Treatment Action Group’s Hepatitis C Project:

▪ Draws from core values and history of HIV activism, while incorporating hepatitis C–specific info into strategies targeting different constituencies, regions, and countries.

▪ Focuses on optimizing the quality of, and broadening affordable access to, HCV diagnostics, treatment, and care for communities and individuals by continuing domestic and international work with other activists, regulatory agencies, pharmaceutical companies, clinicians, and the patient community.
Purpose & Structure

• Provide essential info for treatment activists, people living with or affected by HIV and/or HCV
• Due to treatment restrictions, insurance denials: Jumpstart discussions on advocacy strategies that can be used to open up affordable access to prevention, testing, treatment & care for more people with HCV
• For trainers/peer educators: 11 Sections – 1-2 hours each
• Discussion points intended to start conversations about the key issues
• Action steps intended to translate key issues into advocacy in the community and allow participants to find solutions together

Discussion Questions:
1. Are all the different HCV tests for making treatment decisions available? Is cost a problem?
   Are the tests covered under your insurance plan?
2. Do doctors take the time to explain test results?

Action Steps:
1. What kind of tools can help people understand test results?
2. What can we do to increase access to expensive tests?
3. With whom can we make alliances to increase our understanding of and access to these important tests?
Highlights (1/4)

- Detailed, accessible info on technical terms & HCV landscape
- Explanation of types of tests: Antibody, RNA, Genotyping, Liver Enzyme
- Explanation of laboratory results
  - “Track Your Labs” Sheet
- Simplified HCV Diagnostics Algorithm
  - Pangenotypic DAAs & point-of-care rapid test:
    1. Reflex RNA testing for Ab+
    2. A FibroScan, APRI Score, or other cirrhosis staging test
    3. Provide appropriate DAA regimen
Highlights (2/4)

• Overview of each DAA regimen & detailed Fact Sheets
  – Side effects
  – Drug-drug interactions with HIV treatments & illicit drugs
  – SVR at week 12 for each genotype & for mono-infected or HIV/HCV coinfected group
  – DAA efficacy in Clinical trials vs. Real world cohorts
Highlights (3/4)

- DAA efficacy among people who use drugs
  - No scientific evidence for denying or delaying treatment
  - Good adherence
PREVAIL Study

Figure 8. People Receiving OST – Phase II/III Trials

<table>
<thead>
<tr>
<th>Treatment</th>
<th>OST</th>
<th>NO OST</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBV/PTVR + DSV + RBV¹</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>SOF/LDV + RBV²</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>SOF/VEL³</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>SOF/VEL/VOX⁴</td>
<td>96%</td>
<td>98%</td>
</tr>
<tr>
<td>SOF/VEL/VOX⁴</td>
<td>96%</td>
<td>98%</td>
</tr>
<tr>
<td>GLE/PIB⁵</td>
<td>92%</td>
<td>95%</td>
</tr>
</tbody>
</table>

http://www.natap.org/2017/EASL/EASL_54.htm
C-EDGE CO-STAR Study

n=301 treatment naive GT1/4/6 patients with 80% adherence to OAT; randomized, placebo controlled, double blind

n=201: 12 wks Zepatier > SVR12 91.5%
n=100: 12 wks placebo + 4 wk delay + 12 wks Zepatier > SVR 89.5%

12 treatment failures, 6 reinfections (probable), 2 discontinuations due to adverse effects

SIMPLIFY Study

DAAs don’t require 100% adherence to be effective

SIMPLIFY Study
n=103, SVR 97%

3 treatment failures, 2 LTF

Figure 3: Daily adherence to therapy with sofosbuvir and velpatasvir therapy in 103 participants, measured by weekly electronic blister pack

*Lancet Gastroenterol Hepatol* 2018
doi: 10.1016/S2468-1253(17)30404-1
SIMPLIFY Study

DAAs don’t require 100% adherence to be effective

SIMPLIFY Study
n=103, SVR 97%

3 treatment failures, 2 LTF

Figure 2: Self-reported injecting drug use during therapy
Data for 103 patients at baseline, 100 patients at other timepoints.

*Lancet Gastroenterol Hepatol* 2018
doi: 10.1016/S2468-1253(17)30404-1
Reinfection among people who use drugs
Highlights (4/4)

• Access to pangenotypic regimens
  – Advocacy for generic competition, price reductions

• Access to simpler, more affordable tests
  – Need to scale up awareness, prevention campaigns, screening & testing to avoid “diagnostic burn out” in US
  – In LMICs: advocacy for multi-disease diagnostic platforms, cut out middle agents, address distributor mark ups
Updated Training Manual available in English, Spanish & French, including Slide Deck at:

www.treatmentactiongroup.org/hcv

THANK YOU!!!

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