
CURING HEPATITIS C IN GENERAL PRACTICE: THE FIRST 60 DAYS

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Disclosures

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Gilead Sciences provided funding for FibroScan training and a FibroScan machine was provided by Medical Technologies Australia

Introduction

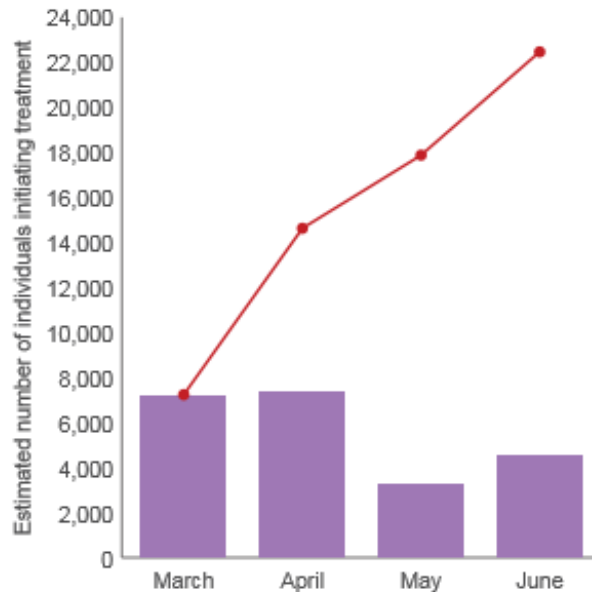
New directly acting antiviral therapy (DAA) became widely available in Australia on 1 March 2016 via the pharmaceutical benefits scheme (PBS)

General practitioners (GP) are able to prescribe in consultation with a specialist

The purpose of this paper is to describe the first 60 days of DAA prescribing in a single GP clinic with a large patient load

Rapid Uptake of DAAs

Figure 2: The estimated number of individuals initiating HCV DAA treatment in each month (bars) during March to June 2016. The red line represents the cumulative treatment initiation numbers.



GP ? 20%

The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (Issue 4). The Kirby Institute, UNSW Australia, Sydney, Australia, August 2016 (available online at: <http://kirby.unsw.edu.au/research-programs/vhcrp-newsletters>).

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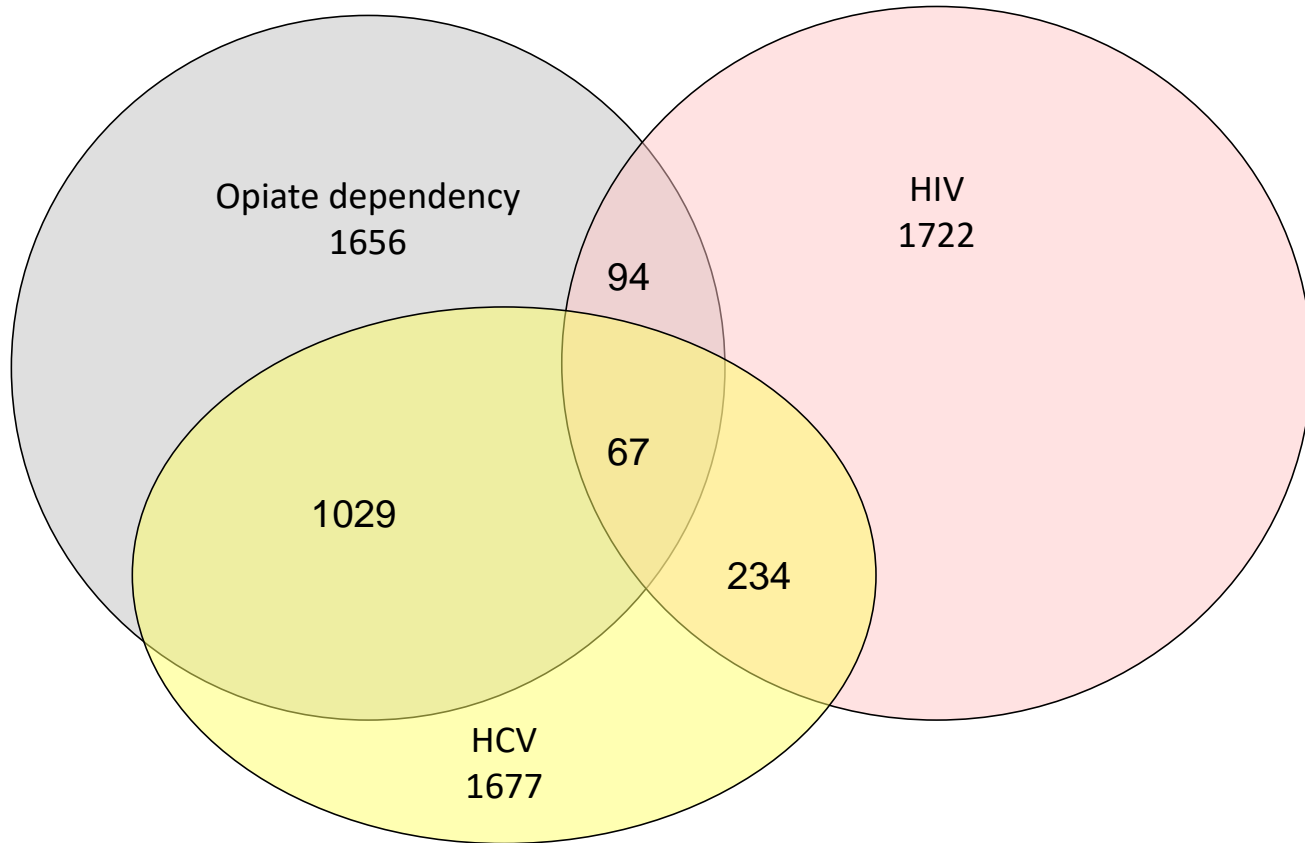
General practice since 1984



