

# Effectiveness of ReLink Initiatives to Re-engage Diagnosed-but-Untreated HCV-Positive Patients with Direct-Acting Antiviral Treatment

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## Background

HCV infection is a major cause of **chronic liver disease** and the leading cause of **hepatocellular carcinoma** in the USA<sup>1</sup>

Simple pangenotypic **direct-acting antiviral regimens** allow most patients to be **CURED** with minimal pretreatment and on-treatment monitoring<sup>2</sup>

The WHO has identified HCV infection as a **public health threat** and set a global target for **HCV elimination by 2030**<sup>3,4</sup>

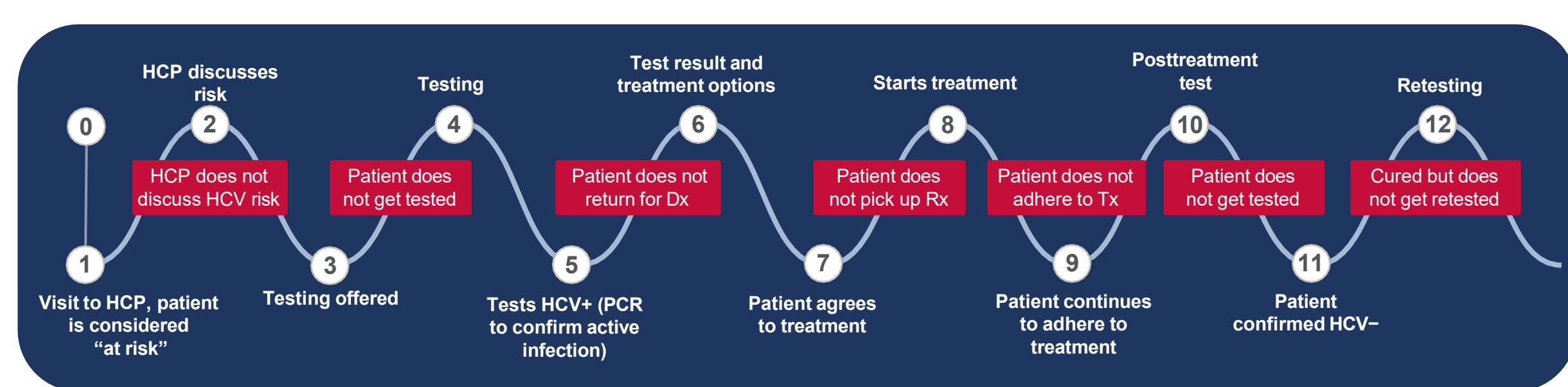
To achieve the WHO goal, patients (including those with previously diagnosed HCV infection who have been lost to follow-up) **must be linked to care and treated**

Up to **60%** of HCV+ patients are lost to follow-up and remain untreated<sup>1</sup>

This has likely been further exacerbated by the **COVID-19 pandemic**, which may have **reduced HCV treatment urgency**, causing many patients to delay care<sup>5</sup>

HCV, hepatitis C virus; WHO, World Health Organization.  
<sup>1</sup>Westbrook RH, et al. J Hepatol. 2014;61:359-368. <sup>2</sup>Weisberg IS, et al. Expert Opin Pharmacother. 2017;18:535-43 <sup>3</sup>World Health Organization. Global health strategy on viral hepatitis, 2016-2021. 2016. <sup>4</sup>World Health Organization. Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. 2018.

## Where Patients May Be Lost in the HCV Care Cascade



Barriers to engagement	Misinformation	Prescriber does not follow up	Lack of understanding of treatment options	Stigma
	Misconceptions	Chaotic lifestyle	Poor mental health	Need to pick up Rx from a specific pharmacy
	Lack of understanding of risks/urgency	Lack of education on possible reinfection/need for ongoing testing		

Dx, diagnosis; HCP, healthcare provider; HCV, hepatitis C virus; PCR, polymerase chain reaction; Rx, prescription; Tx, treatment.

