

Astride Jules, MD, MPH; Katy J. Pincus, PharmD; Gregory Taylor, MD

University of Maryland, School of Medicine Department of Family and Community Medicine

BACKGROUND

- Hepatitis C Virus (HCV) disease burden:
 - 200M cases, 700K deaths worldwide^{1,2,3}
 - Most common chronic blood-borne pathogen in US
- Treatment efficacy > 90%
 - However <20% of HCV patients start treatment^{1,2,3}
 - Similar problem in other countries: 40% of HCV patients did not have adequate follow-up defined as being informed of serological status, referred for consultation, attended by specialist and referred for therapy if indicated⁴
- Dirt availability of data in the US on the causes of inadequate follow-up.

OBJECTIVES

- Determine factors to predict Lost to follow up (LTF) in HCV patients at University Family Medicine Office
- Study any correlation between time to treatment initiation (TTTi) after HCV diagnosis and IF

HYPOTHESES

- Patients with LTF more likely to have low disease severity, psychiatric disorder, but less likely to fulfill preventive measures
- The longer the TTTi the higher the risk of LTF

METHODS

- Retrospective cohort study
- Population: HCV Patients followed at UFM office with fibrosis score >F0 or being exposed to HCV treatment
- LTF definition:
 - 6 months elapsed after diagnosis workup with no visit or patient contact
 - 3 months elapsed after treatment initiation, no return for repeat RNA

DATA ANALYSIS

- T-test and Kruskal Wallis for continuous variable and chi square for categorical variable
- Simple Logistic regression analysis to determine likelihood of being LTF

