

Evaluation of a Novel Reflexive Laboratory Bundle Combining Screening and Workup in a Hep C Elimination Program

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Disclosures

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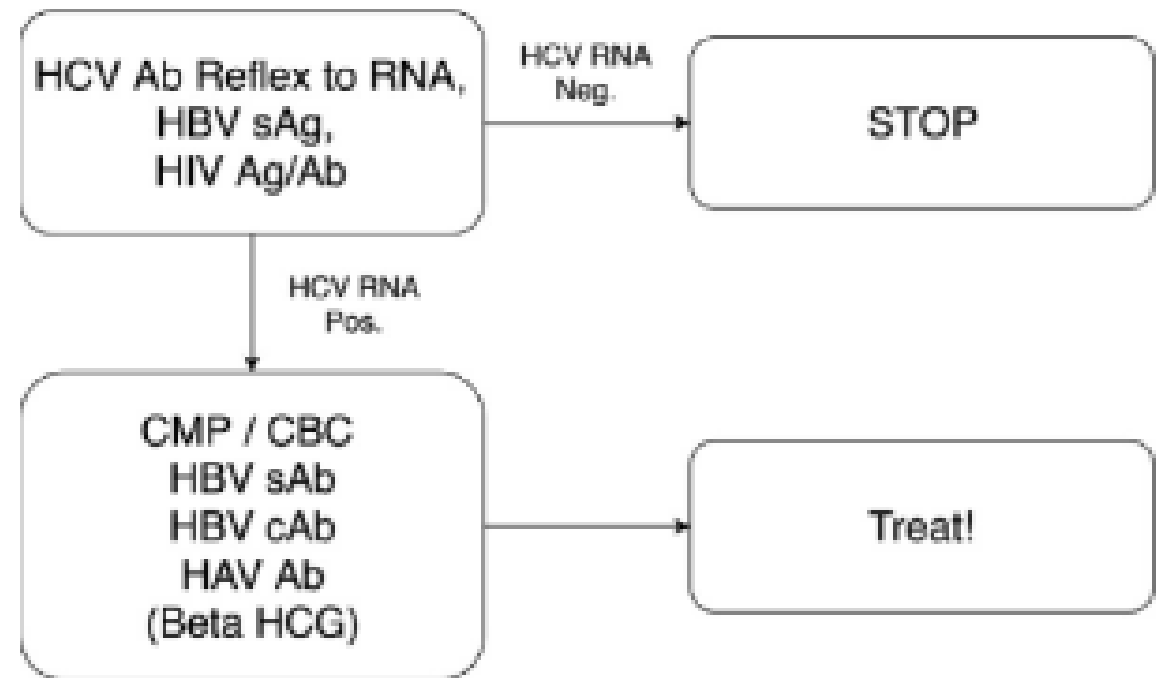
Background / Aims

- ▶ Vulnerable populations can be difficult to engage in HCV treatment
- ▶ Laboratory work up has been shown to be a barrier to initiating treatment
- ▶ Removing steps in the HCV care cascade may lead to increased treatment uptake
- ▶ We developed a lab bundle that combined screening and pre-treatment lab evaluation in a single blood draw

Methods

- ▶ Prospective cohort study set in a homelessness services HCV elimination program
- ▶ Prospective cohort period 5/2017 - 3/2020
- ▶ Implemented laboratory bundle in 11/2019

