



Improved survival following hepatitis C-related hepatocellular carcinoma diagnosis in the direct-acting antiviral therapy era in NSW, Australia

Presenter: Sichan He

Supervisors: Gregory Dore, Maryam Alavi, Mark Danta, Behzad Hajarizadeh



Background

Worldwide: HCC is the **second** leading cause of cancer related death

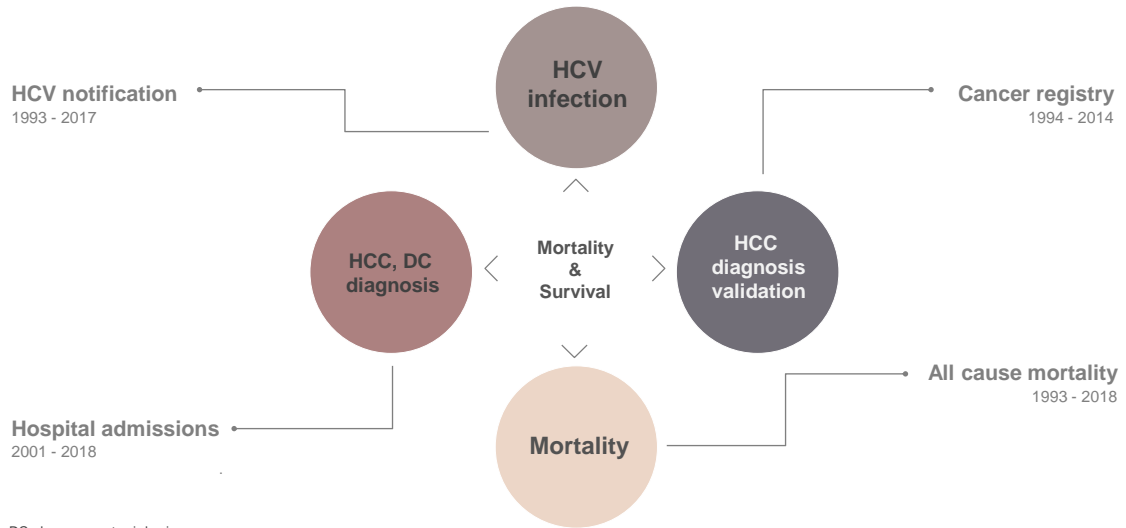
In Australia: HCC is the **fastest** increasing cause of cancer related death

Hepatitis **C** virus (HCV) infection: a major risk factor for HCC

Direct-acting antiviral (DAA) treatment: available in Australia since **2015**

Objective: To evaluate changes in HCV-HCC survival in the DAA era

Methodology



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Results

Demographic characteristics of people with an HCV notification (1995-2017)

Characteristics (n, %)	HCV population		HCC population							
	No HCC n=97,199	HCC n=1,855	2001-2007 n=318	2008-2014 n=942	2015-2018 n=595					
Year of birth (median)	1966	1954	1947	1955	1957					
Male	61,848	64%	1480	80%	250	79%	735	78%	495	83%
Australia born	62,340	79%	1111	60%	130	41%	568	61%	413	69%
Aboriginal and Torres Islanders	12,324	13%	110	6%	3	1%	51	5%	56	9%
Alcohol use disorder	18,173	19%	763	41%	76	24%	395	42%	292	49%
Curative HCC management	—	—	229	12%	33	10%	115	12%	81	14%
Death	11,135	11%	1,312	71%	265	83%	757	80%	290	49%

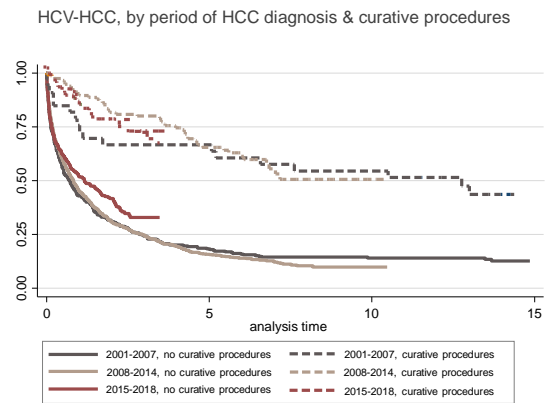
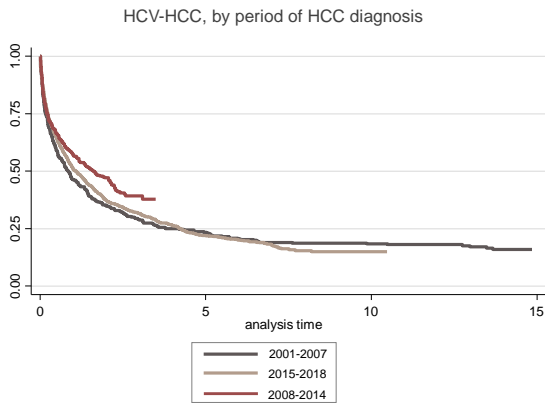
Median survival time of HCV-HCC (2001-2018)

Time period	HCC	Median survival Months	95% CI
2001-2007	318	10.1	7.44-13.8
2008-2014	942	12.6	10.8-15.4
2015-2018	595	19.2	14.0-25.3
2001-2018	1,855	13.7	11.6-15.8

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Results

Kaplan-Meier survival curves



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Discussion

1 In the DAA era, survival following HCC diagnosis has significantly improved in NSW.

2 The increase in HCV-HCC survival is despite an increasing proportion (24%-49%) of patients having alcohol use disorder as a co-morbidity.

3 The low proportion of curative HCC management (10%-14%) suggests a failure of HCC screening among patients with HCV-related cirrhosis.

4 Further analyses with individual HCV treatment data through Pharmaceutical Benefits Scheme (PBS) will be undertaken.

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Supervisory team

- Prof. Gregory Dore
- Dr. Maryam Alavi
- A/Prof. Mark Danta
- Dr. Behzad Hajarizadeh

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Thank you



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