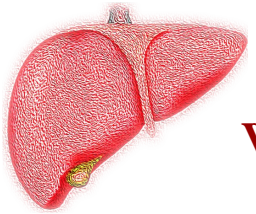


Managing the hepatitis C care cascade in primary care

Cole Stanley, MD, CCFP
Family Physician
Medical Lead, QI,
VCH Vancouver Community

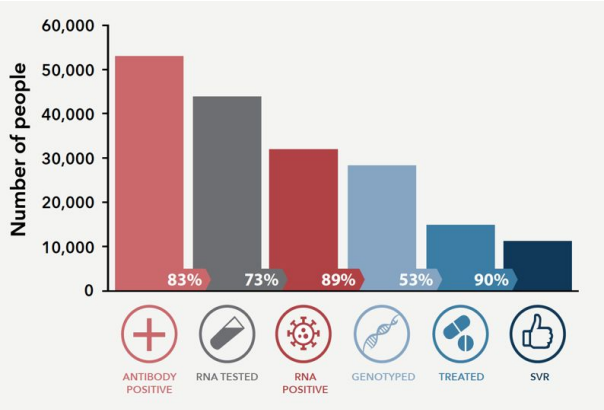
Why we treat

- ✅ Prevent cirrhosis
- ✅ Prevent liver cancer
- ✅ Prevent transmission
- ✅ Decrease systemic symptoms
- ✅ Prevent/treat extra-hepatic manifestations
- ✅ Lower cost to healthcare system
- ✅ Decrease liver-related and all-cause mortality

Common myths

- ⊘ "All people who use drugs will be re-infected"
- ⊘ "Treatment is complex"
- ⊘ "Depression is a contraindication for treatment"
- ⊘ "Treatment takes a long time"
- ⊘ "Treatment cure rates are low"
- ⊘ "Hepatitis C can be left untreated for many years"
- ⊘ "Hepatitis C doesn't pass through sexual transmission"
- ⊘ "Liver scarring due to hepatitis C is irreversible"

Care cascade



- ➔ **Screening** with HCV Ab
  (Who to screen? Box 2 on CASL Guidelines)
- ➔ HCV RNA* to check for **active disease**
- ➔ **Genotype** (now optional)
- ➔ **Treated**
- ➔ **SVR12 attained**

⇦ **British Columbia, 2018** Article

*Done reflexively by **BCCDC** for HCV Ab+ samples
Link to BCCDC Testing Guide

Preparing for treatment

- ➔ **Medical history** PMH, Meds, Allergies, Habits, Sexual Hx, Social Hx
- ➔ **HCV risk factors** drug use, sexual, household, mother-to-child
- ➔ **HCV symptoms** hepatic, extra-hepatitic, systemic (eg. fatigue, weakness)
- ➔ **HCV past assessments or treatments** Retreatments may be more complex
- ➔ **Basic education review** pathology, reasons to treat, adherence, transmission
- ➔ **Adherence strategies** blister packs, social supports, link to OAT, etc.
- ➔ **Pharmacy and drug coverage issues** Ensure coverage and pharmacy can stock medication

Investigations

- ➔ **Routine bloodwork** CBC, AST, ALT, Alk Phos, bili, INR, albumin, creatinine
- ➔ **Infection screening** HIV, Hep B sAg, cAb
- ➔ **Hep A and B immune status*** Hep B sAb, Hep A IgG
- ➔ **Fibrosis staging** APRI, and Fibroscan if APRI>0.7 (more info)
- ➔ **Liver ultrasound** HCC screen for APRI>1.5

Note the above is a simplified approach in comparison to 2018 CASL Guidelines

Key messages

- ✅ Screening and treatment are EASY and may be best suited in primary care
- ✅ Many people remain untreated, with significant projected healthcare costs
- ✅ A QI approach can be supported to improve the care cascade in your own practice

Treatment

BC Pharmacare Special Authority Drug Coverage Info

Drug interaction checker

➔ **Pan-genotypic, first line**

- ♦ glecaprevir/pibrentasvir (Maviret) - 3 pills per day, 8-16wks
- ♦ sofosbuvir/velpatasvir (Epclusa) 1 pill per day for 12 weeks

➔ **Pan-genotypic, for treatment failures**

- ♦ sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

Follow up

- ➔ **SVR12** Check HCV RNA 12 weeks after end of treatment
- ➔ **Re-infection screen** HCV RNA q6-12mos if ongoing risk
- ➔ **HCC screening** Abdo ultrasound q6mos if >=F3 fibrosis

Resources

Liverpool drug interaction checker
Patient resources from CATIE
HCV Guidelines

Hepatitis C online Modules (Univ. of Washington)
Upcoming 2021 June Hep C educational event
HDC (community EMR QI measures)
Practice Support Program (sessional funding for QI)