



7th International Symposium on Hepatitis Care in Substance Users

The Abstract Guidelines must be followed as closely as possible in order for your presentation to be considered. Please ensure that the presenting author completes the abstract submission by **Friday 4 May 2018**.

There will be three abstract categories for the INSHU 2018 Conference:

- 1) Research abstracts
- 2) Models of Care to enhance HCV testing, linkage to care, and treatment among PWID: models or interventions led by community-based organizations and those from low and middle-income countries are encouraged (and scholarships will be provided for the top-ranked abstracts)
- 3) Workshops

Abstract Preparation Guidelines for all Submission Types

All abstracts must:

- Use Calibri 11 point type only
- Use single line spacing only
- Format – Microsoft Word (.doc or .docx) file only
- Leave one line between paragraphs
- Specify all abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter abbreviation only should be used
- Be written in English
- Checked thoroughly for spelling and grammar
- Not include references

All abstracts must include:

1. **TITLE:** in **BOLD** and **UPPERCASE** at the top of the abstract
2. **Authors:**
 - Principal author to appear first
 - Underline the name of the author who will be presenting the paper
 - Use surname followed by initials (do not use full stops or commas between surname and initials)
 - Omit degrees and titles
 - Include a maximum of two affiliations for each author. Use superscript numbering *after* the author's name to indicate affiliations
3. **A Disclosure of Interest Statement**

The International Network on Hepatitis among Substance Users (INHSU) and the 2017 Conference Collaborators recognise the considerable contribution that commercial partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

Please include a disclosure of interest statement in your abstract for any contributions received relevant to this work. Please see the example below:

“Dr Smith has received funding from Metabolism Corp. No pharmaceutical grants were received in the development of this study.”

Note: If accepted into the conference programme, you will be requested to include a disclosure of interest slide at the start of your presentation (e.g. slide 2) or include such statements in your poster.

Abstract Submission for all Submission Types

Abstracts must be submitted electronically through the online submission site. You can access the site via the conference website (PROVIDE LINK HERE). You will be required to enter:

- Preferred presentation type
- Authors’ and/or presenter names (indicate presenting author and contact details: address, telephone and email). *Note:* Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. Scholarships are available and preference will be given to those who do have accepted abstracts; however, authors should ensure they are able to fund their own travel if need be
- Authors’ affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) plus a disclosure of interest statement
- Short biography of presenter (maximum 50 words). This information will be used by the session chair for introduction purposes and may be published in conference literature

Please contact the Conference Secretariat info@inhsu2018.com or +61 2 8204 0770 if you are unable to lodge your abstract via the website or if you have any queries. We recommend using Firefox, Google Chrome or Safari as your browser to access the online submission site.

By submitting an abstract all authors agree to release the license to the Conference organisers and give permission to publish the abstract in the conference handbook, website, application, USB key etc. and in so doing certify that the abstract is original work.

Note: If your abstract does not conform to the guidelines, including if it is over 300 words in length, it will be returned to the submitting author to revise.

Conference Registration All presenters (including poster presenters) will be required to register for the conference by **Friday, 29 June 2018**. It will be assumed that any presenter not registered by this date has withdrawn from the programme.

Abstracts for Research Submissions

Abstracts for Research Submissions - Topics

The International Network for Hepatitis in Substance Users has previously published research priorities focused on HCV prevention, management and direct-acting antiviral treatment among PWID ([http://www.ijdp.org/article/s0955-3959\(17\)30123-8/fulltext](http://www.ijdp.org/article/s0955-3959(17)30123-8/fulltext)).

Consistent with these priorities, INHSU 2018 is specifically looking to accept abstracts on the following topics:

Epidemiology of injecting drug use, HCV, and HIV among PWID

- Updated estimates (national, regional, and global) of PWID and characteristics of these populations, including estimates of the incidence, prevalence and numbers of people living with HCV infection;
- Evaluation of novel methods for improving population estimates of injecting drug use, HIV, HBV and HCV

Prevention of HCV infection among PWID

- Improved national, regional and global data on provision of HCV prevention interventions for PWID including NSPs, OST, and other drug treatments;
- Evaluation of the effectiveness and cost-effectiveness of HCV prevention intervention scale-up for PWID (including NSP, OST, HCV treatment);
- Evaluation of novel interventions for HCV prevention among PWID, particularly among people who are not opioid dependent (e.g. stimulant users), recent initiates to injecting and females, and including peer-led interventions;
- Implementation research to evaluate the implementation, effectiveness and scale-up of existing HCV prevention interventions for PWID, including OST, needle exchange programmes and treatment as prevention, and factors associated with favorable outcomes;
- Evaluation of HCV vaccine candidates among PWID, and their potential effect on HCV prevention;
- Identifying successful and unsuccessful implementation and policy frameworks for harm reduction.