Screening-to-treatment lab bundle*

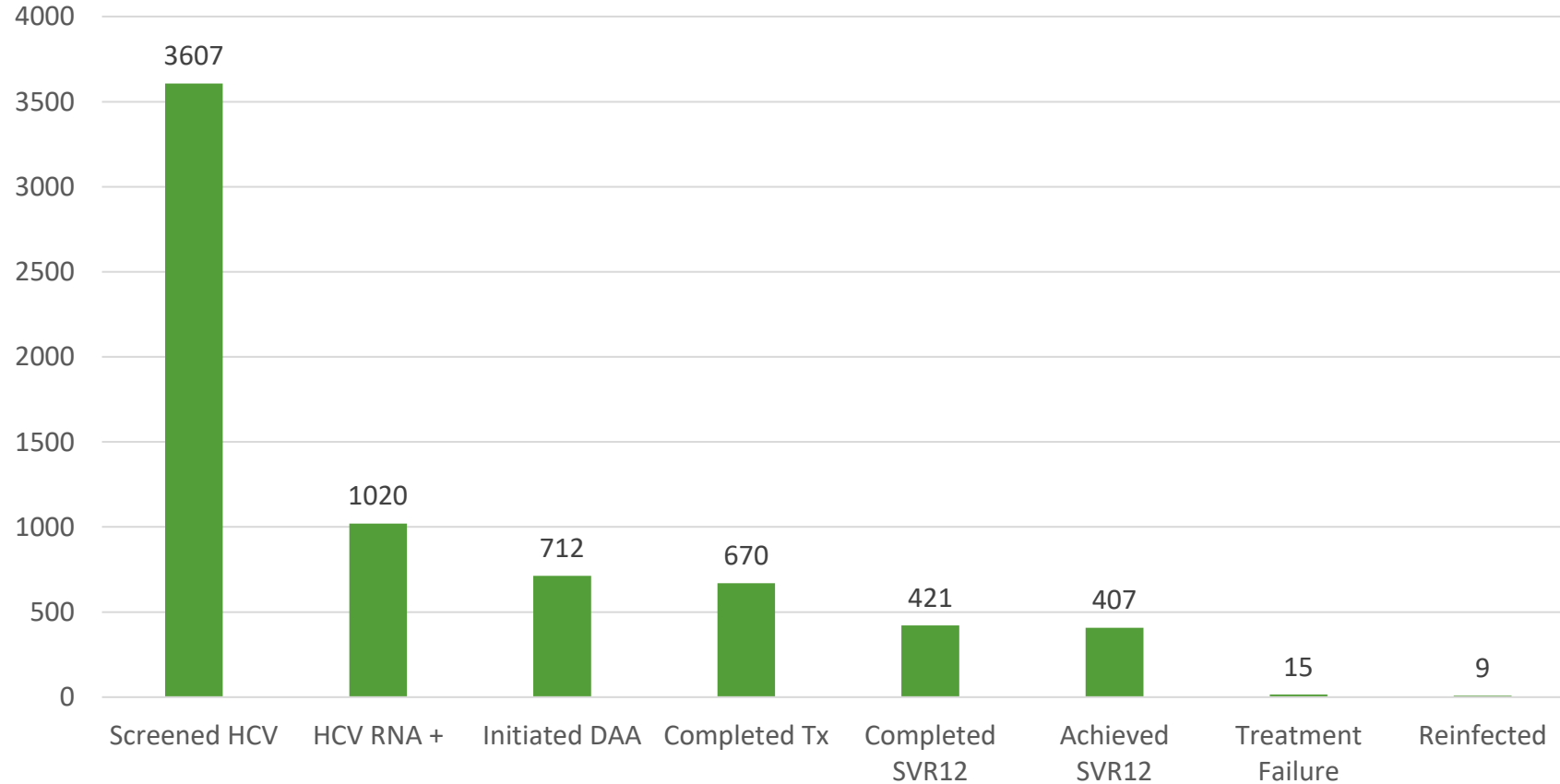


*Source: Seaman A, King CA et al. Int J Drug Policy. 2021 Jul 26:103359.

Methods

- ▶ Outcomes and Analysis:
 - Adjusted probability of progressing through the HCV care cascade (Multinomial Logistic Regression)
 - Time to Treatment Initiation (Kaplan-Meier Survival)

