HCV CURE AS PREVENTION

June 5, 2015

Michael Ninburg
Executive Director
Hepatitis Education Project

HEPATITIS EDUCATION PROJECT

Acknowledgement

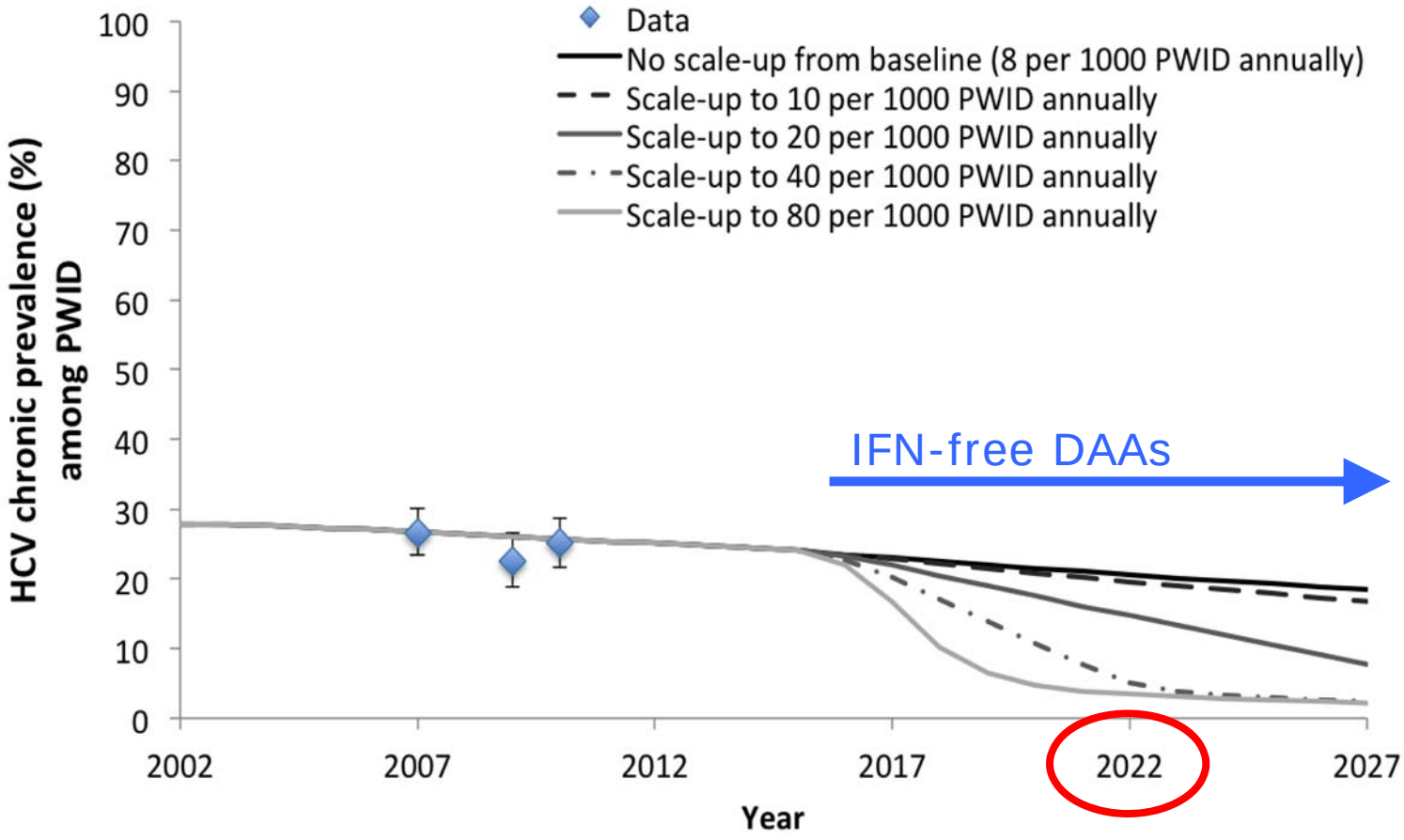
The bulk of this presentation was originally presented by Greg Dore.

We have modelling data to show it can work

Parameter	Edinburgh value	Melbourne value	Vancouver value
HCV chronic prevalence among PWID	25%	50%	65%
PWID population size	4,240	25,000	13,500
Baseline treatment rate per 1000 PWID	8	1	3

