RAPID HEPATITIS C TREATMENT INITIATION IN YOUNG PEOPLE WHO INJECT DRUGS: FINAL RESULTS FROM THE HCV-SEEK, TEST & RAPID TREATMENT (HCV-ST&RT) RANDOMIZED PILOT CLINICAL TRIAL.

Authors:
Eckhardt BJ[1], Kapadia S[3], Pai M[3], Aponte-Melendez Y[2], Fong C[2], Davis L[2], Mateu-Gelabert P[2], Marks KM[3]

[1] New York University School of Medicine
[2] CUNY Graduate School of Public Health and Health Policy
[3] Weill Cornell Medicine

Background:
Young people who inject drugs (PWID) have higher HCV incidence and lower treatment initiation rates compared to their older peers. Novel, simplified care models need to be developed to engage, treat and cure hard to reach patient populations, such as young PWID.

Methods:
We present final data from the randomized pilot clinical trial *HCV-Seek Test & Rapid Treatment* (HCV-ST&RT) for curing HCV in young PWID. Eligible participants were 18-29 years of age, HCV Ab+, treatment naïve, and had injected drugs in the past 30 days. Participants randomized to ***Rapid Treatment*** received a same-day medical evaluation, confirmatory and baseline lab testing, and 7-day starter pack of sofosbuvir/velpatasvir. Participants in ***Usual Care*** received same-day HCV confirmatory testing and, if positive, facilitated referral to local providers. The primary endpoint was sustained virologic response (SVR12) in RNA+ participant within 12 months of enrollment.

Results:
Among 47 eligible participants, 39 were enrolled, with 1 excluded post-randomization for prior treatment (N=38). 14/18 in the Rapid Treatment arm and 11/20 in the Usual Care arm were confirmed HCV RNA+ and included in the intention-to-treat analysis. The mean age was 26 years; 24% women. At baseline 24% were homeless, 52% received medication for opioid use disorder in the prior 90 days, and participants injected a median of 20 of the last 30 days. In the intention-to-treat analysis, 9/14 (64%) of the Rapid Treatment arm and 2/11 (18%) of the Usual Care arm had confirmed SVR12 (p=0.042).

Conclusion:
Among young HCV RNA+ PWID, significantly higher rates of cure were achieved using the Rapid Treatment model with same day, low-threshold, simplified HCV care compared to facilitated referral. Meeting young PWID where they're at and initiating HCV treatment 'in the moment' without the need for repeat visits appears to be a promising strategy for treating this hard to reach population.

Disclosure of Interest Statement:
This research was funded with grant support from Gilead Sciences.