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

Powis J\textsuperscript{a}, Mason K\textsuperscript{b}, Dodd Z\textsuperscript{b}, Sockalingam S\textsuperscript{c}, Altenberg J\textsuperscript{b}

\textbf{a.} Department of Medicine, University of Toronto; Toronto East General Hospital, Toronto, Canada
\textbf{b.} South Riverdale Community Health Centre, Toronto, Canada
\textbf{c.} Department of Psychiatry, University of Toronto; Medical Psychiatry Program, University Health Network, Toronto, Canada

\textbf{Background:} Direct acting antiviral (DAA) treatment regimens for Hepatitis C (HCV) are now widely available. Adherence to DAA is a major predictor of sustained virologic response (SVR), yet few real world trials exist evaluating adherence among people who use drugs. We evaluated adherence among clients receiving DAA treatment from a multidisciplinary, community-based program

\textbf{Methods:} This study included chronic HCV patients initiating treatment with DAA without interferon. A self-report medication adherence questionnaire was completed weekly. Pre/post treatment questionnaires examined socio-demographics, co-morbid conditions and substance use. Optimal adherence was defined as having no days when medication was missed for the intended duration of treatment. Weekly optimal adherence rates were evaluated.

\textbf{Results:} 59 participants were enrolled. 73\% were male with average age of 53 years. 86\% had a history of injection drug use (IDU) with 10\% reporting IDU in the past 30 days. 29\% reported non-injection illicit drug use (not including marijuana) in the past 30 days and 17\% heavy alcohol use in the same period. Treatment regimes included: 22\% SOF/LED for 8 weeks, 49\% SOF/LED for 12 weeks, 2\% SOF/LED for 24 weeks; 8\% SOF/RBV for 12 weeks and 19\% SOF/RBV for 24 weeks. Of the 59 who initiated treatment, 46 completed, 2 discontinued and 11 remain on therapy. Based on intention to treat (ITT), optimal adherence at week 4 & 8 was 50/59 (85\%) and 45/59(76\%). EOT was 82\%(9/11), 76\%(22/29), 50\%(4/8)\% for 8, 12 & 24 treatment durations respectively. EOT responses were available for 39 with an ITT of 95\%. SVR rates were available in 17 with an ITT rate of 82\%.

\textbf{Conclusion:} This study provides insight into the adherence patterns of marginalized people living with HCV and demonstrates that despite high rates of substance use, a community-based model of HCV treatment can support positive HCV treatment outcomes.

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