DR. AMANDA JANE WADE (Orcid ID : 0000-0002-8499-8490)

DR. STUART K ROBERTS (Orcid ID : 0000-0002-9015-7997)

Article type : Letter

In support of community-based hepatitis C treatment with triage of people at risk of cirrhosis to specialist care

Amanda J Wade^{1,6}, Joseph S Doyle^{1,2}, Bridget Draper¹, Jessica Howell^{1,4}, David Iser^{2,4}, Stuart K Roberts^{7,8}, William Kemp^{7,8}, Alexander J Thompson^{4,5*}, Margaret E Hellard^{1,2,3*}

¹Disease Elimination Program, Burnet Institute, Melbourne, Australia

²Department of Infectious Diseases, The Alfred and Monash University, Melbourne, Australia

³School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

⁴Department of Gastroenterology, St Vincent's Hospital, Melbourne, Australia

⁵Department of Medicine, University of Melbourne, Melbourne, Australia

⁶Department of Infectious Diseases, Barwon Health, Geelong, Australia

⁷Department of Gastroenterology, The Alfred, Melbourne, Victoria, Australia

⁸Department of Medicine, Monash University, Melbourne, Victoria, Australia

*Contributed equally

Corresponding author

Amanda Wade, amanda.wade@burnet.edu.au, phone +61 3 4215 0000

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as [doi: 10.1111/JVH.13391](https://doi.org/10.1111/JVH.13391)

This article is protected by copyright. All rights reserved

Disease Elimination Program, Burnet Institute, 85 Commercial Rd, Melbourne,
3004, Australia

We read the article by Phillips and colleagues with interest (1). Phillips presents a qualitative evaluation of hepatitis C care provided by a hepatitis nurse in a community drug and alcohol treatment centre. The study found that providing hepatitis C care in the community facilitated engagement in numerous ways, including by mitigating previous negative hospital-based experiences. Most people with hepatitis C have a history of injecting drug use, and many report negative healthcare associated experiences (2).

We conducted a randomised study comparing community-based hepatitis C care with hospital-based care (The Prime Study) in people who inject drugs (PWID), which showed substantially higher treatment uptake in the community care group (3). Current guidelines recommend that people with cirrhosis require specialist care, therefore PWID at risk of cirrhosis were ineligible for the Prime Study, and were referred to a hospital specialist (4). We were concerned that this group may not attend and realise the benefits of hepatitis C treatment, because of previous negative experiences of hospital care. Therefore, in the Prime 3+ cohort study, we prospectively followed participants at risk of cirrhosis and ineligible for community-based treatment, to determine their uptake of hospital-based treatment.

Of 103 Prime Study participants that underwent fibrosis assessment, 20 (19%) were at risk of cirrhosis, defined as: FibroScan result >9.5 kPa, or platelet count below the lower limit of normal, or aspartate aminotransferase to platelet ratio index >1.0, or clinical features suggestive of cirrhosis.

Of 20 patients enrolled in Prime 3+ and referred for hospital care, 19 commenced DAAs: 15/19 (80%) via hospital-based specialists, 1/19 (5%) from a specialist located in a community clinic, and 3/19 (15%) exited Prime 3+ and obtained DAAs from their primary care provider. Overall, 19/20 (95%) of people at risk of cirrhosis commenced treatment. Seventeen (89%) obtained sustained

virologic response 12 weeks post treatment, one obtained a virologic response at 9 weeks post treatment and the outcome for one is unknown.

There was high treatment uptake and cure in this small cohort of PWID with hepatitis C at risk of cirrhosis referred for hospital-based specialist care. Although Prime 3+ was small, the concern that PWID with hepatitis C at risk of cirrhosis may not attend hospital-based specialist care appears unwarranted. These data further support the benefit of models of care that provide hepatitis C treatment in the community with referral of those at risk of cirrhosis to hospital-based specialist care.

Funding

The Prime Study is an investigator-initiated study funded by AbbVie. The investigators are responsible for the study design, data collection and analysis, interpretation of data and preparation of manuscripts.

Acknowledgements

The authors gratefully acknowledge the contribution to this work of the Victoria Operational Infrastructure Support Program's funding for the Burnet Institute. JD, MH and AT acknowledge support from the National Health and Medical Research Council. All authors contributed to the study design, data collection, analysis and interpretation, and manuscript preparation.

Conflict of interest statement

BD & JH – none; **AW** receives funding for investigator-initiated research from AbbVie; **MH** receives funding for investigator-initiated research – Gilead, BMS and AbbVie; **SR** reports advisory board member – Gilead, MSD, Bayer, AbbVie and speaker: Gilead, Bayer and PI – Gilead, MSD, Bayer, AbbVie, BMS, Janssen, Arbutus, Assembly Biosciences, Intercept, GSK, NGM pharmaceuticals; **WK** receives funding from – Gilead, BMS, MSD, AbbVie and PI – DURECT, Arena Pharmaceuticals, MSD; **JD** receives funding for investigator-initiated research from Gilead, Merck, BMS and AbbVie and reports consulting for AbbVie, Merck, BMS, Gilead; **DI** reports advisory board member – AbbVie, BMS, MSD, and

96 speaker – AbbVie, BMS, Gilead, MSD, and PI – Gilead, MSD; **AT** reports advisory
97 board member – Gilead, AbbVie, Bristol-Myers Squibb (BMS), and Merck, and
98 speaker – Gilead, Merck, BMS, AbbVie, Roche Diagnostics, and PI – Gilead, Merck,
99 AbbVie, BMS, Genfit, Arrowhead, Spring Bank, Sillajen, and research / grant
100 support – Gilead, Merck, BMS, AbbVie, Bayer.

101 References

- 102 1. Phillips C, Schulkind J, O'Sullivan M, Edelman N, Smith HE, Verma S, et al.
103 Improving access to care for people who inject drugs: Qualitative evaluation of
104 project ITTREAT-An integrated community hepatitis C service. J Viral Hepat.
105 2020;27(2):176-87.
- 106 2. Dowsett LE, Coward S, Lorenzetti DL, MacKean G, Clement F. Living with
107 Hepatitis C Virus: A Systematic Review and Narrative Synthesis of Qualitative
108 Literature. Canadian journal of gastroenterology & hepatology.
109 2017;2017:3268650.
- 110 3. Wade AJ, Doyle JS, Gane E, Stedman C, Draper B, Iser D, et al. Outcomes of
111 Treatment for Hepatitis C in Primary Care, Compared to Hospital-based Care: A
112 Randomized, Controlled Trial in People Who Inject Drugs. Clin Infect Dis.
113 2020;70(9):1900-6.
- 114 4. Thompson AJ. Australian recommendations for the management of
115 hepatitis C virus infection: a consensus statement. Med J Aust. 2016;204.

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Wade, AJ;Doyle, JS;Draper, B;Howell, J;Iser, D;Roberts, SK;Kemp, W;Thompson, AJ;Hellard, ME

Title:

In support of community-based hepatitis C treatment with triage of people at risk of cirrhosis to specialist care

Date:

2020-09-10

Citation:

Wade, A. J., Doyle, J. S., Draper, B., Howell, J., Iser, D., Roberts, S. K., Kemp, W., Thompson, A. J. & Hellard, M. E. (2020). In support of community-based hepatitis C treatment with triage of people at risk of cirrhosis to specialist care. JOURNAL OF VIRAL HEPATITIS, 28 (1), pp.217-218. <https://doi.org/10.1111/jvh.13391>.

Persistent Link:

<http://hdl.handle.net/11343/276290>