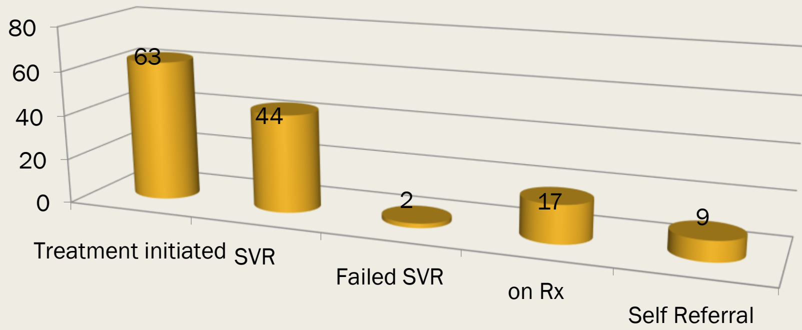
Preventing HCC in primary care

Dr Samuel Elliott

Riverside Family Medical Practice Adelaide

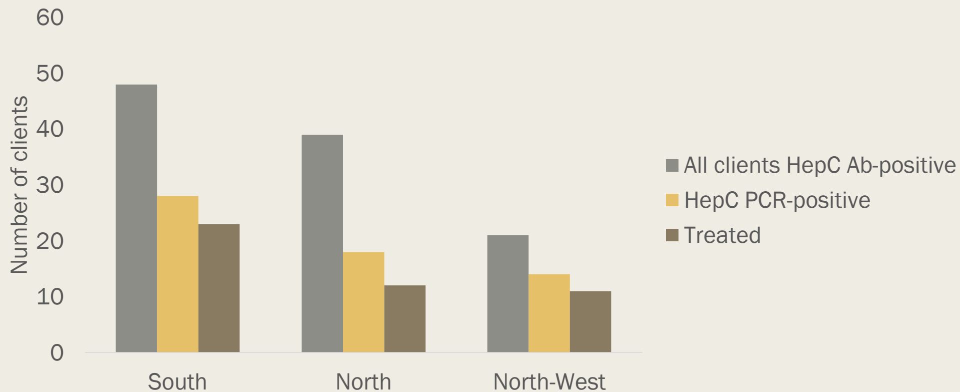
GP Forum 2019 feedback

Treatment Progress- Logan



Dr. Roshan Bhushal, ATSICHS BRISBANE

A Hep C Free Community. Tasmanian Aboriginal Health Service.



Dr Diane Hopper (GP Tasmanian Aboriginal Health Service)

The role of General Practice in HCC surveillance

- Co-morbidities are common in HCV cohorts. Although some are causally related, others are age related.
- non liver related disease is routinely managed in General Practice.
- General Practice is suited to a chronic disease management model that is team based and patient centric.
- As part of this model, primary care settings are ideal for managing liver related disease
- Cirrhosis : ascites/ oedema, hepatic encephalopathy and other complications of portal hypertension.
- **Hepatocellular Carcinoma surveillance.**

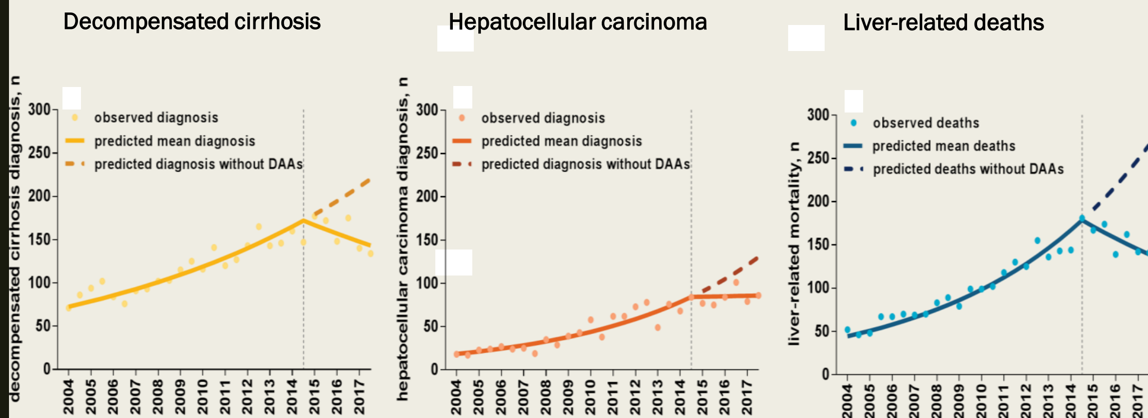
Is Surveillance Needed?