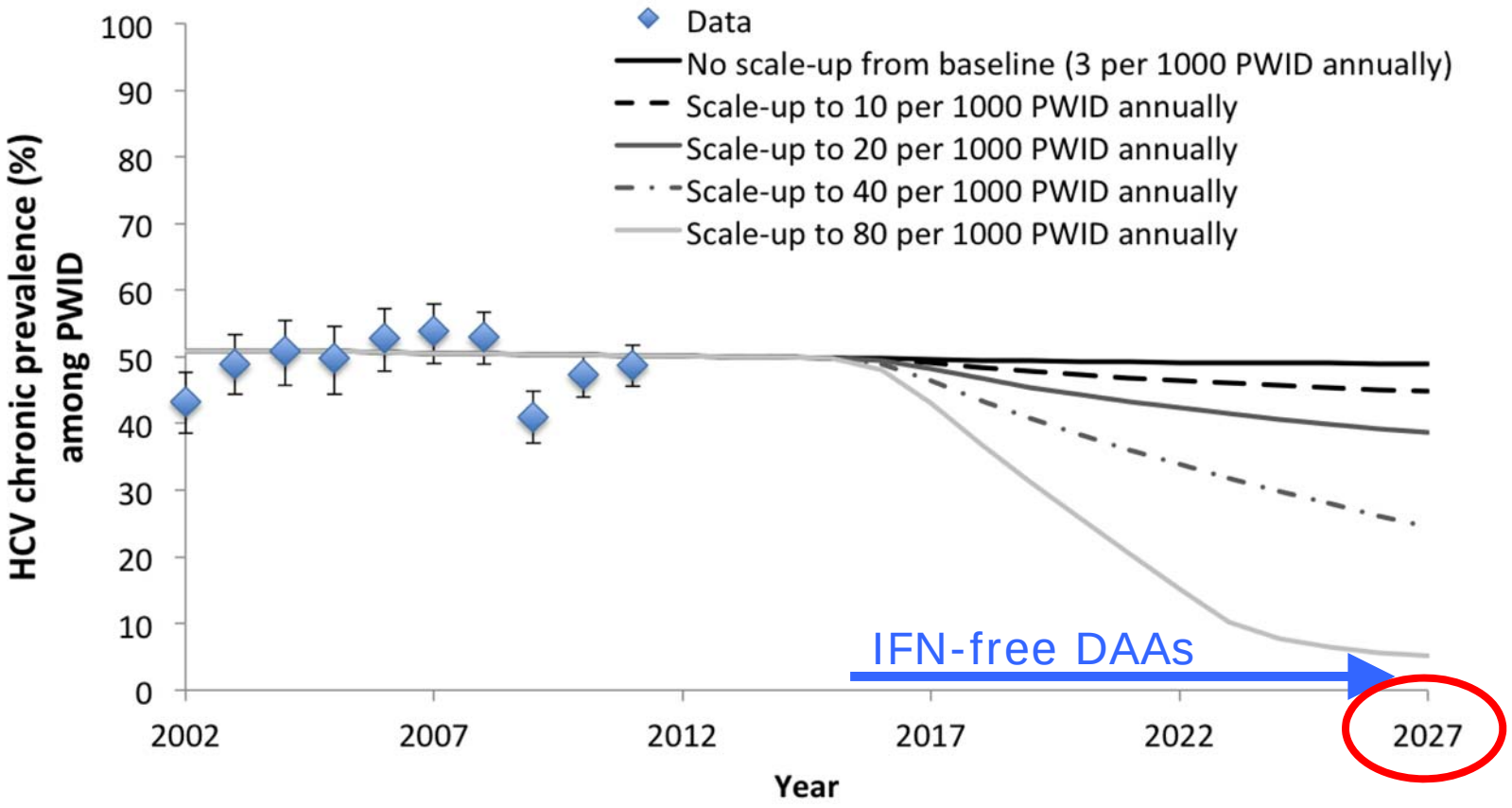
Martin N et al. Hepatology 2013;58:1598-1609