## Objectives

- To explore the effectiveness of care re-engagement of ReLink programs<sup>1</sup>
- To identify best practices for future programs

<sup>1</sup>Investigator-initiated research grants sponsored by Gilead Sciences, Inc.

## Methods

- 6 ReLink programs were analyzed from different regions
- Parameters evaluated:
  - Number of patients → HCV-RNA+ or anti-HCV+
  - Steps in the care cascade where patients were lost to follow-up
  - Reasons patients were unable to be relinked
  - Efficacy (successful relink)

## ReLink Programs

	Inclusion criteria	Dates searched	Screening method	Contact method
<b>Netherlands</b> Isfordink, et al <sup>1,2</sup>	HCV-RNA (+) or HCV-antibodies (+)	2018-2020	Medical records from 45 sites were reviewed, then municipal records database was used to identify those eligible for re-link	Phone call, Letter to patient
<b>USA</b> Wyatt, et al <sup>3</sup>	HCV-RNA (+) or HCV-antibodies (+) and alive	January 2003-December 2017	Computer algorithm identified patients; medical records were then manually reviewed	Phone call, Letter to patient
<b>France</b> Métivier, et al <sup>4</sup>	"No SVR" on December 31, 2018	2003-2017	Medical records were reviewed from orders in 6 cities	Phone call, Letter to patient
<b>Latin America</b> Mendizabal, et al <sup>5</sup>	HCV-RNA (+) or HCV-antibodies (+)	December 2020-October 2021	Medical records were reviewed from 13 Latin American countries	Phone call, Letter to patient
<b>Brazil</b> Bittencourt, et al <sup>6</sup>	HCV-RNA (+) or HCV-antibodies (+)	Up to December 2021	Medical records from 3 major HCV treatment centers were retrospectively reviewed by trained HCPs	Phone call, Letter to patient
<b>Spain</b> Vargas-Accarino, et al <sup>7</sup>	HCV-RNA (+)	January 2019-May 2021	Retrospective search in microbiology databases of the Barcelona North Health Area	Phone call, Letter to patient

## Limitations

- Not all programs have final data available yet
- Not all programs collected and reported on the same data
- Comparing models from different countries
- Each country will have its own cascade
- Not all countries have public healthcare with the same accessibility

**References:** 1Isfordink CJ, et al. BMJ Open Gastroenterol. 2020;7(1):e000396. 2Isfordink CJ, et al. Eur J Intern Med. 2022. In press. 3Wyatt B, et al. Hepatol. 2021;74(6):2974-87. 4Métivier S, et al. Presented at the American Association for the Study of Liver Diseases meeting; November 13-16, 2021; virtual. 5Mendizabal M, et al. Presented at the International Viral Hepatitis Elimination meeting; December 3-4, 2021; virtual. 6Bittencourt PL, et al. Presented at the International Liver Congress meeting; June 22-26, 2022; London, UK. 7Vargas-Accarino E, et al. J Viral Hepat. 2022;29(7):579-83..