HCV testing among PWID

- Identification of barriers and facilitators associated with HCV antibody and RNA testing at the levels of the patient, provider and system;
- Scale-up and evaluation of strategies that have previously been demonstrated to be effective in increasing HCV testing, including the assessment of whether increased testing translates into increased uptake of HCV treatment;
- Evaluation of HCV testing coverage and testing frequency;
- Evaluation of novel strategies to enhance HCV testing and subsequent treatment uptake;
- Evaluation of commercial serological and virological tests using dried blood spot collection (including publishing instructions for use and application for regulatory approval and WHO prequalification for this sample type);
- Evaluation of novel point-of-care assays (e.g. core antigen and HCV RNA, APRI) that are highly sensitive, highly specific, simple, quick, and inexpensive on testing and treatment uptake.

Linkage to HCV care and treatment among PWID:

- National, regional and global estimates for HCV testing, linkage to care, and treatment (e.g. cascades of care) among populations of PWID;
- Surveillance of HCV testing, linkage to care, and treatment among populations of PWID in order to monitor the progress of targeted interventions;
- Evaluation of PWID sub-populations (e.g. sex, recent injectors, etc.) and co-morbidities (e.g. HIV) where there are gaps in HCV testing, linkage to care and treatment;
- Evaluation of DAA treatment access and reimbursement restrictions (e.g. fibrosis stage, drug/alcohol use, and prescriber type);
- Identification of barriers and facilitators associated with linkage to HCV care and treatment at the levels of the patient, provider and system;
- Identification of health care provider attitudes to taking on HCV prevention, treatment and care;
- Evaluation of the scale-up of strategies that have been demonstrated to be effective in improving linkage to HCV care and treatment;
- Evaluation of novel strategies and models of care (including primary care, prisons, harm reduction services, peer-based services, and other existing settings where PWID are already accessing services) to enhance HCV care and treatment.

DAA HCV treatment among PWID:

- Evaluation of outcomes following DAA therapy among PWID (clinical trials and “real-world”) and factors associated with non-response (including ongoing drug and alcohol use);
- Evaluation of outcomes in specific PWID populations (e.g. recent injectors, methamphetamine users, HIV/HCV co-infection);
- Evaluation of completion and adherence to therapy (“real-world”);
- Evaluation of strategies to enhance completion, adherence, and response to therapy;
- Evaluation of HCV resistance and impact on subsequent response to therapy;
- Evaluation of post-treatment care (including drug user health and other medical co-morbidities);
- Evaluation of the impact of DAA therapy on alcohol and drug use behaviours;
- Evaluation of interventions to enhance education and training for practitioners to enhance competencies in HCV testing, linkage to care and treatment and the field of drug and alcohol.

Reinfection following successful treatment among PWID:

- Evaluation of the long-term rate of HCV reinfection following successful HCV therapy among recent PWID and factors associated with reinfection (including the frequency of injecting drug use and type of drugs used);
- Evaluation of the optimal frequency of HCV monitoring for detection of reinfection following treatment completion;
- Understanding the immunological, genetic and behavioural factors which provide protection against infection and/or reinfection;
- Evaluation of the effects of harm reduction interventions developed for the prevention of primary infection on the rate of HCV reinfection;
- Evaluation of patient attitudes towards reinfection and risk avoidance following during and following successful DAA therapy;
- Evaluation of novel interventions for the prevention of HCV reinfection and strategies for intervention scale-up.

Abstracts for Research Submissions - Themes

Theme	Explanation
Epidemiology and Public Health Research	Epidemiology and public health research comprises research with the goal of improving the health of the population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational and economic factors determine health status.
Health Services Research	Health services research includes research with the goal of improving the efficiency and effectiveness of health professionals and the health care system through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and, ultimately, peoples' health and well-being.
Clinical Research	Clinical research is research with the goal of improving the diagnosis, and treatment, of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.
Social Science Research	Social science research is concerned with society and the relationships among individuals within a society.

Abstracts for Research Submissions - Types of Presentations

Authors should state a preference for oral, short oral or poster presentation.

