IMPROVED SURVIVAL FOLLOWING HEPATITIS C-RELATED HEPATOCELLULAR CARCINOMA DIAGNOSIS IN THE DIRECT-ACTING ANTIVIRAL THERAPY ERA IN NEW SOUTH WALES, AUSTRALIA

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Introduction: Population-level evidence for the impact of direct-acting antiviral (DAA) therapy on survival following HCV-related hepatocellular carcinoma (HCC) is limited. We evaluated survival following HCC diagnoses in the pre-DAA and DAA therapy eras in New South Wales (NSW), Australia.


Results: Among 103,288 people with HCV in NSW, 64% were male, median year of birth was 1967, and 13% died. During 2001-2017, 2% (n=1,865) had an HCC diagnosis; 80% were male, and median year of birth was 1956. Following HCC diagnosis, 70% (n=1,309) of individuals died. In 2001-2007, 2008-2014, and 2015-2017, there were 325, 901, and 639 HCC diagnoses; 83%, 80%, and 49% died, respectively. Median survival after HCC diagnosis increased from 0.79 years (95% CI 0.52, 1.02) in 2001-2007, to 0.85 years (95% CI 0.71, 1.05) in 2008-2014, and 1.50 years (95% CI 1.16, 1.82) in 2015-2017. One- and two-year survival after HCC diagnosis were 45% and 35% in 2001-2007, 47% and 35% in 2008-2014, and 56% and 45% in 2015-2017, respectively.

Conclusion: In the DAA era, survival following HCC diagnosis has markedly improved in NSW, Australia. Further analyses will explore the specific impacts of DAA therapy and HCC management strategies in relation to improved survival.

Disclosure of Interest Statement: M Danta has received travel support and speaker fees from Gilead, Abbvie and Merck. ML has received research support from Merck, Bristol-Myers Squibb, Boehringer Ingelheim, Janssen-Cilag, Gilead Sciences, and ViiV HealthCare. ML has received consultancy and workshop fees from Gilead Sciences. ML has received Data Safety Monitoring Board Committee fees from Sirtex Pty Ltd. J Grebely has received research support and is a consultant for AbbVie, Cepheid, Gilead Sciences and Merck. J George is on the speaker’s bureau for Gilead Sciences, Merck, Janssen, Roche, and Pharmaxis. J George is a member of advisory board for Gilead Sciences, Merck, Janssen, Bristol-Myers Squibb, AbbVie, Roche, GlaxoSmithKline, Pharmaxis and Pfizer. J George has received travel support from Gilead Sciences, Merck, Bristol-Myers Squibb, AbbVie, and Roche. GD has received research support and is a consultant for Gilead
Sciences, Merck, and AbbVie. GD has received research support from Gilead Sciences, Merck, Bristol-Myers Squibb, and AbbVie. GD is on the speaker's bureau for Gilead Sciences, Merck, and AbbVie. GD is a member of advisory board for Gilead Sciences, Merck, and AbbVie. GD has received travel support from Gilead Sciences, Merck, and AbbVie. Other authors have no commercial relationships that might pose a conflict of interest in connection with this manuscript.