

OPTIMAL ADHERENCE DURING HCV TREATMENT AMONGST ACTIVE DRUG USERS IN A COMMUNITY-BASED PROGRAM IN TORONTO, CANADA

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HEPATITIS C: CANADIAN CONTEXT

- 250,000 Canadians infected with HCV (1% prevalence) with 5,000 to 8,000 new cases each year [Remis, 2004]
- Majority of new infections (70%) occur among people who inject drugs [Patrick, 2000]
- Only 1-6% of illicit substance users with HCV have received treatment [Grebeley et al, 2009]
- HCV also disproportionately affects people who are low income, people in prison, people with mental health issues, aboriginal people and street involved youth
- No National Hep C strategy
- TCHCP began in 2007 to address gaps in access and barriers to service for people who use drugs/alcohol

TORONTO COMMUNITY HEP C PROGRAM

- Multi-disciplinary health and social service team
- Located at 3 community health centres
- Psycho-social/educational group support
 - Hep C 101 group (3 weeks)
 - Treatment support (weekly, ongoing)
 - Continuing Care Group (drop-in)
- HCV Treatment/Health Care anchored to Treatment Group
- On-site ID specialist support (monthly) and consultation (as needed)
- Case management re: SDOH
- Mental health counselling
- PWLE in advisory and staff roles



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STUDY BACKGROUND/PURPOSE

- Direct acting antivirals (DAA) are now widely available (though public coverage in Canada is limited)
- Adherence is the major predictor of SVR
- Few real world studies exist which evaluate adherence amongst people who use drugs
- Evaluated adherence among clients receiving DAA treatment from a multi-disciplinary, community-based program



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STUDY METHODS

- Chronic HCV clients initiating treatment DAAs (without interferon)
- Self-reported medication adherence questionnaire was completed weekly
- Pre/post treatment questionnaire examined: socio-demographics, co-morbid conditions and substance use
- Optimal adherence defined as: no days when medication was missed for the intended duration of treatment
- Intention to treat analysis, missing data counted as missed dose



RESULTS: DEMOGRAPHICS (N=67)

Age	54 years
Male	75%
Disability benefits, primary income (>1,000 CAD/month)	69%
IDU – lifetime history	88%
IDU past 30 days	10%
OST	22%
Drug use (non IDU, not incl marijuana) past 30 days	31%
Genotype 1	76%
F 3/4	58%
SOF/LED - 8 weeks	24%
SOF/LED - 12 weeks	48%
SOF/LED - 24 weeks	1%
SOF/RBV - 12 weeks	9%
SOF/RBV - 24 weeks	15%
SOF/DAC - 12 weeks	1%
ELB/GRAZ - 12 weeks	1%

RESULTS: ADHERENCE & VIRAL RESPONSE

- 64 completed treatment, 1 remains on Tx, 2 discontinued
- 2 died post end of treatment (EOT)
- Optimal adherence at Week 4 & 8 was 87% (58/67) and 67% (45/67)
- Optimal EOT adherence was 75% (12/16), 62%(24/39), 45%(5/11) for 8, 12, 24 week Tx durations respectively
- Average # of missed doses = 1.3
- Week 4 HCV RNA available for 61 with 93% with RNA below LLOQ
- SVR (12 weeks post EOT) was available for 53 with an ITT rate of 85%



CONCLUSION

- Despite complex social challenges and high rates of substance use, adherence rates are higher than anticipated
- Optimal adherence rates declined over time
- A community-based and supportive model of HCV treatment can support adherence and produce positive HCV virologic outcomes



TCHCP PUBLICATIONS

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3. Woolhouse, S., Cooper, E., Pickard, A. **"It gives me a sense of belonging": providing integrated health care and treatment to people with HCV engaged in a psycho-educational support group.** *Int J Drug Pol.* 2013. 24(6): 550-557.
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5. Dodd, Z., Banga, CA., Mason, K., Meaney, C., Leszcz, L., Sockalingam, S. **Engagement in Group Psychotherapy Among Marginalized Individuals with Hepatitis C. 2015.** *Int J Group Psychotherapy.* 1–23.

Toronto Community Hep C Program Guide Book. Available in English or French from CATIE:
<http://www.catie.ca/en/resources/toronto-community-hep-c-program-guide-book>

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