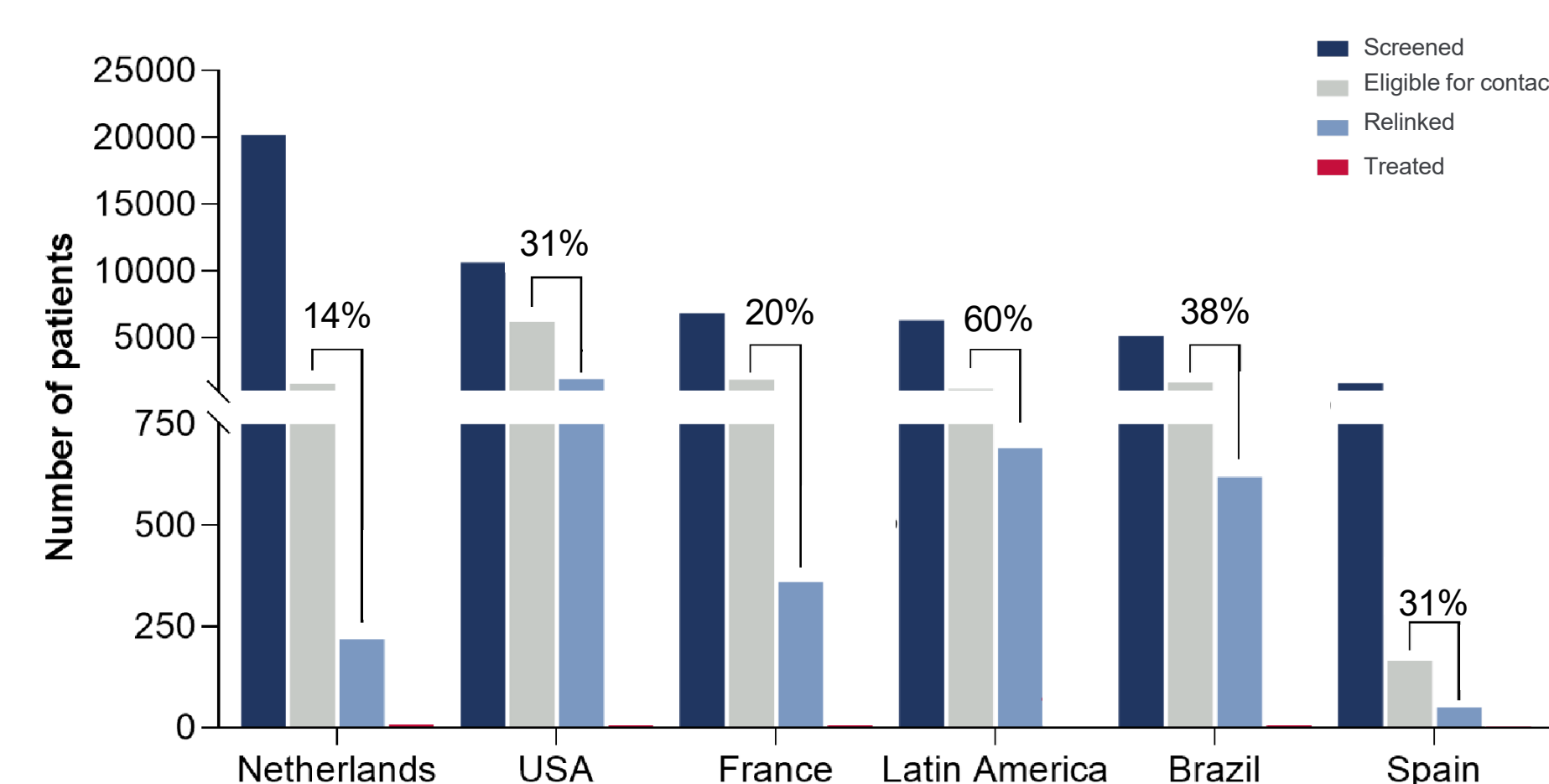
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**Disclosures:** M. Buti declares financial relationships with Gilead Sciences, Inc., and AbbVie, Inc., for speaking and teaching

