



## THE RURAL EXPERIENCE

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## Disclaimers

- Attended & speaker at 2 educational events sponsored by Gilead

## Presentation overview

1. Outcome data first 15 months of DAA's within a GP based rural liver clinic
2. Trends noted from data
3. Specific rural challenges
4. Where to from here ?

## Since 1<sup>st</sup> March 2016

- Work 1 day /week at a dedicated GP viral hepatitis B/C clinic
- Referrals from GP's across region, gastroenterologists, liver RN's, self referral, Drug and ETOH, and hospital inpatient, mental health/forensic unit or outpatient clinics
- Work closely gastroenterologists co-managing & starting some with cirrhosis

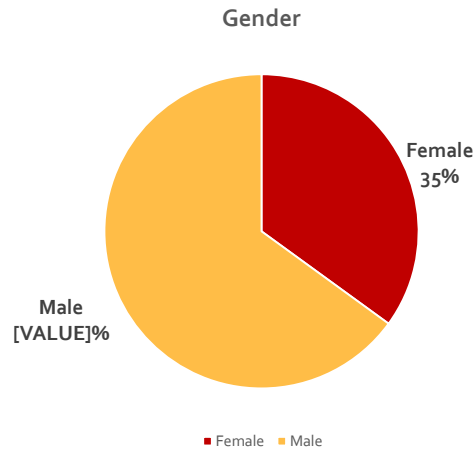
**To Date: have been involved in care of 128 chronic HCV cases on DAA treatment**

- 92 initiated
- 36 Share Care with local gastroenterologists

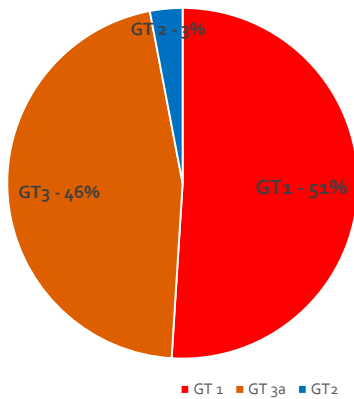


## Characteristics of 128 cases treated:

- 45 Female
- 83 Male



## Genotype

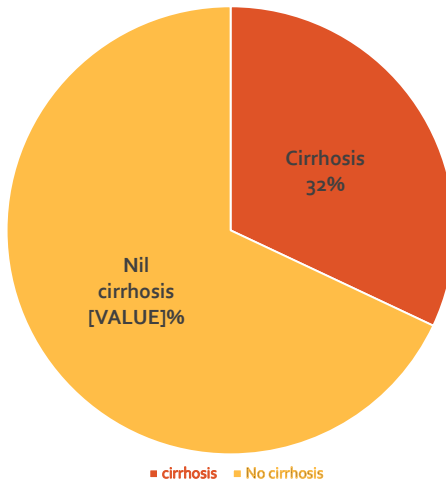


## Other:

- 15 (12%) Treatment Experienced
- 7 (5.5%) IDU in last 6 months
- 24 (19%) on opiate replacement therapy
- 23 (18%) ATSI
- 2 cases HIV co-infection

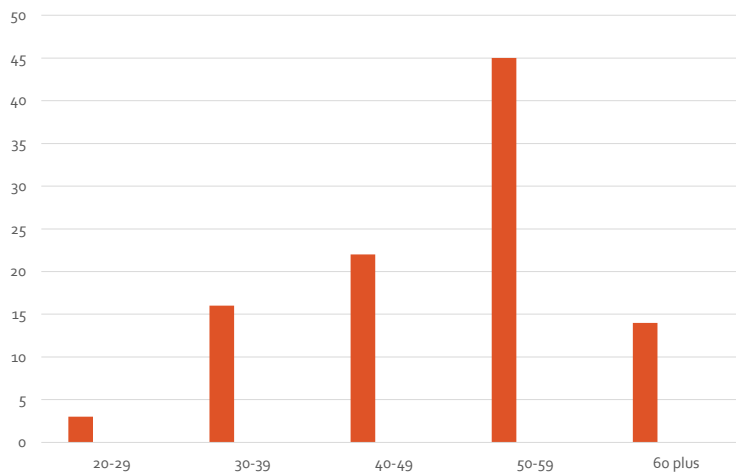
## Stage of Fibrosis

- 87 (68%) nil cirrhosis
- 41 (32 %) cirrhosis



## Age distribution

- 20-29 (3%)
- 30-39 (16%)
- 40-49 (22%)
- 50-59 (45%)
- 60 plus (14 %)



## Assessing stage fibrosis

- APRI + FIB<sub>4</sub> + Fibroscan (+ co-morbidities, examination, abdominal US etc.)
- Prefer combination of both APRI and FIB<sub>4</sub> (APRI  $\geq 1$  and/or FIB<sub>4</sub>  $\geq 2$ ) to triage for Fibroscan/abdo US
- 60 % cases pre-treatment could triage to " Not needing a Fibroscan " i.e start without

