

THE CHALLENGE OF FOLLOW-UP: HEPATOCELLULAR CARCINOMA SURVEILLANCE IN MARGINALIZED PATIENTS WITH CIRRHOSIS TREATED FOR HCV IN A LOW THRESHOLD PRIMARY HEALTH CARE SETTING

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Introduction: Guidelines for managing hepatitis C virus (HCV) among people with liver cirrhosis recommend lifelong 6 monthly ultrasound scan (USS) and alpha fetoprotein (AFP) for hepatocellular carcinoma (HCC) screening. The era of direct acting antivirals (DAAs) has enabled expansion of HCV treatment to marginalized populations in community settings. This study describes the challenges of HCC surveillance in this population with cirrhosis.

Methods: All clients with positive HCV RNA and a Fibroscan score ≥ 12.5 KpA at the Kirketon Road Centre 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: 41 clients with HCV-related cirrhosis entered care: female 24%, median age 50 (IQR 44-57), homeless 39%, injected in the last 6 months; >30 units alcohol per week 22%. Median fibroscan score was 18.0 kPa (IQR 14.7-33.0). Child-Pugh classification was A in 76%, and B in 24%. Median MELD score was 8 (range 6-15). 35 (85%) clients commenced DAAs of whom 29/35 attended a baseline USS; 5 showing features of portal hypertension. 2 clients died (1 HCC, 1 drug overdose), and 2 are not yet due repeat USS examination. Therefore of the 31 clients due USS, 13 (42%) attended for least one recommended USS/AFP post treatment. However 2 years post-DAA treatment just 3/19 (16%) were up to date with HCC surveillance. All clients received multiple SMS, email, phone and postal reminders, including posted request forms. 30 clients were due SVR12, 21(70%) have tested, and all are cured.

Discussion: 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. Low rates of screening may lead to later presentation of HCC in this population.

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