HCV treatment as prevention: Edinburgh



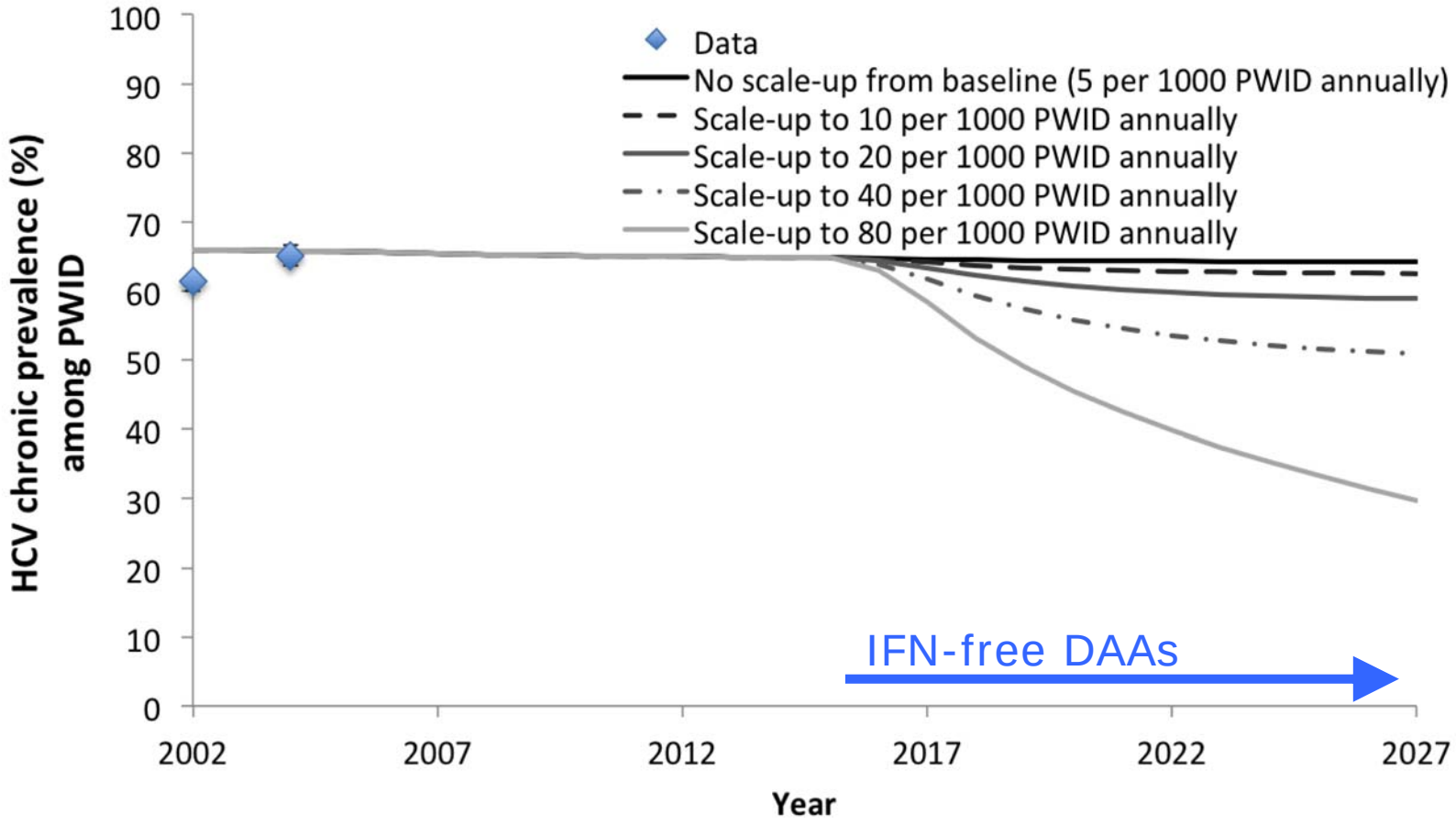
Martin N et al. Hepatology 2013;58:1598-1609

HCV treatment as prevention: Melbourne



Martin N et al. Hepatology 2013;58:1598-1609

HCV treatment as prevention: Vancouver



Martin N et al. Hepatology 2013;58:1598-1609

We need evaluation in different settings

Potential settings

- Community-based PWID
- Prisons
- HIV+ MSM

HCV treatment as prevention for PWID

Core principles

- Individual health benefit needs to be central
- Community partnerships in development and implementation
- Should enhance rather than undermine harm-reduction
- Impact on risk behaviour should be component of evaluation
- Access to retreatment for individuals with reinfection

Australia - STOP-C Trial

Surveillance and Treatment of Prisoners With Hepatitis C (SToP-C)

This study is not yet open for participant recruitment. (see Contacts and Locations)

Verified May 2014 by Kirby Institute

Sponsor:
Kirby Institute

Information provided by (Responsible Party):
Kirby Institute

ClinicalTrials.gov Identifier:
NCT02064049

First received: February 12, 2014
Last updated: May 1, 2014
Last verified: May 2014
History of Changes

Full Text View | Tabular View | No Study Results Posted | Disclaimer | How to Read a Study Record

Purpose

The purpose of the study is to assess how feasible it is to treat and prevent the transmission of Hepatitis C in the prison setting to achieve substantial reductions in the incidence and prevalence of Hepatitis C.

It is hypothesised that a rapid scale-up of Hepatitis C Virus (HCV) treatment with interferon-free Direct Acting Anti-virals (DAAs) in prison inmates will achieve a >50% reduction in the incidence of HCV infection over a two year period in the prison setting.

Condition	Intervention	Phase
Hepatitis C	Drug: Sofosbuvir and ribavirin	Phase 4

Study Type: Interventional
Study Design: Allocation: Non-Randomized
Endpoint Classification: Safety/Efficacy Study
Intervention Model: Parallel Assignment
Masking: Open Label
Primary Purpose: Treatment

Official Title: A Pilot Study to Assess the Feasibility of Hepatitis C Virus (HCV) Treatment as Prevention With Interferon-free Direct Acting Antivirals (DAAs) in the Prison Setting

Australia - STOP-C

Components

- Surveillance
- Evaluate effectiveness and cost-effectiveness of TasP in prisons
- Evaluate patient and provider attitudes and barriers towards INF-free therapy and HCV TasP in prison setting
- Model potential impact of TasP strategies in the prison setting on the community (including cost-effectiveness)

Factors for Success

- Strong partnerships and support from pharma, prisons, policymakers and community – stakeholder workshop early on in project
- Established, successful nurse-led model of care and treatment
- Will require buy-in from prisoners and guards
- Will require substantial scale-up of assessment/treatment