

POOR ADHERENCE TO HEPATOCELLULAR CARCINOMA SCREENING IN A COHORT OF CIRRHOTIC PATIENTS AFTER HEPATITIS C CURE

Francheville J W¹, Materniak S^{2,3}, Smyth D^{1,2}

1 Dalhousie University, 2 Horizon Health Network, 3 Centre for Research, Education and Clinical Care of At-Risk Populations

Background: After hepatitis C virus (HCV) cure, there remains a substantial risk of developing hepatocellular carcinoma (HCC) in cirrhotic patients. As screening and early detection greatly improves HCC prognosis, it is important to understand factors influencing adherence to post sustained virologic response (SVR) care, especially in populations at risk of loss to follow-up.

Methods: Using a retrospective cohort study design, all cirrhotic patients achieving SVR enrolled in the Hepatitis C positive and At-Risk (HEAR) database from April 2014 to April 2016 were extracted for analysis. Health records were reviewed for liver imaging during 6-month intervals post-SVR up to February 28, 2018. Patients were categorized as 1) receiving all follow-up at 6-month intervals, and 2) receiving at least 1 liver image during follow-up. Univariate and multivariate odds ratios were calculated for variables which may impact HCC surveillance.

Results: 49 cirrhotic patients were included with a mean follow-up time of 845.6 days (range 219-1043). Four patients (8.2%) had appropriate HCC surveillance at all 6-month intervals while 57.1% (n=28) had at least 1 liver image performed.

In univariate analysis, individuals under age 60, those incarcerated or unemployed were significantly less likely to having any imaging performed post SVR; however multivariate analysis did not show any single factor to be predictive of HCC surveillance. Of the 28 patients who received at least 1 liver image, 3 (10.7%) had confirmed HCC.

Conclusion: Sub-optimal engagement in HCC surveillance was identified in a cohort of cirrhotic patients after HCV cure. Results did indicate higher percentages not receiving imaging follow-up among injection drug users, prisoners, unemployed persons and those with less education, but the small numbers limited the power of the study. Comprehensive strategies to ensure post SVR clinical care among cirrhotic patients are essential for early detection of HCC.

Disclosure of Interest Statement: Dr. Smyth reports grants and personal fees from Merck, Gilead and Abbvie. Ms. Materniak reports affiliation with an outside non-profit organization who receives grants and/or sponsorships from Abbvie, Gilead, and Merck. No pharmaceutical grants were received in the development of this study.