RESULTS

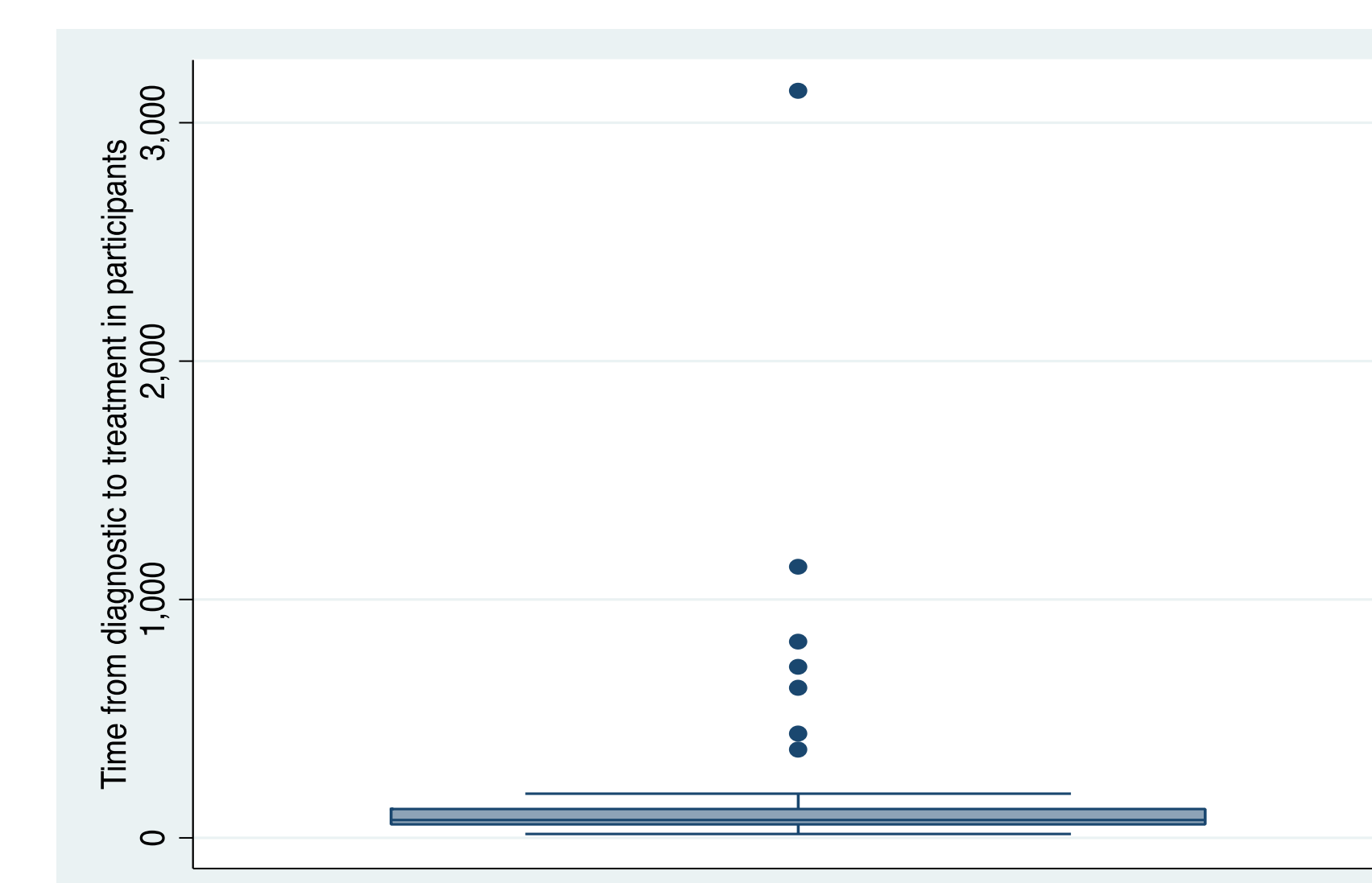
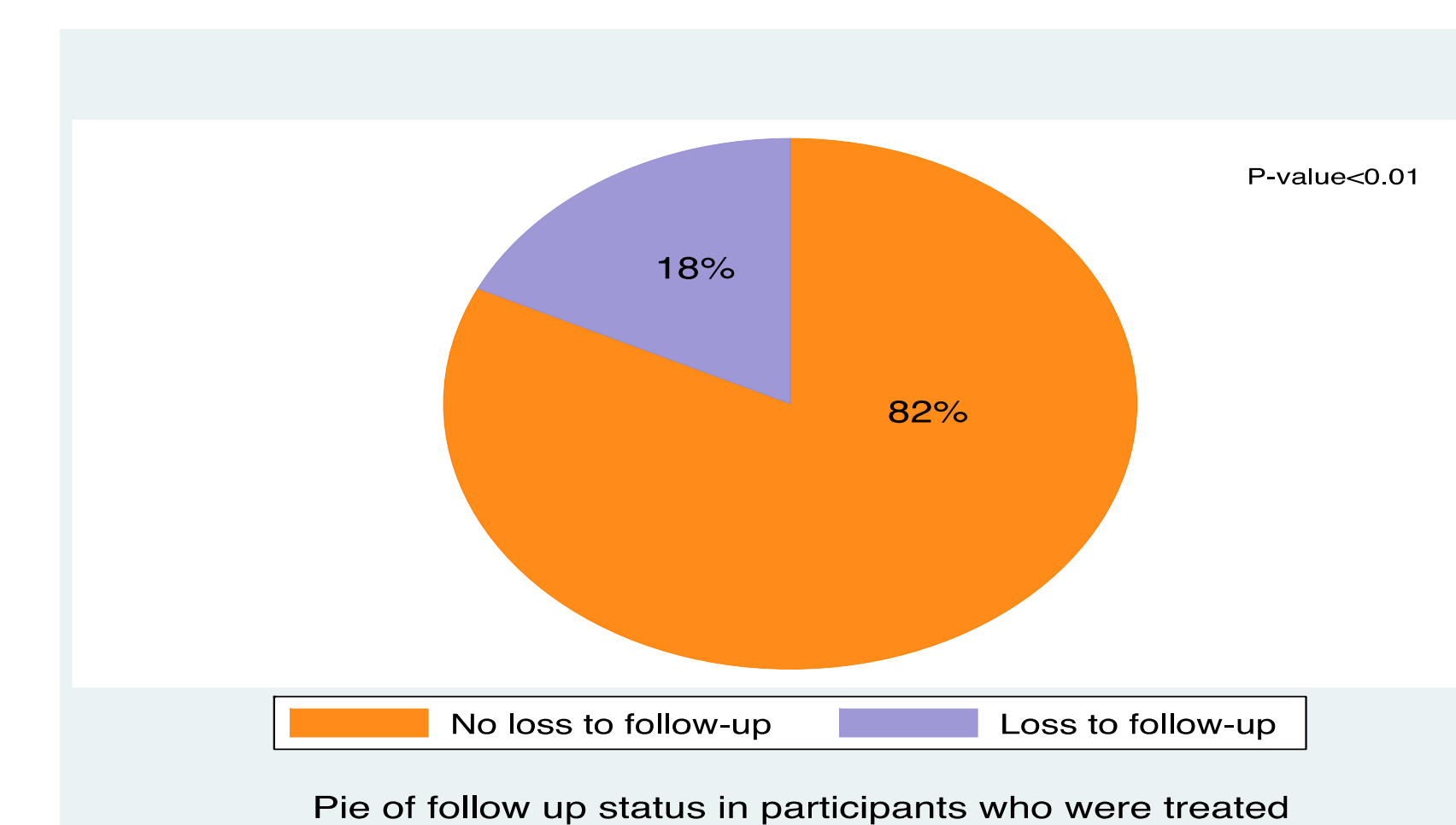
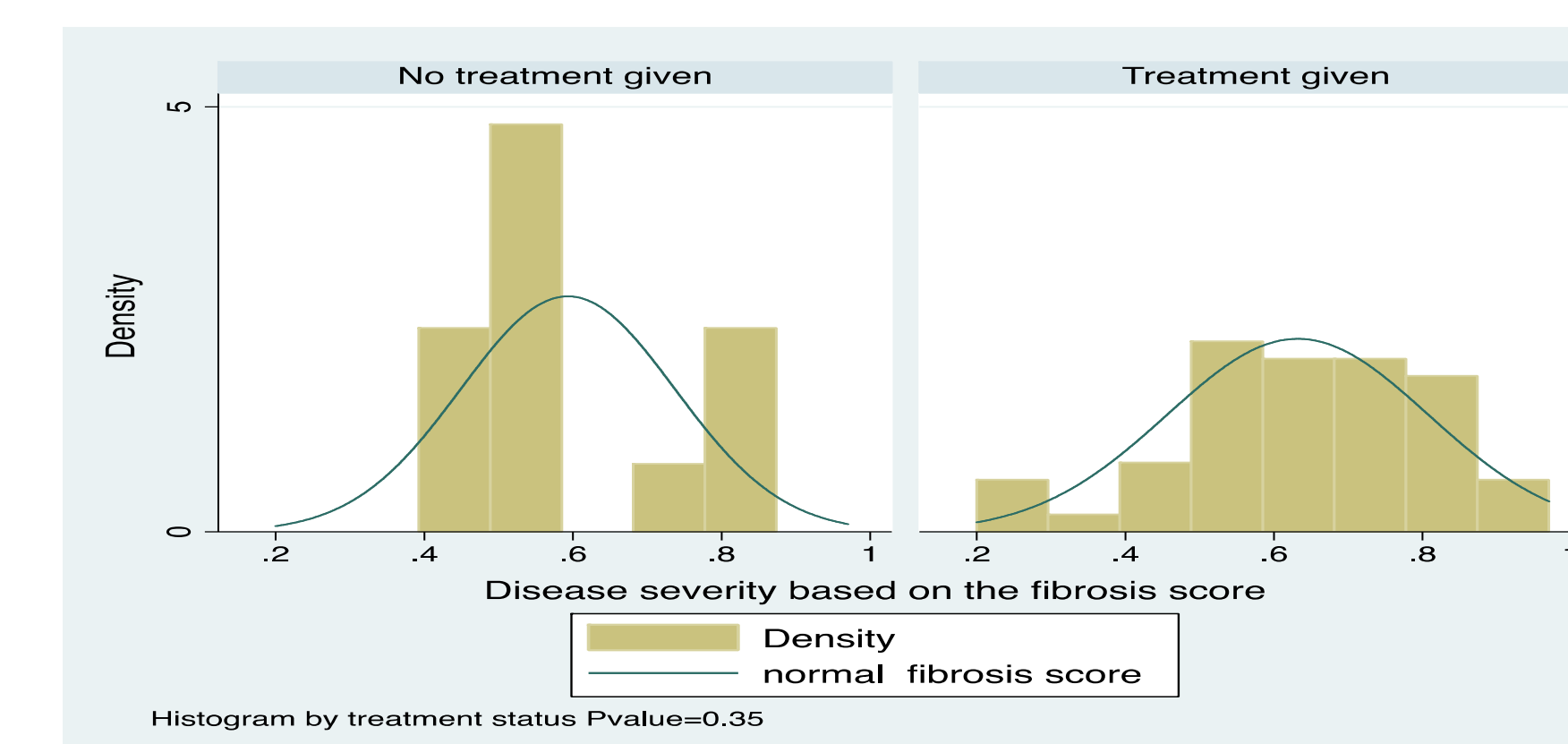
