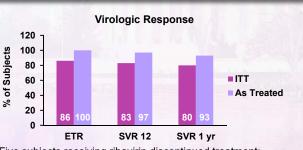


NO EVIDENCE OF 1-YEAR REINFECTION AFTER TREATING HCV AT A METHADONE PROGRAM

Single methadone clinic

HCV treatment with PrOD (n=35) administered with daily methadone and electronic pill box

N=35	Subject Characteristics	N=35
22 (63%) 13 (37%)	Infection duration (y): 5-10 11-20 21-30 31-40 41-50 Unknown	5 (14%) 6 (17%) 9 (26%) 3 (9%) 8 (23%) 4 (11%)
Race: 18 (51%) African-American 3 (9%) Asian-American 1 (3%) White 13 (37%) Ethnicity: 5 (14%) Mon-Hispanic 30 (86%) Age (y): 5 (14%) 28-35 5 (14%) 36-45 5 (14%) 46-55 14 (40%) 56-65 2 (6%)		
	Genotype: 1a 1b	29 (83%) 6 (17%)
	Viral Load: <6 million IU/ml ≥6 million IU/ml	25 (71%) 10 (29%)
	APRI: <0.7 0.7-2 ≥2	16 (45%) 14 (40%) 5 (15%)
	22 (63%) 13 (37%) 18 (51%) 3 (9%) 1 (3%) 13 (37%) 5 (14%) 30 (86%) 5 (14%) 5 (14%) 5 (14%) 14 (40%) 9 (26%)	N=35 Characteristics 22 (63%) 5-10 13 (37%) 11-20 21-30 31-40 18 (51%) 41-50 3 (9%) Unknown 1 (3%) Genotype: 13 (37%) Genotype: 13 (37%) Genotype: 13 (37%) Viral Load: 5 (14%) 1b 30 (86%) Viral Load: <6 million IU/ml



Five subjects receiving ribavirin discontinued treatment: 1 due to hemolytic anemia and 4 due to GI intolerance. One subject was lost to follow up in the 12-week post treatment period and another was lost prior to undergoing 1 yr post-treatment testing. There were no virologic relapses.

- Add-on HCV treatment to methadone makes sense
- Concurrent treatment of opiate use disorder may lower reinfection risk