Presentation Type	Time Allocation	Explanation
Oral Presentations	10 minute presentation and 5 minutes of question time	The highest ranked abstracts following peer review will be offered Oral presentations. Where possible, presentations with a similar theme will be grouped together.
Short Oral Presentations	3 minute presentation and 2 minutes of question time	A short oral presentation will consist of no more than four slides in total, consisting of rationale/background (1 slide), methods (1 slide), results (1 slide), and conclusions/implications (1 slide).
Poster Presentations	Permanently displayed during the Conference	A poster viewing session will take place for delegates to discuss the posters with their authors.

Abstracts for Research Submissions - Abstract Preparation Guidelines

All abstracts must include:

1. **Body of Abstract:** maximum 300 words, with following headings:
 - **Background:** A description of problem or study rationale, study objectives, or hypothesis tested
 - **Methods:** The method employed or approach taken
 - **Results:** In summarized form, must include data but do not include tables, graphs or pictures
 - **Conclusion:** A brief description of the main outcomes of the study. Include knowledge or insight that conference attendees will gain from the presentation, explanation of how conference attendees can apply the skills and/or knowledge within their communities and how the study contributes to evidence-based knowledge

Abstracts for Research Submissions - Selection Criteria

All abstracts will be reviewed by three independent peer reviewers. In brief, all abstracts will be provided a score out of 20 points based on the following criteria:

- Background and clarity of objectives of the study (1-5) - Is the background of the study and objectives clear and well-presented?
- Appropriateness of the study design and methodology (1-5) - Is the methodology and study design appropriate for the hypothesis or aims/objectives of the study?
- Appropriateness of the study results (1-5) - Are the results appropriate for the hypothesis or aims/objectives of the study?
- Conclusions and significance of contribution (1-5) - Are the conclusions clear, are they supported by the findings and does this work significantly contribute to the literature?

Abstracts will be favoured at review if they incorporate:

- Original data of high quality
- An analysis that extends existing knowledge

In balancing the programme the committee may require authors to present their work in an alternate format (e.g. as a poster or oral poster presentation rather than oral abstract presentation).

Postgraduate students (e.g. Masters, PhD students, etc.) with the highest scoring abstracts based on this independent peer-review process will be eligible for either full (airfare, hotel, and registration) or partial (registration only) scholarships to attend the INHSU 2018 meeting.

INHSU Early Career Awards will provided for the top-ranked postgraduate abstract in each theme (Epidemiology and Public Health Research, Health Services Research, Clinical Research, and Social Science Research).

Abstracts on Models of Care to Enhance HCV care in PWID

Abstracts on Models of Care to Enhance HCV care in PWID - Topics

INHSU has an interest in enhancing the dissemination of knowledge of innovative models of care/programs and interventions to enhance HCV care in PWID. Sometimes, these innovative programs do not lend themselves well to presentation in the form of a traditional research abstract.

As such, INHSU 2018 is specifically looking to accept abstracts focused on real-world examples of successful efforts to enhance HCV prevention, testing, linkage to care, and treatment among PWID, including:

- 1) Innovative models of care or interventions from clinical services;
- 2) Interesting community-based or peer-led initiatives;
- 3) Successful models that integrate HCV care into harm reduction services;
- 4) Models that evaluate mechanisms to reach new populations (e.g. homeless services, methamphetamine injectors, prisons)
- 5) Novel strategies to enhance messaging to encourage linkage to testing/care (e.g. social media)
- 6) Innovative models of care or interventions in low and middle-income country settings.

Abstracts for Models of Care to Enhance HCV care in PWID - Types of Presentations

Authors should state a preference for oral, short oral or poster presentation.

Presentation Type	Time Allocation	Explanation
Oral Presentations	10 minutes presentation and 5 minutes of question time	The highest ranked abstracts following peer review will be offered Oral presentations. Where possible, presentations with a similar theme will be grouped together.
Short Oral Presentations	3 minutes presentation and 2 minutes of question time	A short oral presentation will consist of no more than four slides in total, consisting of rationale/background (1 slide), methods (1 slide), results (1 slide), and conclusions/implications (1 slide).
Poster Presentations	Permanently displayed during the Symposium	A poster viewing session will take place for delegates to discuss the posters with their authors.

