The Challenge of Follow-Up: Hepatocellular Carcinoma Surveillance in Marginalized Patients with Cirrhosis Treated for HCV in a Low Threshold Primary Health Care Setting

Read P [1, 2] ,Lothian R [1], Kearley J [1], Dore G [2], Gilliver R [1],

[1] Kirketon Road Centre, South Eastern Sydney Local Health District, Sydney
[2] Kirby Institute, UNSW Sydney, Sydney

Introduction:

Kirketon Road Centre is a primary health care service in Kings Cross; providing prevention, treatment and care of people living with viral hepatitis (with a focus on people who inject drugs) The era of DAAs has enabled expansion of HCV treatment to marginalised populations in the community setting. Guidelines for managing HCV among people with cirrhosis recommend lifelong 6 monthly ultrasound scans (USS) and sampling AFP to screen for hepatocellular carcinoma (HCC).

Study aim: To describe the challenges and outcomes of HCC surveillance in a marginalised population with cirrhosis.

Methods:

All clients with positive HCV RNA and a Fibroscan score ≥12.5KpA at the Kirketon Road Centre since March 2016 were included. Treatment uptake, demographic characteristics, dates and results of USS, and clinical data were extracted from the clinical database and health care record.

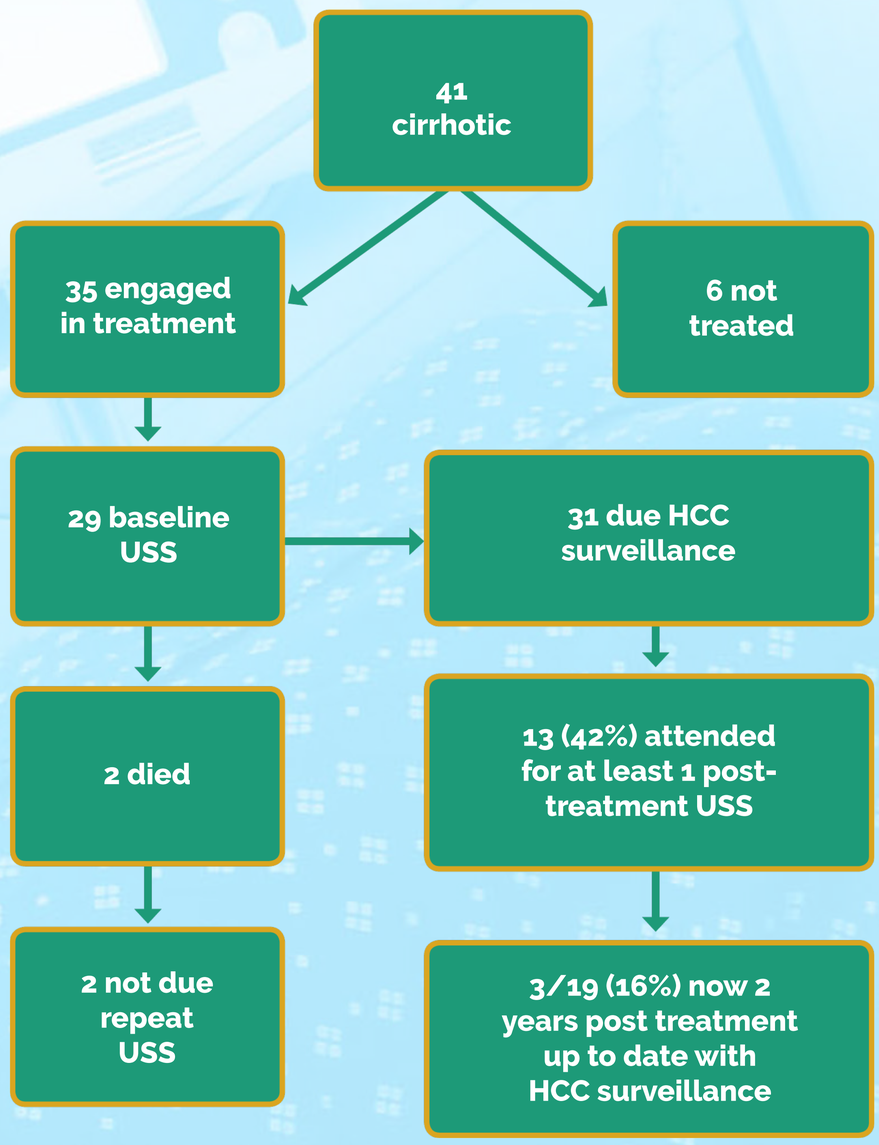
Results:

41 clients identified as cirrhotic
- Median age was 50 (IQR 44-57)
- 24% female
- 39% homeless
- 63% injected drugs within last 6 months
- 22% >30 unit alcohol/week

Clinical:

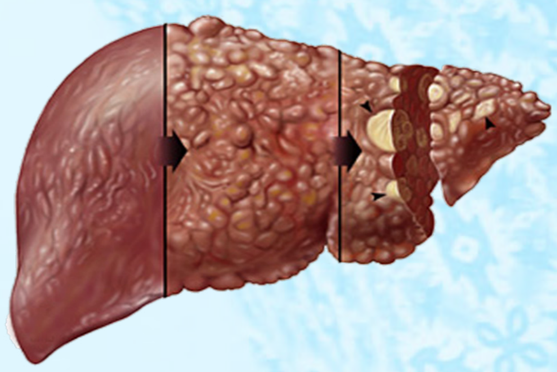
- Median fibroscan 18.0kPa (IQR 14.7-33.0)
- Child Pugh A 76%, B 24%
- Median MELD score 8 (range 6-15)
- Baseline USS showed 5 had Portal hypertension
- 33 client due SVR12, 22 (67%) tested, and all are cured

Outcomes of 41 Clients with Cirrhosis



Results:

2 clients died (1 HCC, 1 drug overdose), and 2 are not yet due repeat USS examination. Therefore of the 31 clients due USS, 13 (42%) attended for least one recommended USS/AFP post treatment. However 2 years post-DAA treatment just 3/19 (16%) were up to date with HCC surveillance. All clients received multiple SMS, email, phone and postal reminders, including posted request forms. 33 clients were due SVR12, 22(67%) have tested, and all are cured.



Liver Disease Progression: Stages of Fibrosis

Discussion:

Clients with cirrhosis unable to attend tertiary care are often pragmatically managed in a community setting. Despite virological cure, HCC screening is still indicated, yet adherence to these protocols is challenging and requires ongoing resourcing. Infrequent USS risks detection of HCC at an incurable stage. Low overall rates of screening may lead to later presentation of HCC in this population.

At a population level are resources better utilised detecting and curing HCV in clients who distrust health systems, or following up those few with cirrhosis for HCC risk?

Contact:

Kirketon Road Centre (KRC) Kings Cross
Email: Rebecca.Lothian@health.nsw.gov.au
Postal address: PO Box 22, Kings Cross 1340
Phone: (02) 9360-2766
www.theKRC.org
www.facebook.com/KirketonRoad/