

THE AVAILABILITY OF A PORTABLE “FIBROSCAN” IN A MOBILE UNIT FOR HEPATITIS C TREATMENT IMPROVES QUALITY OF CARE IN NEW JERSEY, USA

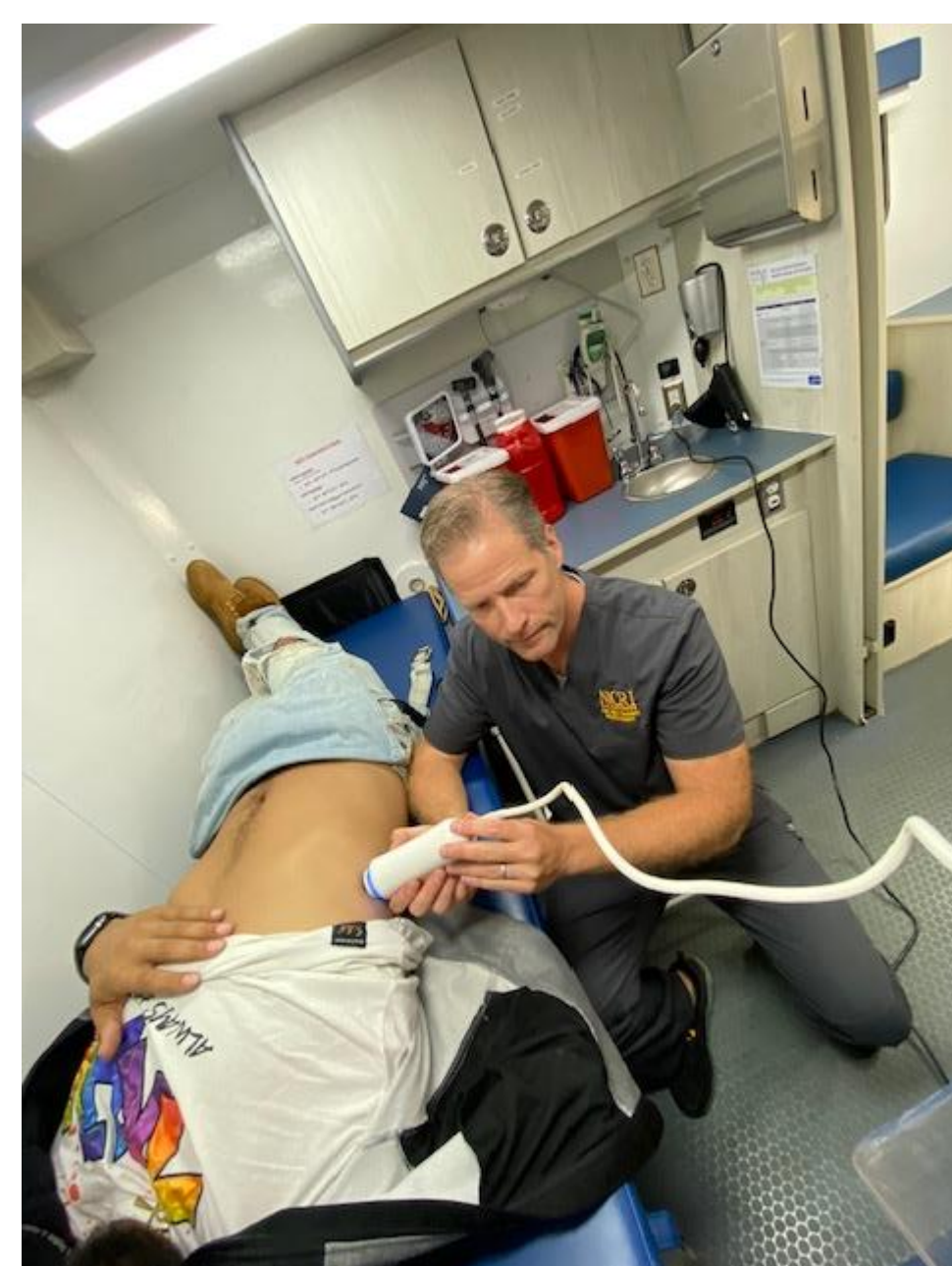


Authors:, Slim J¹, Rosmarin-DeStefano C¹, Tempalski B¹, Leyden K¹, Levaggi E¹, Duprey S¹, Torres J¹, Olsson T¹, Martinez D¹

¹North Jersey Community Research Initiative (NJCRI)

