

AUSTRALIAN RURAL PRIMARY CARE LED VIRAL HEPATITIS CLINIC - OUTCOME DATA FROM 3 YEARS OF DIRECT ACTING ANTIVIRAL AGENTS (DAA'S).

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Background/Approach: The PBS listing of DAA's, in March 2016, enabling all general practitioners (GP's) to prescribe was a landmark moment in Australia. Initially many rural GP's lacked confidence to prescribe. Limited specialist access, and a backlog of people with advanced liver disease needing treatment, created a special challenge. As an interim solution, in February 2016, a dedicated hepatitis C (HCV) clinic was established one day per week within a general practice by an experienced GP prescriber. Collaborating with specialists, the scope of care included treating cases with advanced liver disease from a wide referral base including GP's, specialists and liver nurses.

Analysis/Argument: Real world outcome data for general practitioner DAA prescriber is lacking. A database was established at the commencement of the clinic to enable analysis.

Outcome/Results: In the first 3 years, 151 individuals commenced DAA treatment. Demographics of those commencing treatment includes 62% male, 11% treatment experienced, 17% on opiate replacement services, 17% Aboriginal and Torres Strait Islander, 2 cases of HIV/HCV co-infection and 30% with cirrhosis pretreatment. Outcome data of 129 cases with a complete data set, show 95% achieved an SVR. If cirrhosis are excluded, 98% achieved an SVR. Intention to treat data is incomplete with 16/151 (11%) lost to follow up (LTFU). The majority (14/16) had completed treatment prior to LTFU. Further data will be presented and discussed.

Conclusions/Applications: This real life primary care outcome data is reassuring showing SVR rates comparable to trial and tertiary based data. The data for GP initiated DAA rates in those with cirrhosis pretreatment, provides needed reassurance for evolving GP/ specialist linkage models of HCV care across Australia where specialist access is limited.

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