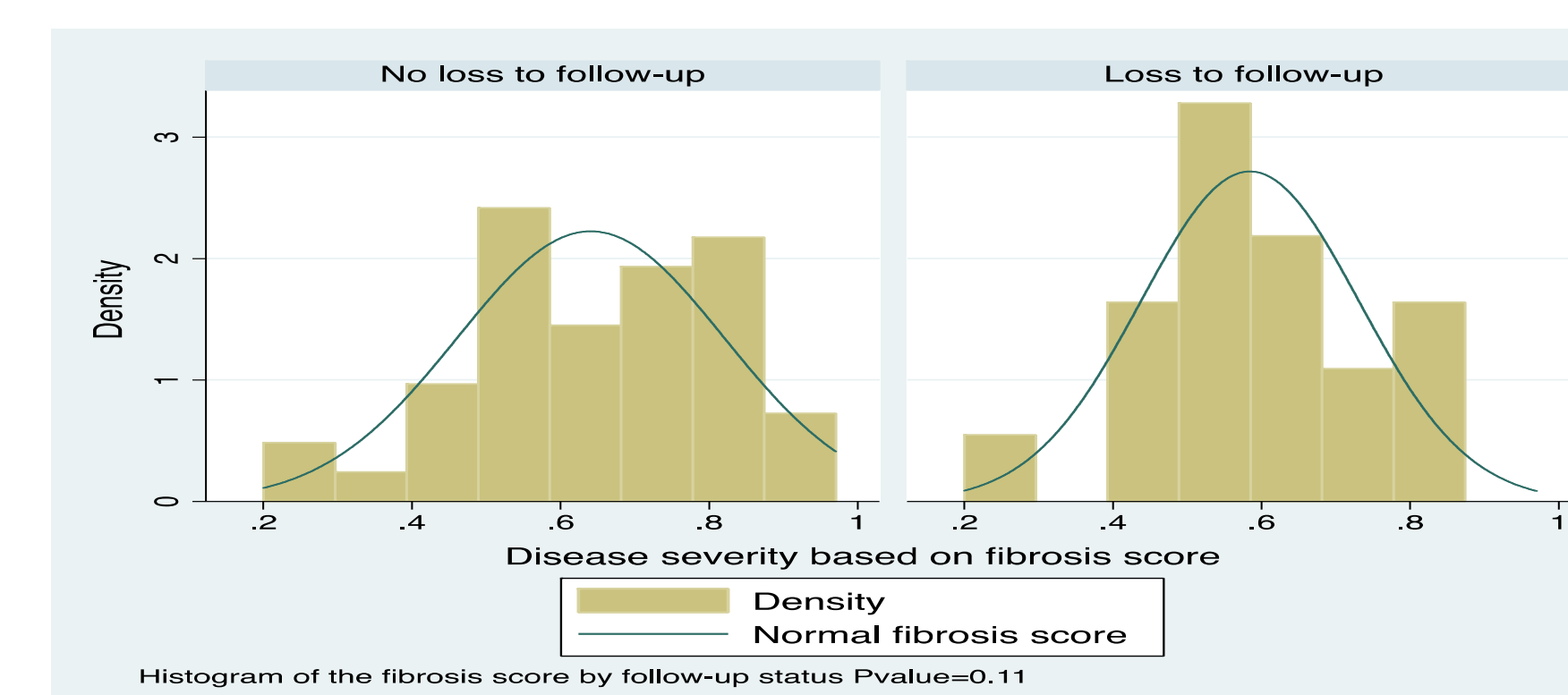
- 95 charts reviewed
- 9 excluded because of fibrosis score in the range of F0
- 86 pts included in analysis