## Results

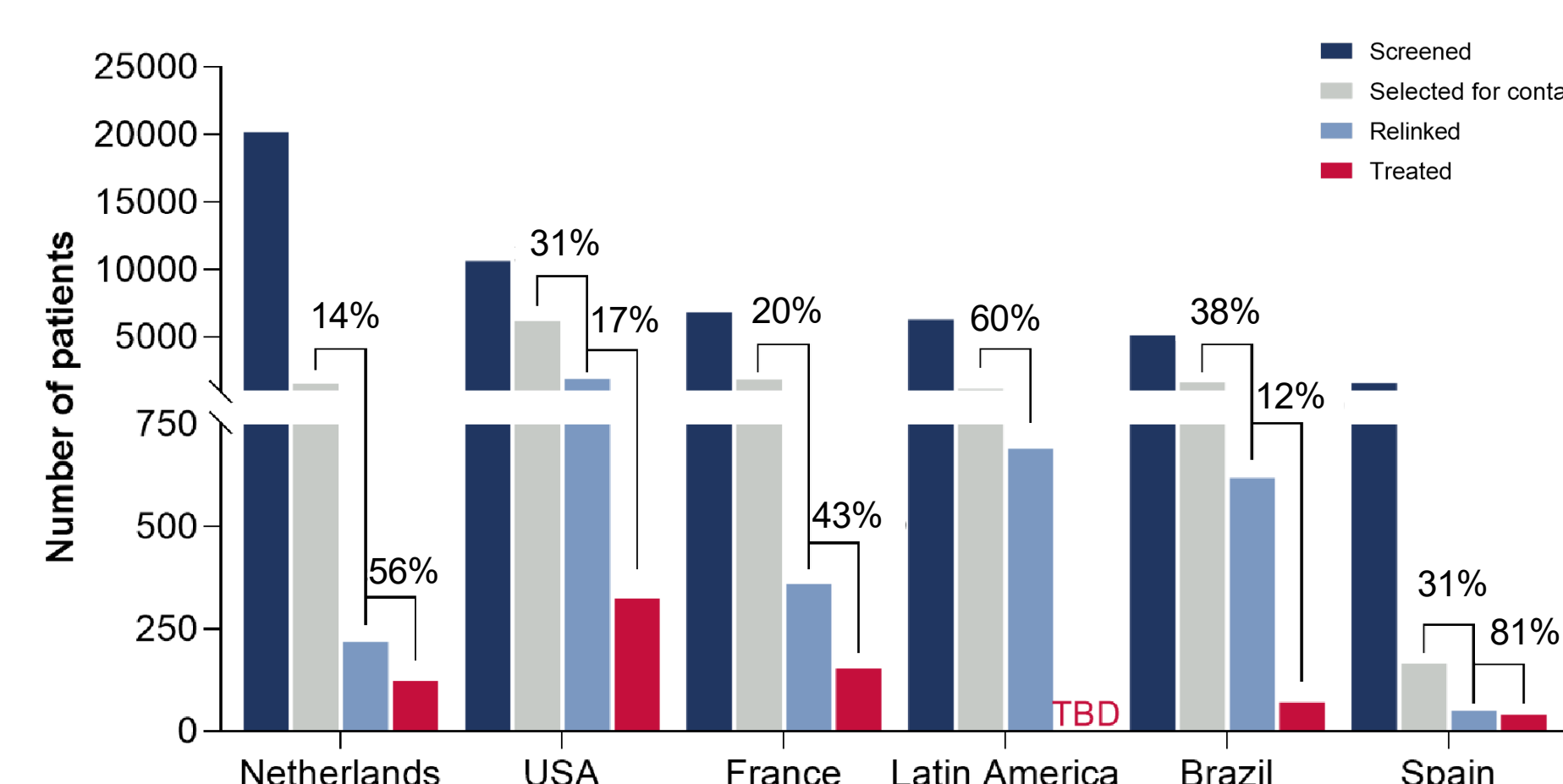
Overall, **50,649** records were screened, finding **25% (12,536)** of patients lost to follow-up and eligible for contact

