CanHepC
Canadian Network on Hepatitis C
Réseau Canadien sur l'Hépatite C

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THE CANADIAN NETWORK ON HEPATITIS C (CANHEPC)

VIRTUAL CASCADE OF CARE COHORT (VCCC) FEASIBILITY STUDY

SASKATCHEWAN COMPONENT

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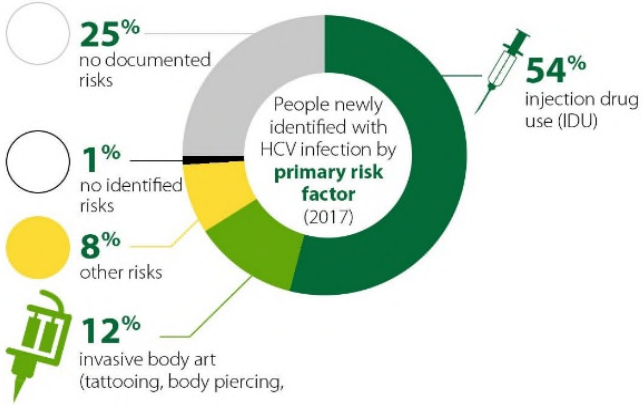
Conflict of Interest Disclosure

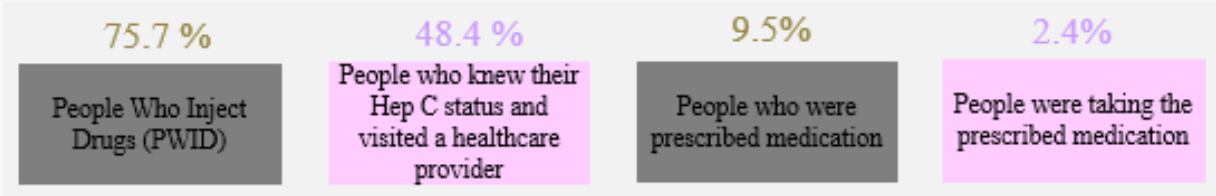
Dr. Alexandra King has been a member of the Scientific advisory board for Gilead Sciences and has also received honoraria from Gilead Sciences

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 communities[2].
- HCV-associated stigma leads to barriers along every step of the care cascade.[3,4]



Risk factors for HCV infection in SK, 2017.



- 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]

1. FW__Annual_HIV,_Harm_Reduction_and_HCV_Reports_-_Part_1.zip
2. Gordon J, Bocking N, Pouteau K, Farrell T, Ryan G, Kelly L. First Nations hepatitis C virus infections: Six-year retrospective study of on-reserve rates of newly reported infections in northwestern Ontario. Canadian Family Physician. 2017 Nov 1;63(11):e488-94.
3. The epidemiology of hepatitis C in Canada | CATIE - Canada's source for HIV and hepatitis C information [Internet]. [cited 2019 Oct 29]. Available from: https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hepatitis-c-canada
4. Marinho RT, Barreira DP. Hepatitis C, stigma and cure. World Journal of Gastroenterology. 2013 Oct 28;19(40):6703–9.

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).

METHODOLOGY

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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