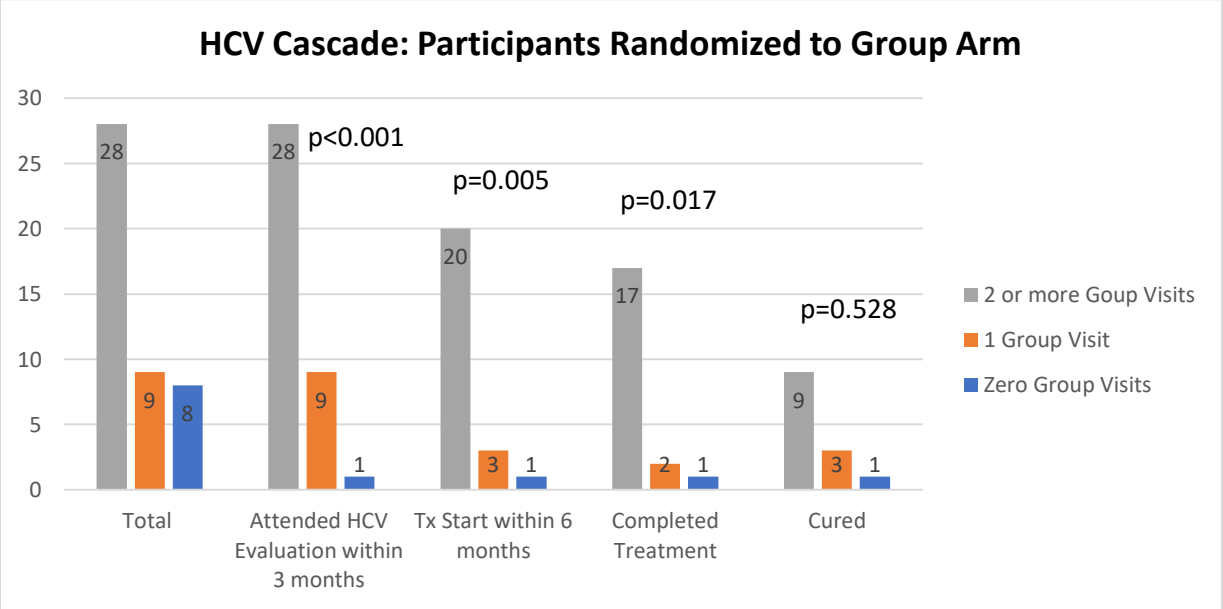
Methods
85 HCV+ PWID were randomized 1:1 to a 4-week group intervention followed by individual treatment (intervention) versus onsite treatment (control). The group consisted of 4 weekly 1-hour sessions focused on HCV education, peer motivation, and health behavior change skills, along with an HCV medical evaluation. Our primary outcomes were HCV linkage to care (HCV evaluation) and treatment uptake; secondary outcomes were HCV treatment completion and HCV cure.

Results: The majority of participants were male (77%), identified their race/ethnicity as either Hispanic (60%) or black (35%), and had an average age of 52 (SD 11). 23% were homeless, 61% had moderate or heavy alcohol use, and the majority 66% had a positive baseline urine toxicology. Of those randomized to the group treatment arm (HCV GET-UP) vs the individual arm, 84% vs 65% were linked to care (**p=0.04**) respectively, 53% vs. 45% initiated treatment (p=.44), and 29% vs. 25% achieved a cure (p=0.6). Importantly, there was a dose-response for those in the group treatment arm, where those who attended at least 2 groups were significantly more likely to be linked to care (28 vs. 10, p<0.01) and initiate treatment (20 vs. 4, p<0.01).

Conclusion: HCV GET-UP significantly improved linkage to care for HCV+ PWID, and increased exposure to this intervention significantly improved treatment uptake. Future studies should examine whether incentivizing participants to attend a primary-care based group intervention could improve treatment uptake and cure for PWID.

Disclosure of Interest
None


HCV Care Cascade by Study Arm
100% 100%
84.4%
p=0.04
65.0%
p=0.44
53.3%
45.0%
p=0.52
44.4%
37.5%
P=0.69
28.9%
25.0%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Total
Attended HCV Evaluation within 3 months
Tx Start within 6 months
Completed Treatment
Cured
Group
Individual


HCV Cascade: Participants Randomized to Group Arm
30
25
20
15
10
5
0
28
9
8
28
p<0.001
9
1
p=0.005
20
3
1
p=0.017
17
2
1
p=0.528
9
3
1
Total
Attended HCV Evaluation within 3 months
Tx Start within 6 months
Completed Treatment
Cured
2 or more Goup Visits
1 Group Visit
Zero Group Visits