THE CANADIAN NETWORK ON HEPATITIS C (CANHEPC)

VIRTUAL CASCADE OF CARE COHORT (VCCC) FEASIBILITY STUDY
SASKATCHEWAN COMPONENT

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Conflict of Interest Disclosure
Dr. Alexandra King has been a member of the Scientific advisory board for Gilead Sciences and has also received honoraria from Gilead Sciences
INTRODUCTION

The most commonly reported cause of HCV infection is injection drug use (IDU).¹

Since the HCV prevalence rate in SK is 59.3 per 100,000 population (1.87 times higher than the national average), it is necessary to have a specific focus on SK to mitigate high HCV rates.¹

Although most data focuses on urban-based First Nations (FN) and Métis populations, a high proportion of IDU (86.5%) is observed among newly reported cases of HCV in remote FN communities².

HCV-associated stigma leads to barriers along every step of the care cascade.³,⁴

Services and policies tailored for addressing the needs of Indigenous people with drug use experience in Canada are needed within a national HCV strategy.¹,⁴

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STUDY AIMS AND PROTOCOL

• A multi-centre (QC & SK), mixed-methods study, VCCC documents and analyzes the HCV care cascade among current or former PWID.

• Periodic linkages to health administrative data will inform on multiple outcomes including HCV and HIV testing and diagnosis, physician visits, hospitalizations, treatment access and interruptions, liver-related and other comorbidities, and cause of death over ten years.

• Protocol: SK component is peer-designed and -led. Involves questionnaire, qualitative interviews and baseline dry blood spot (DBS) collection.

• Sites: Saskatoon, La Ronge and an additional rural site.

• Enrolment Targets: Approximately 150 participants across all three locations, of which about 30 selected for one on one interviews.

• Enrolment Update: Saskatoon (65), La Ronge (42), Rural site (TBD).
**Step 1: Eligibility Screening**
The participant must:
1. Be 18 years of age or older
2. Have a history of IDU
3. Have heavily consumed alcohol or used drugs in the last six months

**Step 2: Consent**
Facilitators ensure the participant is capable of providing informed consent. There are 2 consent forms:
- Permission to link participant’s health information administrative data
- Collecting participant’s blood sample.

**Step 3: Data Collection**
- Information like demographics, HCV and HIV care cascades, and access to care provided outside traditional health care settings were obtained through questionnaires.
- For one-on-one interviews, the research team on-site will randomly select clients. Hence, not all participants will be interviewed.

**Step 4: Dry Blood Spot Collection**
- Although the primary interest of the study is to test for HCV, participants will also have the option of HBV, HIV and Syphilis testing.
- All samples will be analyzed at the National Microbiology Lab, Winnipeg.
- Test results will be available through SK electronic health data system with Public Health notified where appropriate.
EXPECTED OUTCOMES AND CONCLUSION

- The study will link health utilization data for 5 years prior and 5 years post participation and ‘virtually’ follow participants. Also, participants can access their test results at their convenience instead of receiving unexpected communication from a healthcare provider.

- The study will help identify modifiable determinants in HCV and HIV care and examine the long-term impact of HCV care/treatments on liver and non-liver comorbidities, thus providing a middle ground between cohort studies (which may struggle to retain valuable participants) and data linkage methodologies (which rely solely on secondary data).

- Analysis of how PWID with differing markers of vulnerability navigate the HCV care cascade will result in recommendations to tailor responsive interventions and inform a national HCV strategy that ensures all PWID, including Indigenous people living with HCV in SK, are able to access appropriate treatment.

- The findings of this feasibility study will guide the planning and implementation of a recently CIHR-funded, peer-reviewed large-scale investigation with expansion throughout Canada.

**Limitations:**
- The study design does not permit collection of time varying data not housed in administrative databases (e.g. drug use)
- Additionally, incomplete information will impair data linkage and virtual follow-up

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