- Chronic hepatitis C virus (HCV) infection is associated with a 15- to 20-fold higher risk of HCC(1)
- Successful treatment leading to sustained virological response (SVR) in chronic hepatitis C, decreases, but does not eliminate the risk of HCC (2)
- patients with HCV related cirrhosis have a 3.5% annual rate of HCC development (2)
- Participation in HCC surveillance has been associated with significantly lower mortality(3)
- Guidelines recommend HCC surveillance in patients with cirrhosis even after eradication of HCV with DAA therapy(4)
- Goal of **increasing survival rates with early detection** and referral for improved treatment approaches

1.El-Serag HB et al, Epidemiology of hepatocellular carcinoma in the United States: where are we? Where do we go? Hepatology. 2014;60:1767–1775
2. Morgan, R.L. et al, Eradication of hepatitis C virus infection and the development of hepatocellular carcinoma: a meta-analysis of observational studies. *Ann Intern Med*. 2013; 158: 329–337
3. Thai P Hong et al, Surveillance improves survival of patients with hepatocellular carcinoma: a prospective population-based study, Med J Aust 2018; 209 (8): 348-354
4. Marrero JA et al, Diagnosis, Staging, and Management of Hepatocellular Carcinoma: 2018 Practice Guidance by the American Association for the Study of Liver Diseases. Hepatology. 2018;68:723–750.

AUS GPs End Hep C
There will be no elimination without GP participation
SIGN THE PLEDGE TODAY

ESLD and liver-related deaths: NSW data linkage



Prof Greg Dore GP Forum 2019

Alavi M, et al. J Hepatology 2019

Who to screen for HCC

- it remains important to define those patients with highest risk of HCC and most benefit from surveillance, and to restrict surveillance to these categories(1)
- most common risk factors is hepatitis C virus infection (41%)(2)
- added risk factors include the presence of cirrhosis, age, region of birth, male gender, co-infection with hepatitis B, D or human immunodeficiency virus (HIV), and other active liver disease (e.g. alcohol-related injury, non-alcoholic steatohepatitis)
- hypoalbuminemia and a high α-fetoprotein level for patients with SVR are significant risk factors for HCC(1)

1. Van Meer S et al, Surveillance for hepatocellular carcinoma in chronic liver disease: Evidence and controversies. World J Gastroenterol 2013;19(40):6744–56
2. Thai P Hong et al, Surveillance improves survival of patients with hepatocellular carcinoma: a prospective population-based study, Med J Aust 2018; 209 (8): 348-354

HCC surveillance, the Riverside Experience. "simple solutions local strategies"

- Retrospective assessment of HCV & HBV data from Riverside Family Medical Practice
- 109 Hep C RNA positive patients treated (69 with DAAs since 2016)
- SVR with DAA 69/69 (100%)
- 9 HIV/Hep C coinfected patients
- 29 Active Hep B infections
- 6 Hepatocellular Carcinomas detected (5 survived >2 years, 1 death)
- 5 Liver transplant patients
- **92% cirrhotic HCV & 67% Hep B patients** with ultrasound and AFP in past 6 months

Chronic liver disease management

- ALFIE – **Partnership** between primary care and liver clinics
- **Improved communication** central to improved outcomes
- Inclusive, comprehensive and integrated healthcare home
- All patients have online access via the *My Health Record* Portal
- Patient **self management** and reporting on the MHR encouraged
- *Better Consult APP* utilized pre consultation to improve patient involvement and self management (1)
- HCC surveillance is an integral component
- **SMS reminders** more effective than letters.

1. https://au.betterconsult.com/

Managing chronic liver disease in General Practice

- utilise **chronic liver disease cycle of care**
- E/LFTs, INR, FBC, **AFP and Ultrasound six monthly**
- CV risk assessment, Bone density, renal, diabetes, pain management
- Cirrhosis monitoring as per ASHM decision making tool
- Lifestyle counselling
- Psychological services (health and clinical psychologist)

summary

- GPs with high case loads or additional training are more likely to engage in HCC surveillance
- We need clear guidance for other General Practitioners
- **Comorbidities** are common in chronic hepatitis C, both non liver and liver related. These are ideally managed in General Practice settings
- GPs are therefore well placed to monitor for HCC
- People with severe fibrosis or cirrhosis (F3 or F4) require **6 monthly** HCC surveillance with **liver ultrasound** and alpha-fetoprotein (open for debate)
- GPs need **rapid access** to specialist hepatologists / liver clinics once a lesion is detected
- Effective **communication** between patient, GP, nurses, allied health, liver failure nurses and hepatologists is essential.
- The **My Health Record** is an ideal tool to utilize

Thank you