

Australian Rural Primary Care led viral hepatitis clinic: Outcome from 3 years of Direct Acting Antivirals (DAA's)

Background/Approach

The PBS listing of DAA's, in March 2016, enabling Australian general practitioners (GP's) to prescribe was a landmark moment. Initially many GP's lacked confidence prescribing. Limited rural specialist access and a backlog of people with advanced liver disease created a special challenge in our region.

In Feb 2016, as an interim solution, a dedicated hepatitis C (HCV) clinic was established one day per week within a large general practice by an experienced HCV GP prescriber in Orange NSW. Collaborating with specialists, the scope of care including treating cases with advanced liver disease, from a wide referral base including GP's, specialists, hospital and liver nurses.

Method/Analysis

Real world outcome data for primary care DAA prescribing is lacking. Prospective data was collected from each case seen to enable analysis.

Results

157 commenced on DAA treatment

Where results known:

96% SVR 132/138

98.5% SVR (cirrhosis excluded) 132/134

Intention to treat results:

SVR 132/157 (84%)

LTFU 15 /157 (9.5%) - majority (14/15) had completed treatment prior to LTFU

Awaiting result 4/157 (3%)

On treatment 2/157 (1%)

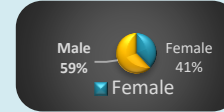
Failed treatment 6/157 (4%)

Characteristics of 157 commencing:

Gender

93 Male

64 Female

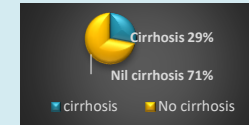


Stage of Fibrosis

APRI used alone in 65 % of cases

112 no cirrhosis

45 cirrhosis



Genotype

1 = 77 (49%)

2 = 11 (7%)

3 = 69 (44%)

Other characteristics:

- **27 (17%) on opiate replacement therapy**
- **11 (7%) injected drugs in last 6 months**
- **2 HIV (1%) co-infected**
- **16 (10%) Treatment experienced**
- **26 (17%) ATSI**

Age

18-29 =7

30-39 =24

40-49 =31

50-59 =71

60 plus= 24



Failed to achieve SVR = 6

5 x GT 3a (3 cirrhosis /3 treatment experienced) & 1 GT 1a cirrhosis

2 being retreated SOF/VEL/VOX

Conclusions/Applications

This real life primary outcome data is pleasing with SVR rates comparable to trial and tertiary based data. In this particular primary care cohort, where 29% of cases had cirrhosis pre treatment, comparable outcome data provides needed reassurance for the efficacy of evolving GP / specialist cirrhosis HCV treatment models where specialist access is limited.

Cirrhosis assessment tools are becoming simpler with the majority not needing a Fibro-scan pre treatment, The APRI score is proving to be a very practical and effective triage tool in primary care.

Few treated were aged < 30 years, or disclosed intravenous recreational drugs usage in the last 6 months, highlighting a need for alternative models of care to reach youth and those at higher risk of HCV transmission.

Nearly 10% completing treatment have been lost to follow-up (LTFU) prior to having a 12 week post treatment HCV RNA. This trend is comparable to what is, unexpectedly, being seen in many treatment settings across Australia.

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Disclosure of interest statement

Honoraria for travel and attendance at educational events have been received from Gilead and Abbvie in past 12 months