..... BUT alas no single perfect tool to diagnose all cases cirrhosis

## Grey area of F<sub>3</sub>/F<sub>4</sub> ..when does cirrhosis begin ??

Cases where APRI  $\geq 1$  and/or Fib<sub>4</sub>  $\geq 2$  (not those just on Tx) - 100% had a Fibroscan and abdominal ultrasound

- |  | Cirrhosis   | No Cirrhosis | F <sub>3</sub> or F <sub>4</sub> (uncertainty) |
|--|-------------|--------------|--|
| • 51 cases where APRI $\geq 1$             | 31/51 (61%) | 13/51 (25%)  | 7/51 (14%)                                     |
| • 53 cases where FIB <sub>4</sub> $\geq 2$ | 31/53 (60%) | 15/53 (18%)  | 7/53 (12%)                                     |
- 7 uncertain cases Fibroscan between 10-12.5Kpa
  - What was more accurate ????? FIB<sub>4</sub> plus APRI or Fibroscan
  - Trend to higher AST levels and mod – heavy ETOH intake in uncertain cases
  - Err on side of caution to F<sub>4</sub>

## Real life outcome GP clinic data

- 74 Sustained Viral Response (47 non cirrhotic, 27 cirrhotic)
- 4 Failed to achieve SVR (2 treatment experienced GT 3a null responders, 1 decompensated GT 3a, 1 cirrhotic GT1 /prior HCC)
- 36 completed and awaiting week 12 RNA (10 LTFU)
- 12 currently on treatment /2 transferred care
- **To date overall success rate 95% and if exclude cirrhotic cases 98%**

## Unexpected results...

- 30 referred to clinic have failed to attend initial appointments
- 10 completed treatment but failed to have 12 week post treatment HCV RNA or lost to follow-up (LTFU)
- Several HCC diagnosed in cirrhotics with pre treatment abdominal US

## Alcohol ...just one more drink please ???



- 34 cases >5 standard drinks/day just prior to treatment
- 18 of the 34 heavy ETOH cirrhosis at baseline (53 % of all with cirrhosis)
- Did not effect SVR rates (all to date achieved SVR)

LONG TERM - managing heavy alcohol remains a major problem post SVR

## Trends identified

- Not treating many < 30 yrs
- Not treating many who have used IVI drugs in last 6 months
- Alcohol long-term still huge problem post SVR
- Large number referrals failed to attend initial appointments
- Percentage do not have week 12 HCV RNA (phone disconnected etc.)
- High % with a chronic major mental health condition – schizophrenia, bipolar,acquired brain injury etc

Data being included in Reach-C cohort from Kirby Institute  
.. await further analysis

## Australian Rural Health Status Tendencies

- Poorer
- More smoke & drink alcohol in harmful or hazardous quantities
- Higher accident rates & related injury deaths
- Higher proportion Aboriginal Torres Strait Islander (ATSI)
- Mortality/ morbidity & incarceration ATSI much higher
- Varied access to NSP services and ORT





## Rural Challenges

- Few (if any) specialists/ long waiting lists
- Long travel distances
- Poor access abdominal ultrasound ? quality/not bulkbilled
- Poor public transport
- GP's very busy
- Less bulkbilling



## Rural/Remote HCV Challenges

- Stigma & shame
- Fear others knowing - bloods tests, collecting scripts pharmacy (maybe a relative or friend)
- Judgemental behaviour - hospitals, specialists and Emergency Depts.
- Higher ATSI population
- Suspect many cases HCV and HBV not yet diagnosed the further west you go....

~~STIGMA~~



## Ways forward...

- Shared care GP treatment with gastroenterologist in some cirrhotic cases - Telehealth
- Upskill GP's APRI/FIB 4 as triage tool for Fibrosan
- Outreach Fibrosan and abdominal ultrasound clinics
- Centralised way to follow-up fail to attend appointments, specialists, liver clinics, hospital discharges
- New models care to reach youth and people who are injecting drugs unsafely/peerworkers (?posters police stations, dentists, emergency departments, maternity, specialists)
- Sort out mental health inpatient HCV treatment access
- Opportunistic increased testing to detect the 20-25 % not yet diagnosed ?

## Opportunistic GP testing

- Pap test/STI checks
- Pregnancy
- Vaccination
- Laceration/broken bone/sports injury/car accident
- Questions re ETOH, smoking tobacco, cannabis and other recreational drug
- On opiate replacement therapy
- ? Drug seeking behaviour identified
- Mental Health problems – both acute and chronic



## Rural GPs and DAA prescribing

- More starting to prescribe (some still prefer to refer)
- Encourage - **Exciting to be part of cure** of a chronic condition
- Pan-genotypic era will simplify (recently too many choices !!)
- Mentoring/telehealth/ongoing updates
- Improve specialist referral pathways for cirrhotic/complicated cases and salvage therapy

## Prioritise upskilling ALL Australian GP's:

- Hep C/B testing & treatment
- Liver fibrosis assessment methods
- Chronic management of advanced liver disease - share care models with specialists