14 GPs, 3 nurses, 2 psychologists, 3 trial coordinators, visiting specialists, dietician

Focus on HIV, sexual health, hepatitis C, opioid substitution therapy

East Sydney Doctors



GP Treatment Pathway

Step 1:	Confirm chronic HCV infection	Specialist referral
Step 2:	Check HCV genotype, viral load and baseline screening	Genotype 4,5,6
Step 3:	Could they have cirrhosis?	Cirrhosis
Step 4:	Detect other causes of liver disease	HIV, HBV
Step 5:	Detect other major co-morbidities	Renal impairment
Step 6:	Review previous HCV treatment	Treatment failure of DAAs
Step 7:	Consider contraception, pregnancy	
Step 8:	Assess adherence	
Step 9:	Select treatment plan and review drug-drug interactions	Complex drug interactions
Step 10:	Consult with a specialist	
Step 11:	Treat and monitor	Major adverse events
Step 12:	Post treatment follow-up	Treatment failure of DAAs

Method

A search of the clinic database (Best Practice) was performed to extract demographic and clinical data for all patients prescribed DAAs between 1 March - 30 April 2016

Demographic and clinical data was recorded for all patients

Results

49 patients had been prescribed DAA therapy by a GP in the clinic

Included 5 patients who had received DAA via an early access program

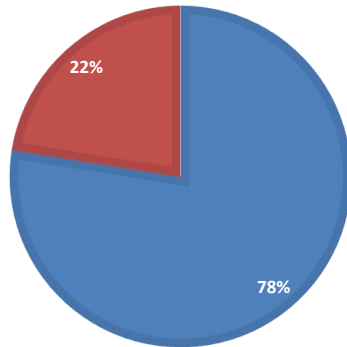
Six GPs prescribed a DAA

All patients had fibrosis screening by FibroScan

Demographics

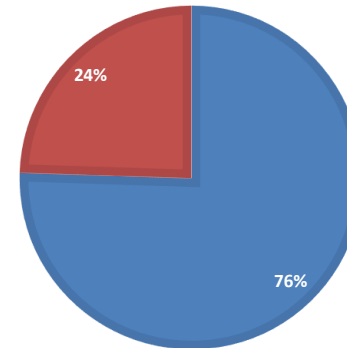
GENOTYPE

■ G1 ■ G3



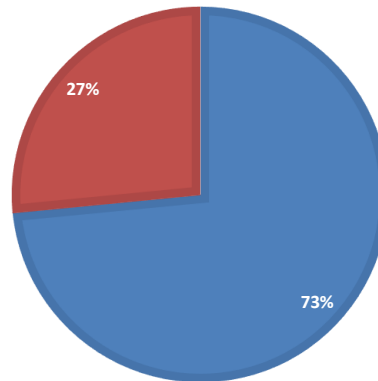
SEX

■ Male ■ Female

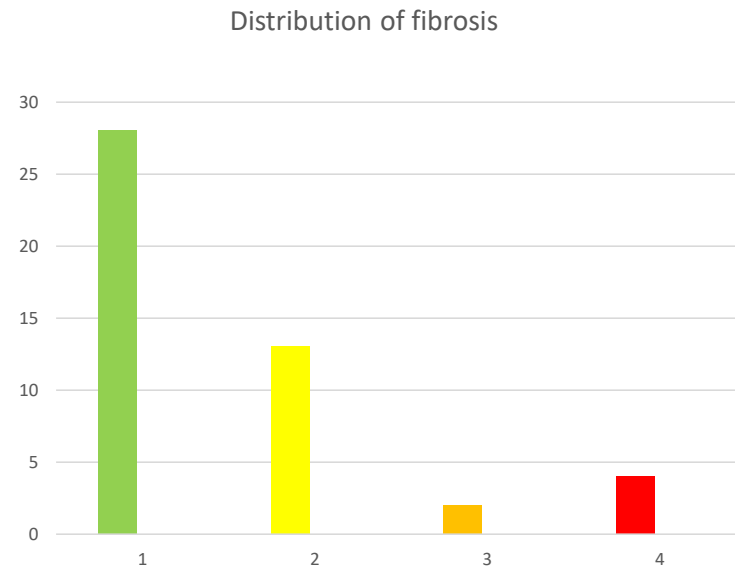


HIV STATUS

■ HIV-ve ■ HIV+ve

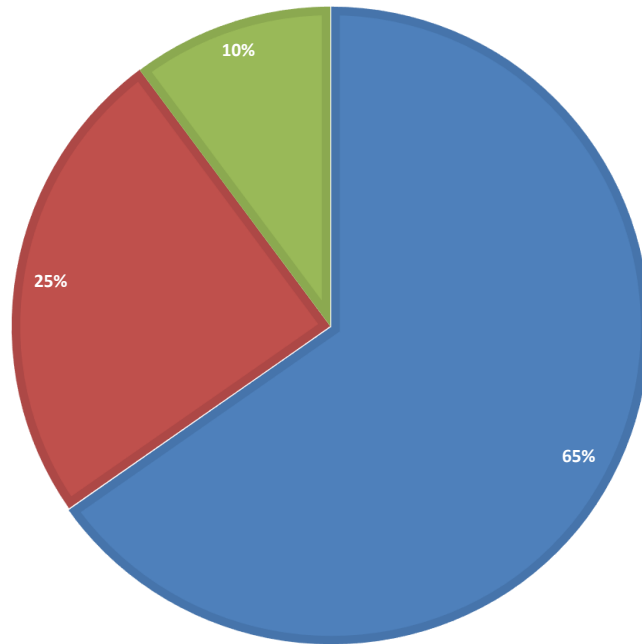


Fibrosis

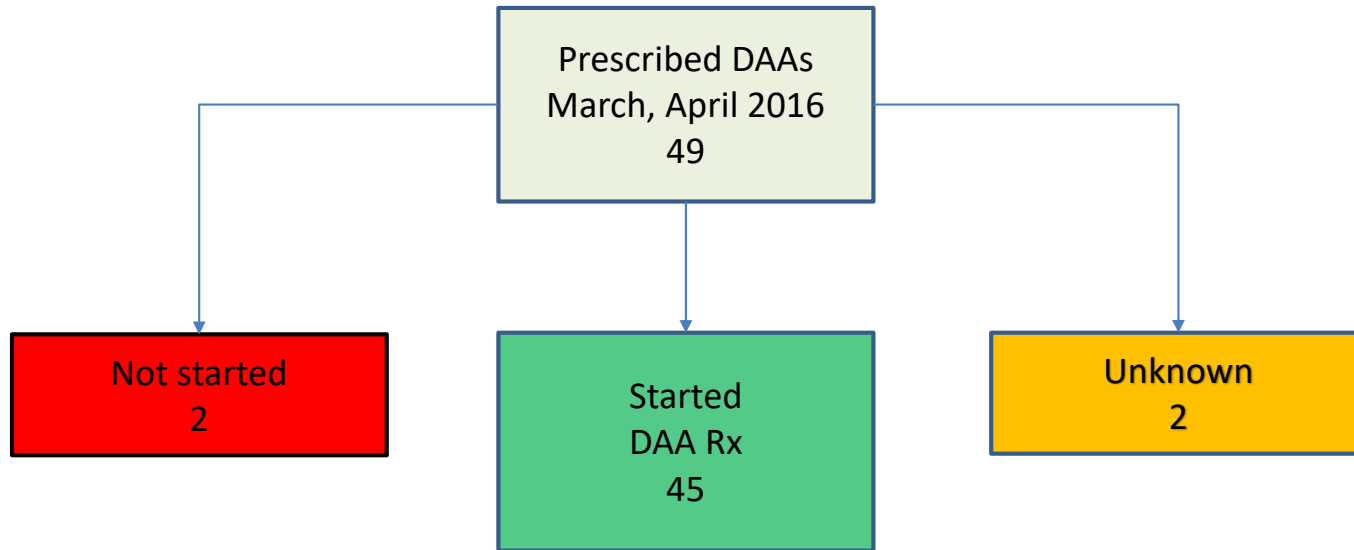


DAA prescribed

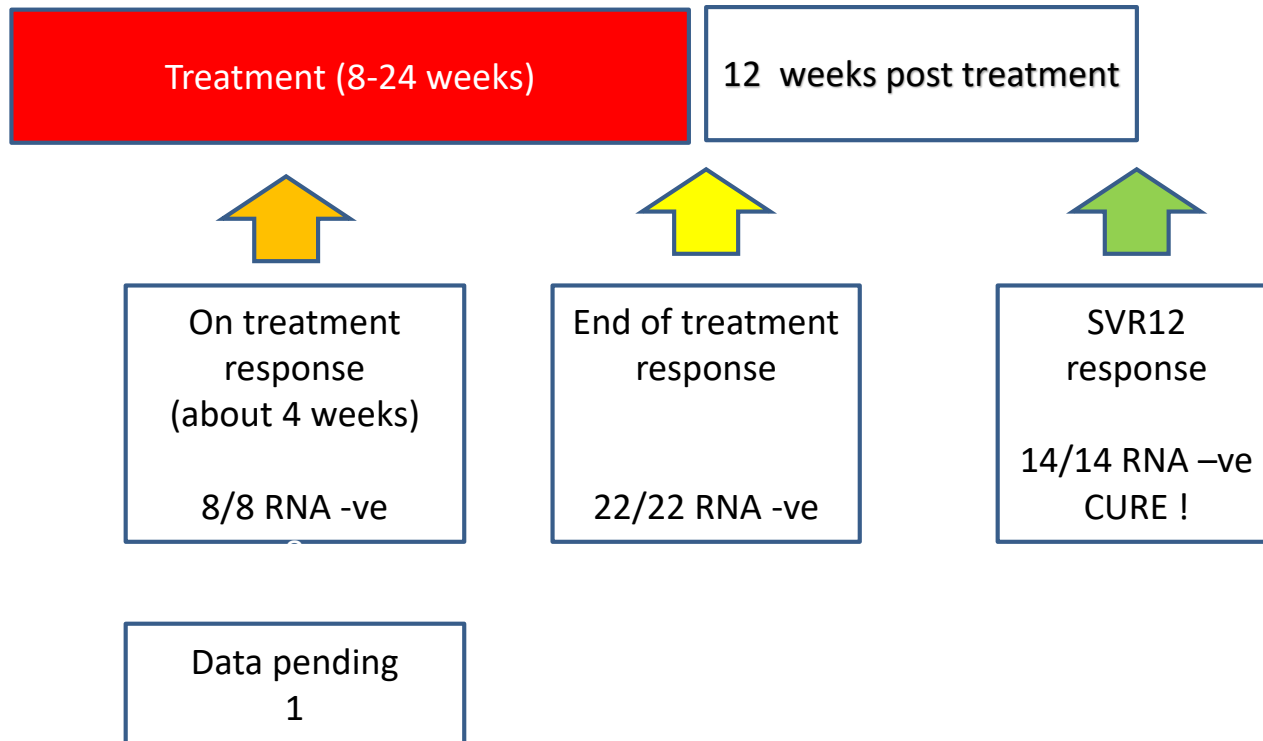
■ SOF/LDV ■ SOF/DCV ■ PROD



Results: patient disposition



Results: most recent HCV RNA



Discussion

This small cohort included a wide range of patients including HIV co-infection

Preliminary results suggest high SVR12 (cure) rates in a primary care setting as expected from results of licencing studies

There is an on going need to support patients to complete treatment and to ensure adequate follow-up once medication is prescribed

There is a need for systematic collection of data from primary care to monitor outcomes in the DAA era

Priorities for GP care

On going education to **all** GPs to diagnose HCV and treat or refer

Training and support for experienced and trained GPs to prescribe independently

Direct access to fibrosis assessment (including FibroScan)

Research for evidenced-based care of patients post cure

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