Abstracts on Models of Care to Enhance HCV care in PWID - Abstract Preparation Guidelines

All abstracts must include:

1. **Body of Abstract:** Maximum 300 words, with following headings:
 - **Background:** A description of the problem or rationale for the development of the model of care/program, objectives of model of care/program
 - **Description of model of care/intervention:** A description of how the model of care/program works and why it is innovative (e.g. setting, population, messaging, implementation)
 - **Effectiveness:** Data to support why this model of care/program has been effective to enhance HCV care in PWID (for example, increased number of people tested, linked to care, treated, etc.). Must include data but do not include tables, graphs or pictures

- **Conclusion and next steps:** Description of main outcomes of the study. Include knowledge or insight that conference attendees will gain from the presentation, explanation of how conference attendees can apply the skills and/or knowledge within their communities and how the study contributes to evidence-based knowledge.

Abstracts on Models of Care to Enhance HCV care in PWID - Selection Criteria

All abstracts will be reviewed by three independent peer reviewers. In brief, all abstracts will be provided a score out of 20 points based on the following criteria:

- Background and clarity of objectives of the model of care/program (1-5) - Is the background or rationale for the model of care/program and objectives clear and well-presented?
- Description of the model of care/intervention (1-5) - Is the model of care/intervention well-described? Is the model of care/intervention innovative in its setting, population, messaging or implementation?
- Appropriateness of the study effectiveness (1-5) - Are the data presented appropriate for monitoring the effectiveness of the model of care/intervention?
- Conclusions, significance of contribution and next steps (1-5) - Are the conclusions clear, are they supported by the findings and does this work significantly contribute to the field? Are the next steps for this model clearly defined?

In balancing the programme the committee may require authors to present their work in an alternate format (e.g. as a poster rather than oral presentation).

Presenting authors with the highest scoring abstracts based on this independent peer-review process will be eligible for either full (airfare, hotel, and registration) or partial (registration only) scholarships to attend the INHSU 2018 meeting.

Priority for scholarships will be given to people from community-based programs and/or peer-led programs. Also, we will have several scholarships that will be prioritized for people from low and middle-income countries.

Awards will also be provided for the top-ranked abstract by a healthcare provider and the top-ranked abstract from a community member.

Abstracts for Workshop Submissions

Abstracts for Workshop Submissions - Topics

INHSU has an interest in facilitating knowledge exchange, enhancing dialogue, and encouraging learning and teaching in smaller group settings focused on topics that do not lend themselves to didactic presentations to larger groups of participants.

As such, we have the space for a small number of workshops (4-6 workshops) at INHSU 2018. Workshops are 60 minutes. These hands-on workshops are meant to facilitate dialogue or education/training (for up to 100 people). For example, workshops may include a blend of 1-2 short practical presentations to set the scene and discuss challenges/barriers for delivery of care in a particular setting, followed by a practical discussion about how to address these challenges (with integrated question/discussion from the audience). Alternatively, these workshops could include more targeted hands-on education and training.

Examples of workshops in the past have included HCV care in prison settings, practical advice and tips for point-of-care HCV testing, non-invasive liver disease assessment with hands-on training with a Fibroscan, and integration of HCV care in harm reduction settings.

Abstracts for Workshop Submissions - Abstract Preparation Guidelines

All abstracts must include:

1. **Body of Abstract:** Maximum 300 words, with following headings:
 - **Why is this workshop needed:** Describe why this workshop will be of broad interest to meeting attendees and why this workshop is needed?
 - **Description of the learning objectives and expected outcomes for the workshop:** Clearly state the learning objectives and the expected outcomes for the workshop.
 - **Description of the contents of the workshop:** A description of how you will structure the workshop, and how you will encourage participation from the attendees.

Abstracts for Workshop Submissions - Selection Criteria

All workshops will be reviewed by three independent peer reviewers. In brief, all workshops will be provided a score out of 15 points based on the following criteria:

- Background and clarity of rationale for the workshop (1-5) - Is the background or rationale for the workshop clearly highlighted? Will this workshop be of broad interest to meeting attendees?
- Learning objectives and expected outcomes of the workshop (1-5) – Are the learning objectives and expected outcomes for the workshop clearly described and will they have an impact?
- Contents of the workshop (1-5) – Is the content of the workshop important and innovative? Is the workshop structured in a way that it will promote interaction between participants and the facilitators?

INHSU will cover the room hire and AV costs for the workshops. But, the workshop organizer(s) will be responsible for ensuring that those involved in facilitating the workshop have their own funding to attend the INHSU 2018 meeting.