## Efficacy of ReLink Programs



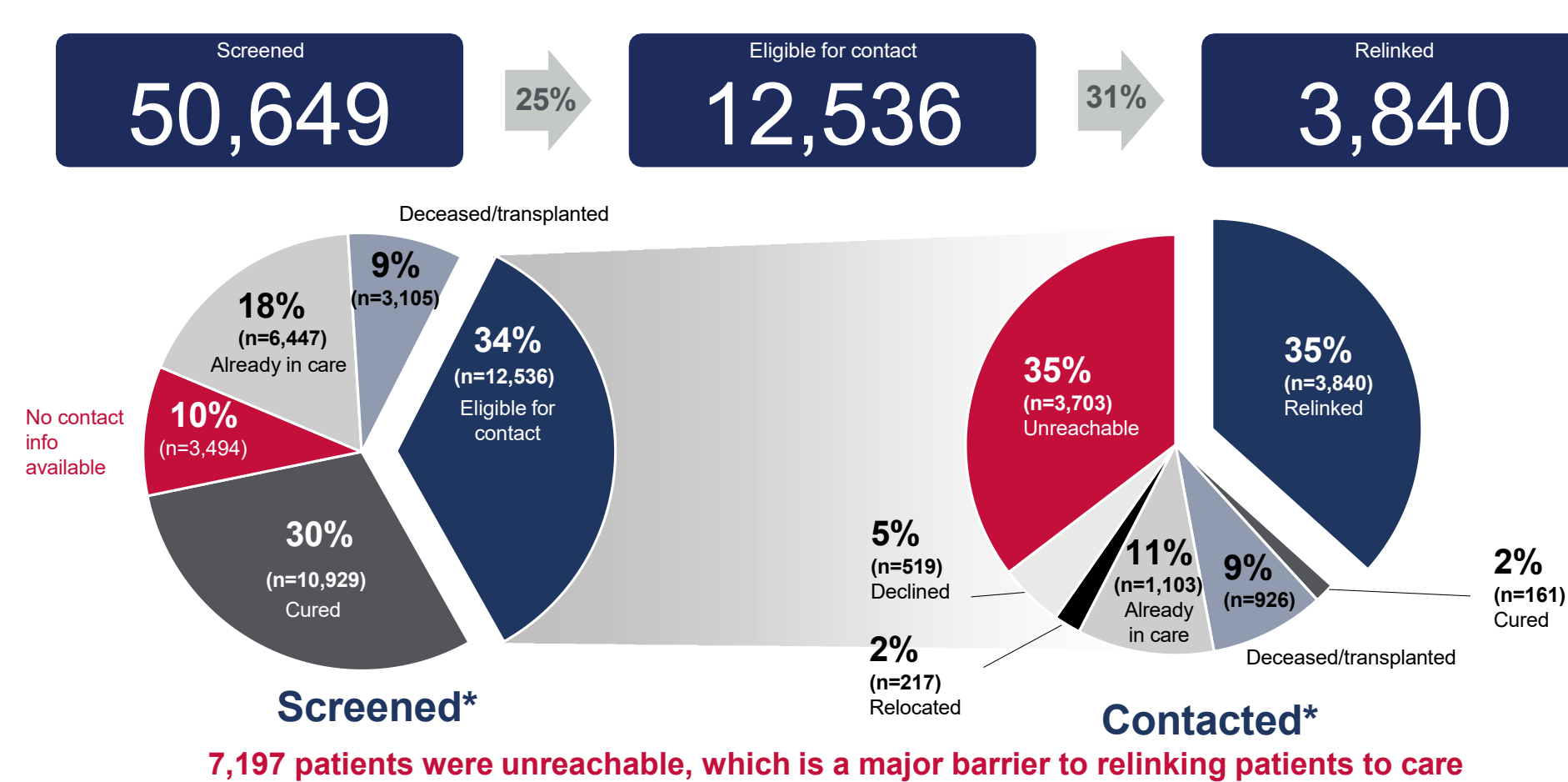
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## Cascade of Patient Care in ReLink Programs



