

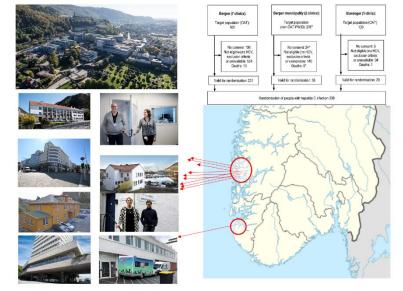
Background for project

Patients with substance dependence have a high disease burden, and a high risk of premature deaths. People who inject drugs have represented more than three quarters of people chronically infected with chronic hepatitis C virus infection (HCV) in high-income settings, and HCV are both among the leading causes of liver disease worldwide. People who inject or who have injected drugs generally have had more difficulties in obtaining adequate health care compared with the general

population, on top of knowledge gaps on health status and how to deliver proper treatment and follow-up. Chronic HCV substantially increases the risk of severe complications such as liver failure and death within two to three decades. When we started our project in 2017, the prevalence of hepatitis C among people who inject or had recently injected drugs, was 54%. However, only around a third of those receiving opioid agonist therapy with chronic HCV had received HCV treatment when in 2017.

Thus, there was a need for new approaches to reach more patients with substance use in need of HCV treatment while ensuring high-quality care. To succeed in this, an integrated model of health care was developed and tested in a large randomized controlled clinical trial where we assessed integrated HCV treatment within the opioid agonist therapy clinics compared to standard treatment. The integrated treatment model focused on inter-disciplinarity, accessibility, being patient-centred, less invasive follow-up requiring less blood samples taken (including

only one single blood sample prior to treatment with chained testing for antibodies, hepatitis virus and quantification and genotyping of hepatitis C, no routine samples during treatment, and one after completion to confirm successful treatment). It involved close and frequent follow-up availability linked with other treatments, without requiring substantial additional time or visits from the patients. In the trial, half of 298 persons were randomized to receive integrated treatment and the other half received treatment; all with direct acting antiviral medications.



Objectives

The primary objectives of the project were to

BMC Infectious Diseases

Integrated treatment of hepatitis C virus infection among people who inject drugs: study protocol for a randomised controlled trial (INTRO-HCV)



- 1. Estimate incidence and prevalence of HCV infection among people who inject drugs in Bergen- and the Stavanger being followed up at opioid agonist therapy outpatient clinics or people who inject drugs followed up at primary health care clinics
- 2. Compare the effect of integrated HCV treatment between the opioid agonist therapy outpatient clinics in Bergen and Stavanger (intervention arm) with standard treatment provided after referral to infectious disease clinics among patients who receive opioid agonist therapy having HCV

PLOS MEDICINE

SEARCH ARTICLE

Integrated treatment of hepatitis C virus infection among people who inject drugs: A multicenter randomized controlled trial (INTRO-HCV)

Secondary objectives were to:

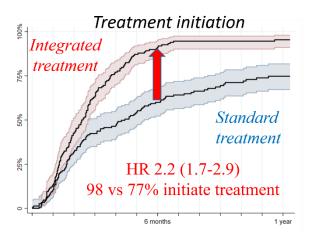
- 1. Assess the proportion with sustained virologic response (successfully treated for hepatitis C)
- 2. Compare treatment adherence between the intervention and control arms, and the risk of reinfection among those with sustained virologic response
- 3. Assess changes in quality of life, fatigue, and psychological well-being, drug use and infection related risk behaviour before and after HCV treatment



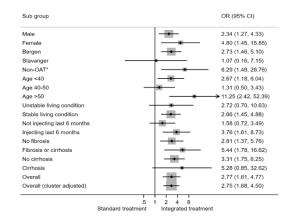
Findings

The results confirmed our hypotheses. Among those receiving integrated treatment, 98% initiated treatment for HCV while 77% initiated among those receiving standard treatment. Treatment was initiated double as fast among those receiving integrated treatment. Further, 93% of those randomized to integrated treatment had sustained virologic response compared to 73% among those receiving standard treatment. Time to sustained virologic response was halved among those receiving integrated treatment. There were no serious adverse events considered to be related with the treatment.

The treatment was effective both for women and men, among the youngest and oldest participants, among those receiving opioid agonist therapy and those receiving municipal care services, those with stable and unstable living conditions, and among those who still injected drugs. The treatment was also found to be highly cost effective in both Norway and in several other countries, and probably also cost saving in Norway and in several other settings.



HCV SVR among randomized (sub-group analysis)



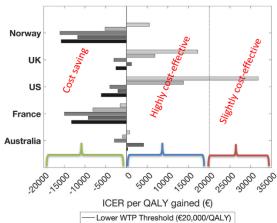
Relating to change in fatigue and quality of life, our analyses has shown that those receiving integrated treatment had slightly larger reduction in symptoms of fatigue compared to receiving standard treatment,

and people with successfully treated reported more hope relating to the future. Qualitative data on substance use, indicated that many reported that treatment of hepatitis C had contributed to reducing their substance use.

Preliminary assessment of prevalence of hepatitis C among people who inject/have injected drugs in the largest cities in Western Norway (Bergen and Stavanger), showed a reduction in the prevalence of hepatitis C from 54% in 2017 to 7% in 2020.

Societal impacts and significance

Our project contributed to a reduction of 87% in three years in the prevalence of hepatitis C in the largest cities in Western Norway. These areas are now on track to the ambitious targets to reduce the prevalence of hepatitis C by 90% by 2023, aiming for elimination of hepatitis C. The



Lower WTP Threshold (€20,000/QALY)
Cost-Saving Threshold (€0/QALY)
Cheaper DAA Drug Costs: 30% Less
Cheaper DAA Drug Costs: 60% Less
Cheaper DAA Drug Costs: 90% Less

BT skriver om innsatsen mot hepatitt C og INTRO-HCV prosjektet i dagens avis:



Tre års dugnad rensket Bergen for livsfarlig virus Halvparten av rusmisbrukere i Bergen var smittet av det livsfarlige hepatitt C-viruset. Etter tre års innsats er smitten nær utryddet. $\mathscr D$ bt.no



En «no brainer» ble praksisendrende

Forskere i Bergen har vist at samtidig hepatitt C- og rusbehandling har god effekt. Infeksjonsekspert tr... $\mathscr G$ dagensmedisin.no



importance of integrated treatment models has now been emphasized both in Norwegian and international guidelines on treatment of hepatitis C where our study is one of the drivers behind this change. The project has also contributed to spreading findings wide and well beyond scientific community. The findings have been spread in mass media, concerts and events arranged by the project targeting user group in collaboration with user representatives.

If this treatment model is scaled up, this could contribute to elimination of HCV, both locally, nationally, and internationally.

We would like to thank all involved – project group, participants and user groups, clinicians and others providing support, as well as funders and policy makers.

Links to project: http://helse-bergen.no/bar & https://twitter.com/bar bergen





























