CURING HEPATITIS C IN GENERAL PRACTICE: THE FIRST 60 DAYS

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Introduction: New directly acting antiviral therapy (DAA) for the treatment of chronic hepatitis C (CHC) 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.

Methods: A search of the clinic database (Best Practice) was performed to extract demographic and clinical data for all patients prescribed DAAs since 1 March 2016.

Results: 46 patients had been prescribed DAA therapy by a GP in the clinic. 5 patients had received DAA via an early access program. 6 patients were genotype 3 (G3) and 40 were genotype 1 (G1). 11 patients were co-infected with HIV. 33 patients were treated with ledipasvir and sofosbuvir (all G1) and 8 with daclatasvir and sofosbuvir (2 G1, 6 G3). 5 patients were treated with the ‘3D’ regimen (all G1).

All treated patients had an assessment of liver fibrosis performed with a FibroScan. Most patients had early disease with 3 classified as having cirrhosis. Outcome data for this cohort will be available in late 2016.

Conclusion: Curative treatment for CHC is now widely available. GPs are well placed to provide care for patients living with chronic hepatitis C. ‘Real world’ outcome data will be available in late 2016 with expected cure rates of greater than 90%.

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