

OPTIMAL LIVER CANCER SURVEILLANCE IN THE COMMUNITY: DO RECALL AND REMINDER SYSTEMS HOLD THE ANSWER?

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Background

Liver cancer surveillance with regular ultrasound scans reduces mortality in chronic hepatitis B(CHB) but is difficult to achieve in clinical practice. From 2012-2016 a community health centre was supported by external hepatitis B nurses to improve CHB care with an audit, phone calls and mailed reminders to patients.

This study aimed to describe adherence to liver cancer surveillance in eligible patients, and determine the impact of the support and resources of an external service in improving adherence.

Methods

Two cross sectional audits of clinic attendees with CHB and eligible for liver cancer surveillance were conducted over of a 4.5-year period (2012-2016). Participation was defined as two consecutive scans and >1 scan every 2 years. Adherence was classified as poor (<1 scan per 14 months), sub optimal (average of one every 14 months) and optimal (average of 2 every 14 months). Data were also collected regarding frequency of viral load test ordering, and any significant illness or reason for a period of non-attendance, if recorded.

Results

67 patients had liver cancer surveillance, representing 213 person-years, and a participation rate of 74.63%. The median age was 37.61 years (interquartile range 28.60-50.24); the majority (64.2%) were born in the African region, and 5 (7.5%) had cirrhosis. The proportion of patients who had received a scan in the previous 7 months increased fivefold from 9.5% at baseline to 55.6% at final audit ($p < 0.001$). Ordering of ultrasounds at least every 12 months occurred in 60 (89.55%), however optimal adherence was only observed in 18 patients (26.87%), while 29 (43.28%) had suboptimal adherence and 20 (29.85%) poor adherence.

Conclusion

It is difficult to achieve optimal adherence even with additional support and comprehensive recall and follow-up. Further exploration of barriers to liver cancer surveillance including knowledge and health system related barriers need to be explored.

Disclosure of interest statement:

The authors have no conflicts of interest to declare