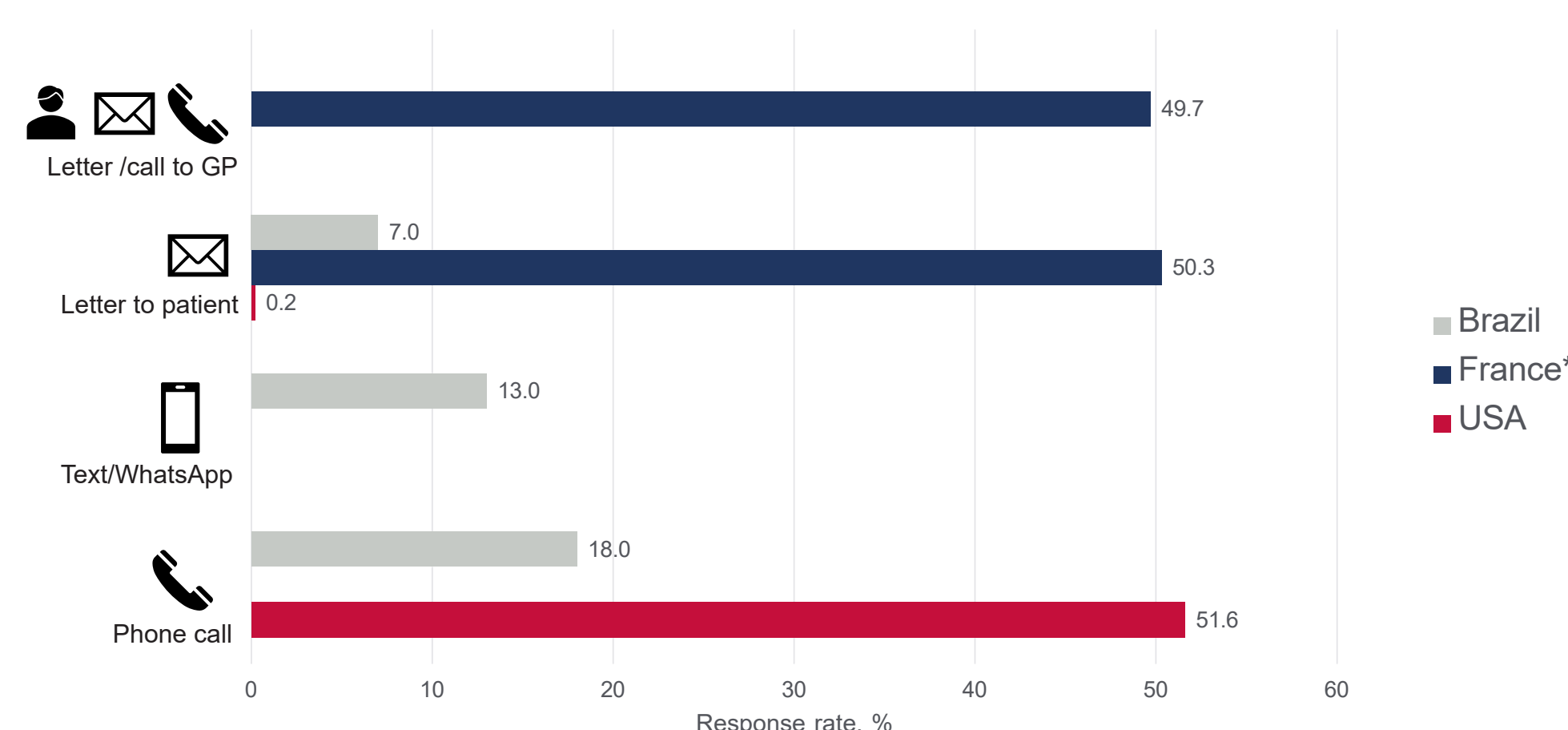
TBD, to be determined

## Reasons Patients Were Unable to Be Relinked<sup>1</sup>



<sup>1</sup>Not all programs provided these data; total screened with data are 36,511, total contacted with data are 10,469

## Response Rate by Contact Method



<sup>1</sup>Data from two sites only. GP, general practitioner.

## Summary

**Contacting Patients Via**  
 were all effective methods depending on the geography and health system involved

**Major Challenge**  
 Inaccurate contact information  
**Maintaining current patient information is vital**

**Overall**  
**3,840** patients were relinked into care  
**714** patients were treated with DAAs  
**31%** of eligible patients being relinked  
**19%** of patients were treated<sup>\*</sup>

**Further validation of these pilot programs are needed in a post-Covid era.**

DAA, direct-acting antiviral.  
<sup>\*</sup>Treatment rates are not yet available for the Latin American program.