

## **YES WE CAN! OPTIMISING TREATMENT AND MANAGEMENT OF CHRONIC HEPATITIS B BASED ON A DISEASE REGISTRY.**

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**Introduction:** In Australia, over 200,000 people have chronic hepatitis B (CHB), almost half remain undiagnosed and just 5% are receiving antiviral treatment. CHB disproportionately affects migrants from countries of high disease prevalence and is driving rising rates of hepatocellular cancer and liver failure, the risk of which can be mitigated by antiviral therapy. We therefore implemented and tested a primary care-based program of population level CHB detection and management. The program was informed by prior economic modelling and offers support to local General Practitioners (GPs) to screen, risk stratify and manage their patients with CHB.

**Methods:** The program is supported by a disease Registry collecting demographic and risk factor information, test results and treatment details. Management decisions are guided by a color-coded risk stratification algorithm that assigns patients to GP-led routine or enhanced surveillance or to specialist referral.

**Results:** Among the first 1,500 enrolled participants, the median age was 48 years and 51% were born in China, Hong Kong or Taiwan and 33% in Vietnam. The Registry has achieved antiviral treatment rates of 18%, which our economic model deemed optimal in this population. Of people not on treatment, the risk stratification algorithm predicted 79% could continue under GP-based care, while 21% needed specialist assessment. The capacity to reduce unnecessary specialist referrals can enhance program effectiveness.

**Conclusion:** A primary care-based population level CHB screening and management algorithm can deliver cost-effective hepatitis care and optimal antiviral treatment rates. The program offers a relatively simple method of scaling up access in a range of different settings. Successful integration of CHB care into a chronic disease model is likely to enhance program sustainability and enable large-scale implementation.

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