



The Challenge of Follow-up:

Hepatocellular carcinoma surveillance in marginalised patients with cirrhosis treated for HCV in a low threshold primary health care setting.

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BACKGROUND/AIMS & METHODS:



- 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 of HCC surveillance in a marginalised population with cirrhosis.

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- All clients with positive HCV RNA and a fibroscan score >12.5 Kpa 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.

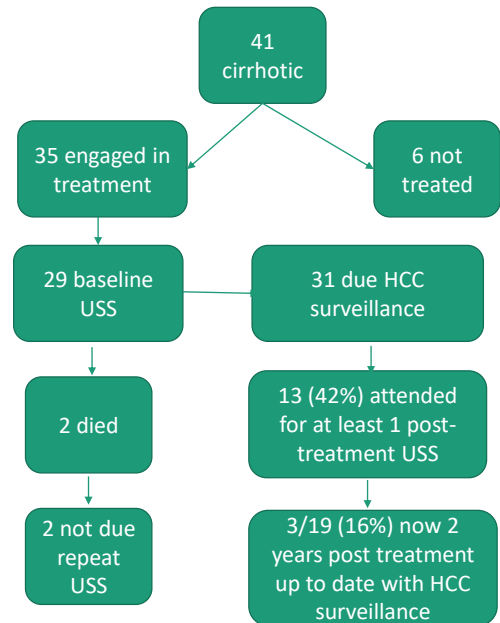


RESULTS:

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- 41 clients identified as having cirrhosis
 - 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 clients due SVR12, 22 (67%) tested, and all are cured



CONCLUSIONS/IMPLICATIONS:

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- 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 ongoing HCC risk?

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