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


1Kombi Clinic & Medeco Inala, Brisbane, Australia; 2TARGET cohort, University of California San Francisco, CA, USA; 3Cool Aid Community Health Centre, Victoria, BC, Canada; 4Head of Digestive Disease Department, Complejo Hospitalario Nuestra Señora de Candelaria, Tenerife, Spain; 5Liver Unit, Hospital Clinic Barcelona, IDIBAPS, CIBEREHD, Spain; 6Gastroenterology and Hepatology Unit, Department of Health Promotion Sciences Maternal and Infantile Care, Internal Medicine and Medical Specialties, PROMISE; University of Palermo, Italy; 7Infectious Diseases, Vancouver Infectious Diseases Centre, Vancouver, BC, Canada; 8Department of Medicine, University of SK, Regina, Saskatchewan, Canada; 9Liver Section, Gastroenterology Department, Hospital del Mar, Parc de Salut Mar, Hospital del Mar Medical Research Institute (IMIM), Barcelona, Spain; 10Penitentiary Health Service Region Lombardy, San Paolo Hospital University of Milan, Milan, Italy; 11Infanta Leonor Hospital, Madrid, Spain; 12Department of Gastroenterology and Hepatology, Centro Hospitalar Sào João,Porto; Faculty of Medicine, Porto, Portugal; 13Unit of Infectious Diseases, Alvaro Cunqueiro University Hospital, Vigo, Spain; 14Virgen Macarena University Hospital, Seville, Spain; 15Qld. Injectors Health Network Ltd, Better Access Medical Clinic, Brisbane, Australia; 16Hospital Universitario Insular de Gran Canaria, Gran Canaria, Spain; 17Centre Hospitalier Universitaire de Bordeaux, Bordeaux, France; 18Liver Unit, Department of Internal Medicine, Vall d’Hebron University Hospital, Barcelona, Spain; 19Sorbonne Université, INSERM, IPLESP, APHP, France – ANRS Hepather cohort; 20Clinic of Infectious Diseases, University of Bari, Italy; 21Department of Medical, Surgical, and Experimental Sciences, University of Sassari, Italy; 22San Raffaele Pisana IRCCS, Rome, Italy; 23Local health department BAT, ASL BAT and Infectious Disease Consultant of Detention Center, Trani, Italy; 24Hospital Prof Dr Fernando Fonseca, Amadora, Portugal; 25University of British Columbia, BC, Canada; 26Irccs-Ospedale Casa Sollievo Della Sofferenza, San Giovanni Rotondo, Italy; 27Infectious Disease Department Polyclinic “Cittadella della Salute” ASL, Lecce, Italy; 28CHR Citadelle, Department of Gastroenterology & Digestive Oncology, Liege, Belgium; 29Hospital Universitario Fundación Alcorcón, Spain; 30Asst Papa Giovanni XXIII, Italy - Lombardia HCV Network; 31Medical Affairs, Gilead Sciences Europe Ltd., UK; 32Data Science & Biometrics, Epidemiology, Gilead Sciences Europe Ltd., UK; 33Infectious Diseases Clinic, Tor Vergata University, Rome, Italy

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 NSSA-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.