

People Who Use Drugs Can Be Successfully Treated for Hepatitis C

The Grand Plan Study showed that a multidisciplinary program can produce a high cure rate with little loss to follow-up.

February 20, 2023 By [Sukanya Charuchandra](#)

A multidisciplinary program achieved a high cure rate for a vulnerable population of people with [hepatitis C](#) who use drugs and lack stable housing, according to findings presented at the [AASLD Liver Meeting](#).

Direct-acting antiviral treatment can cure hepatitis C virus (HCV) infection in eight to 12 weeks. Effective treatment both reduces the risk of liver complications and curbs transmission of the virus. Prior research has shown that people who use drugs can be successfully treated, but they may face barriers to access.

Brian Conway, MD, of Simon Fraser University, and colleagues at the Vancouver Infectious Diseases Center conducted the Grand Plan Study to evaluate a multidisciplinary program intended to improve access to antiviral therapy for people who use drugs.

“Programs such as the one we have developed will play a significant role in reaching a key group of core transmitters of HCV infection, an important step in achieving the World Health Organization goal of eliminating HCV infection as a public health concern by 2030,” according to the researchers.

[Mavyret \(glecaprevir/pibrentasvir\)](#) is a recommended option for chronic hepatitis C treatment. In an initial study, the team found that an eight-week course of Mavyret led to a 95% cure rate among people with HCV who used fentanyl. Conway presented a final analysis at the Liver Meeting.

The researchers recruited people with hepatitis C through weekly outreach events held at inner-city single-room occupancy dwellings in Vancouver. The program was designed to address medical, psychological, social and addiction-related needs. Participants were offered support to remain engaged in care and adhere to therapy as well as follow-up care to determine cure rates. They had the option to receive daily doses of medication-assisted treatment for managing addiction (opioid agonist therapy) or a weekly medicine drop-off at their residence. If participants were not available for their weekly check-in, the team followed up at their residence to reconnect

them with care.

The main study outcome was the percentage of people who achieved a sustained virological response (SVR), meaning an undetectable viral load 12 weeks after completing treatment, which is considered a cure.

The study included 120 participants who were currently using drugs or had done so within the past three months. A majority (72%) were men, 73% were white, 21% were Indigenous and the median age was 49 years. Nearly half were unstably housed. They had not received previous HCV treatment and did not yet have liver cirrhosis; most had absent or mild fibrosis. Opiates were the most commonly used drugs; 72% actively used fentanyl when they started the program.

Three participants had not yet begun HCV therapy, so the analysis included 117 people, 108 of whom finished treatment. Eight people did not complete therapy for reasons including nonadherence and loss to follow-up; three of them had not yet finished the eight-week course and were still on treatment. Among those who completed treatment, final viral load results were not available for one participant who was lost to follow-up, one who died of an overdose and four who had not yet reached 12 weeks posttreatment.

Among the 101 participants who completed treatment and had follow-up viral load measurements, 99 achieved SVR, for a cure rate of 98%. Both treatment failures were due to posttreatment viral relapse; there were no failures during the course of therapy. Looking at all participants who reached a measurable endpoint, 97 (92%) were cured.

“Among inner-city residents living with HCV, most of whom were active fentanyl users and unstably housed, the administration of glecaprevir/pibrentasvir in the context of a robust program of engagement in care has led to HCV cure rates that exceed those achieved in clinical trials,” the researchers concluded. “This validates programs aimed at eliminating HCV in such populations that many consider more challenging to treat.”

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