Table 1. Characteristics of population by follow-up status

Characteristics	No loss to follow-up Mean (SE) or N=63 (%)	Loss to follow-up Mean (SE), N=29 (%)	P-Value
Age (years)	61 (1.06)	59 (1.45)	0.14
Baby boomers (55-75)	42 (79.3)	24 (82.8)	0.70
Sex (Male)	36 (68.0)	17 (58.6)	0.40
Illicit drug use	14 (26.4)	11 (37.9)	.27
Smoking	23 (43.4)	20 (69.0)	0.03
Time to treatment initiation (days)	256 (58)	256 (56)	0.38
Alcohol abuse	15 (28.3)	13 (44.8)	0.13
Psychiatric disorder	21 (42.0)	10 (34.5)	0.51
Disease severity	0.64 (0.18)	0.58(0.15)	0.11
Colonoscopy	23 (43.4)	8 (27.6)	0.37
Vaccine status (complete/ incomplete)	48 (90.6)	20 (69.0)	<0.01
Race (Black)	48 (90.6)	25 (86.2)	0.51

Table 2. Factors Predicting of loss to follow-up

Factors	Odds Ratio	95%CI
Smoking status	2.86	1.02-8.57
Illicit drug use	1.69	0.57-4.96
Sex (male)	1.48	0.52-4.2
Baby boomer	1.25	0.35-5.17
Vaccination (complete/incomplete)	0.24	0.05-0.90
Race (Black as reference)	2.13	0.51-11.36



CONCLUSIONS

- LTF continues to represent a significant problem in HCV patients
- Factors that could predict LTF are still unclear
- In our study, those factors included smoking status, vaccination status
- Other potential factors might be lack of access to care, unstable housing, or fear of side-effects of the HCT medications
- A sample size problem or the study design may have prevented us from identifying some of the potential factors
- Next step will be to conduct a study with a larger sample size or conducting interview to determine patient conceptions about HCV.

REFERENCES

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ACKNOWLEDGEMENTS/CONTACT INFO

Dr. Paul Denis Leger data mgt
Dr. Elena Klyushnenkova
Contact info: julesastride@yahoo.fr