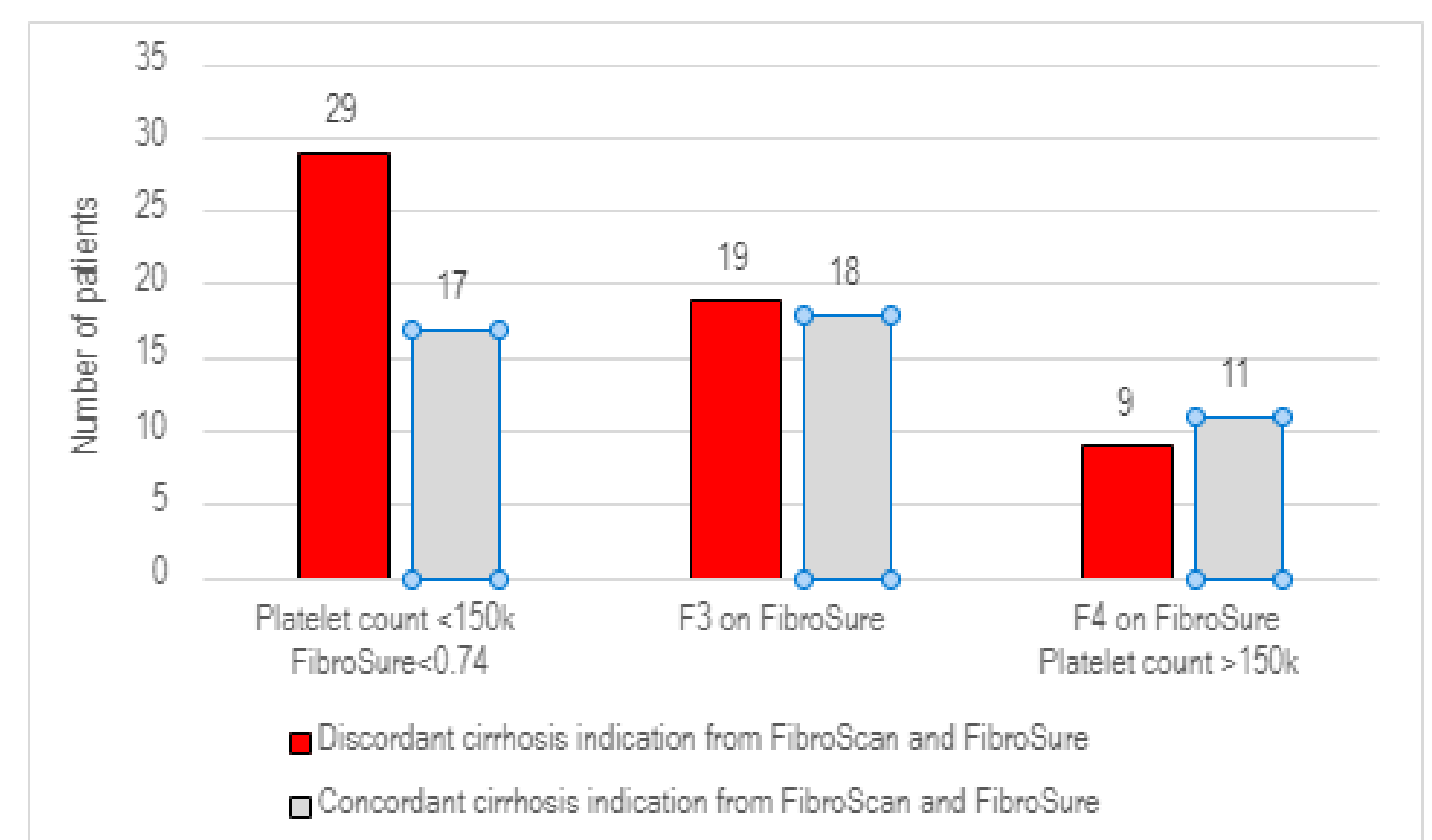
Background

North Jersey Community Research Initiative (NJCRI) in Newark, New Jersey has piloted the addition of an innovative community based mobile hepatitis C clinic to provide seamless care and coordination to the patient. To increase efforts towards elimination of hepatitis C (HCV) in people who use drugs we offer a comprehensive all-inclusive low-barrier treatment model. We utilize transient liver elastography (FibroScan) in a mobile unit that travels to coordinated appointments for the patient. The current study presents data on the correlations of FibroSure with FibroScan in a subgroup of patients with chronic active hepatitis C.



Results

A total of 86 patients had FibroSure, platelet count and FibroScan available. Group 1: (platelets <150K and FibroSure<0.74) consisted of 46 patients, 29 of them (63%), had a FibroScan with >12.5 kPa consistent with cirrhosis; group 2: (F3 on FibroSure) 37 patients, 19 (51%) of them had cirrhosis on FibroScan; and group 3: (platelets > 150k, and F4 by FibroSure) 20 patients, only 11 (55%) were confirmed F4 by FibroScan.



Method

In order to avoid misclassification of patients with liver cirrhosis who will require lifelong Hepatocellular carcinoma (HCC) screening after HCV treatment. We performed a liver elastography to patients with platelet counts <150k, and FibroSure <0.74 (F0, F1, F2, and F3), group 1; patients with FibroSure 0.58 to 0.74 (F3) regardless of platelet count, group2; and patients with FibroSure >0.74 (F4) if their platelet count was > 150k, group 3.



Conclusion and Next Steps

Our study suggests that the availability of an elastography machine can help to appropriately classify patients with cirrhosis, who will require lifelong HCC screening after HCV therapy; that seems to be especially true for patients with platelets <150k if FibroSure is <0.74, any F3 on FibroSure, and patients with platelets >150k and FibroSure >0.74. Larger prospective studies will need to confirm these findings.