CURING HEPATITIS C IN GENERAL PRACTICE: THE FIRST 60 DAYS

Baker D\textsuperscript{1,2}, McMurchie M\textsuperscript{1}, Rodgers C\textsuperscript{1}, Farr V\textsuperscript{1}, Williams M\textsuperscript{1}

\textsuperscript{1}East Sydney Doctors, \textsuperscript{2}Australasian Society for HIV Medicine
Disclosures

Advisory board, research funding, conference support: Gilead, BMD, Abbvie, MSD

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%

East Sydney Doctors

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
# GP Treatment Pathway

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

- **SEX**
  - Male: 76%
  - Female: 24%

- **GENOTYPE**
  - G1: 78%
  - G3: 22%

- **HIV STATUS**
  - HIV-ve: 73%
  - HIV+ve: 27%
Fibrosis

Distribution of fibrosis

- 1
- 2
- 3
- 4

[Image of a person sitting in a chair with a machine nearby]
DAA prescribed

- SOF/LDV: 65%
- SOF/DCV: 25%
- PROD: 10%
Results: patient disposition

Prescribed DAAs
March, April 2016
49

Not started
2

Started
DAA Rx
45

Unknown
2
Results: most recent HCV RNA

- **On treatment response (about 4 weeks):** 8/8 RNA -ve
- **End of treatment response:** 22/22 RNA -ve
- **SVR12 response:** 14/14 RNA -ve CURE!

Data pending 1
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 ongoing 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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