Results: HCV Care Cascade

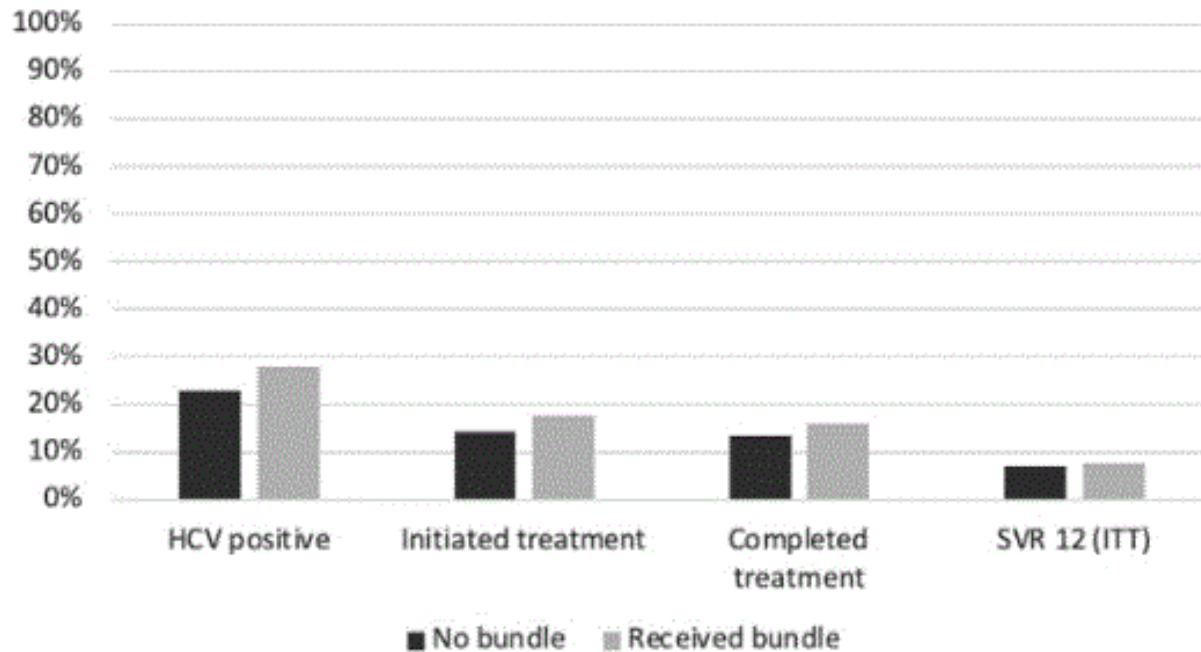


- 70% of those with + RNA initiated on DAAs
- 94% of those initiating completed treatment
- Of the 421/670 who completed confirmation of cure labs, 97% achieved SVR12

*Source: Seaman A, King CA et al. Int J Drug Policy. 2021 Jul 26:103359.

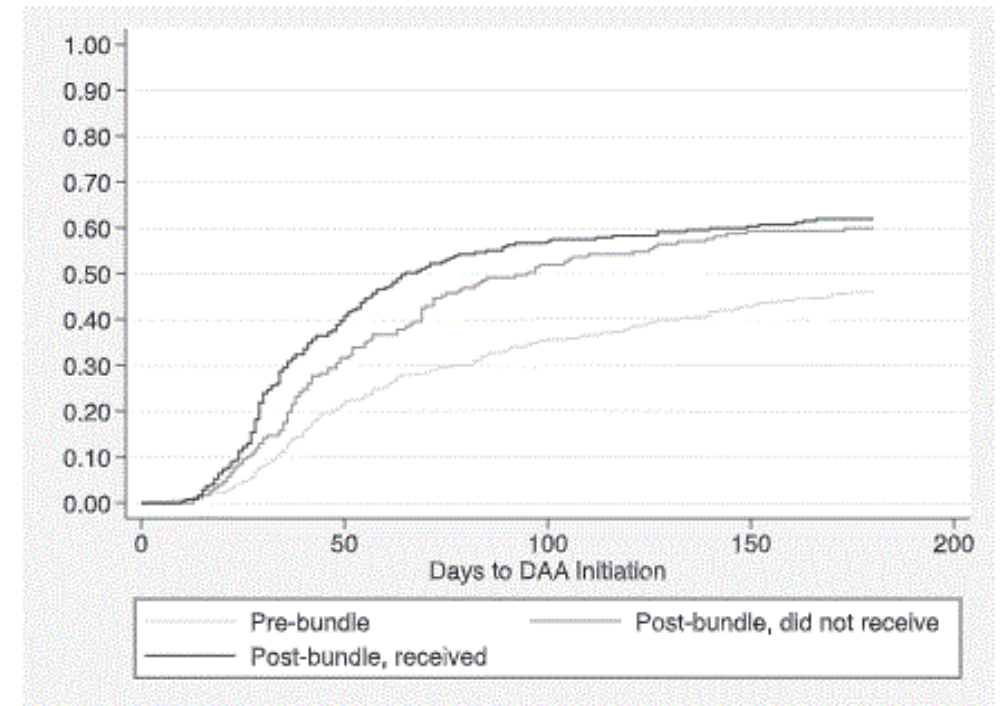
Results: HCV Care Cascade

Adjusted* predicted probabilities of care cascade progression.



*Adjusted for: Screening site, gender, race, age, housing status, substance use

Kaplan-Meier: Time to DAA initiation.



Conclusions / Implications

- ▶ Single draw screening / evaluation lab bundles may shorten time to treatment and increase movement across the care cascade toward cure
- ▶ We need more research into ways to simplify steps to initiate DAAs to reach more people

Acknowledgements

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