

DO WE TEST-AND-TREAT OUR HCV PATIENTS IN THE SAME WAY? TIME FROM DIAGNOSIS TO TREATMENT AMONG PEOPLE INJECTING DRUGS VERSUS GENERAL POPULATION

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Background:

Stigma and poor linkage to care, amplified in the setting of the COVID-19 pandemic, are significant barriers for treating hepatitis C (HCV) in people who inject drugs. This fact can reduce the ability to implement a rapid test and treat (TnT) strategy with minimal monitoring within a simple patient cascade, as currently available HCV therapies would allow us to do. This real-world analysis evaluates our ability to implement this approach in both general population (GP) and people who are currently injecting drugs (PWIDs).

Methods:

HCV-infected adult patients from 32 clinical cohorts in 8 countries treated with sofosbuvir/velpatasvir (SOF/VEL) for 12 weeks without a history of decompensation or prior NS5A-inhibitor exposure were included. Patients were managed per local standards of care and only considered for this cohort when actively using intravenous drugs (within 6 months prior to SOF/VEL

treatment start). Time to treatment (TT) between most recent HCV RNA measurement and SOF/VEL treatment start was estimated based on available data in GP and PWID population.

Results:

A total of 1,178 patients were included, 937 (58% males) in GP, 241 (84% males) in PWID. Mean age [standard deviation] was 55 [14] and 44 [0.5] years in GP and PWID respectively. Genotype 3 was observed in 35% and 41% respectively, compensated cirrhosis confirmed in 20% and 15% of GP versus PWID.

The median TT [MTT, interquartile range] was 55 days [23-107] in GP and 43 days [17-107] in PWID. 13% of GP and 10% of PWID were treated the same day of diagnosis, 31% of GP and 39% of PWID were treated within the first month, and 70% of GP and 69% of PWID were treated within 3 months.

Conclusion:

This analysis demonstrates that a same-day TnT approach is feasible in both the general and PWID populations. As only about 1 in 3 patients started HCV treatment within 1 month after diagnosis, efforts are needed to further implement a TnT approach, which is key to achieve HCV elimination, especially in PWID patients.

Disclosure of Interest Statement: *See example below:*

The conference collaborators recognise the considerable contribution that industry 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.