

GLMS Cellgroup- 1 – Endocrine and Gastroenterology Cases

13/03/2018

Greenlane Medical Specialists

Ole and Derek Luo

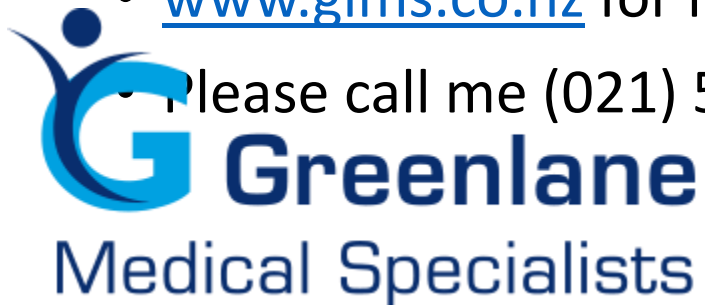
1800-2000

Hosted by Derek Luo



GLMS information

- Auckland's Newest Multi-specialty Medical Centre
- Address: Ground Floor, Building A, 93 Ascot Avenue
- Next to Pronto cafe
- <https://www.google.com/maps/place/Greenlane+Medical+Specialists/@-36.889047,174.798504,17z/data=!4m5!3m4!1s0x0:0x248c640d3201368b!8m2!3d-36.8890474!4d174.7985044?hl=en-US>
- Car parks on site
- www.glms.co.nz for more information
- Please call me (021) 535882 if you are lost or email me: derek@glms.co.nz



Schedule

- 1730 – Arrival and Drinks and Snacks
- 1800 – Thyroid Cases (Unusual Thyroid Function Tests)
- 1900 – GI and Liver Cases

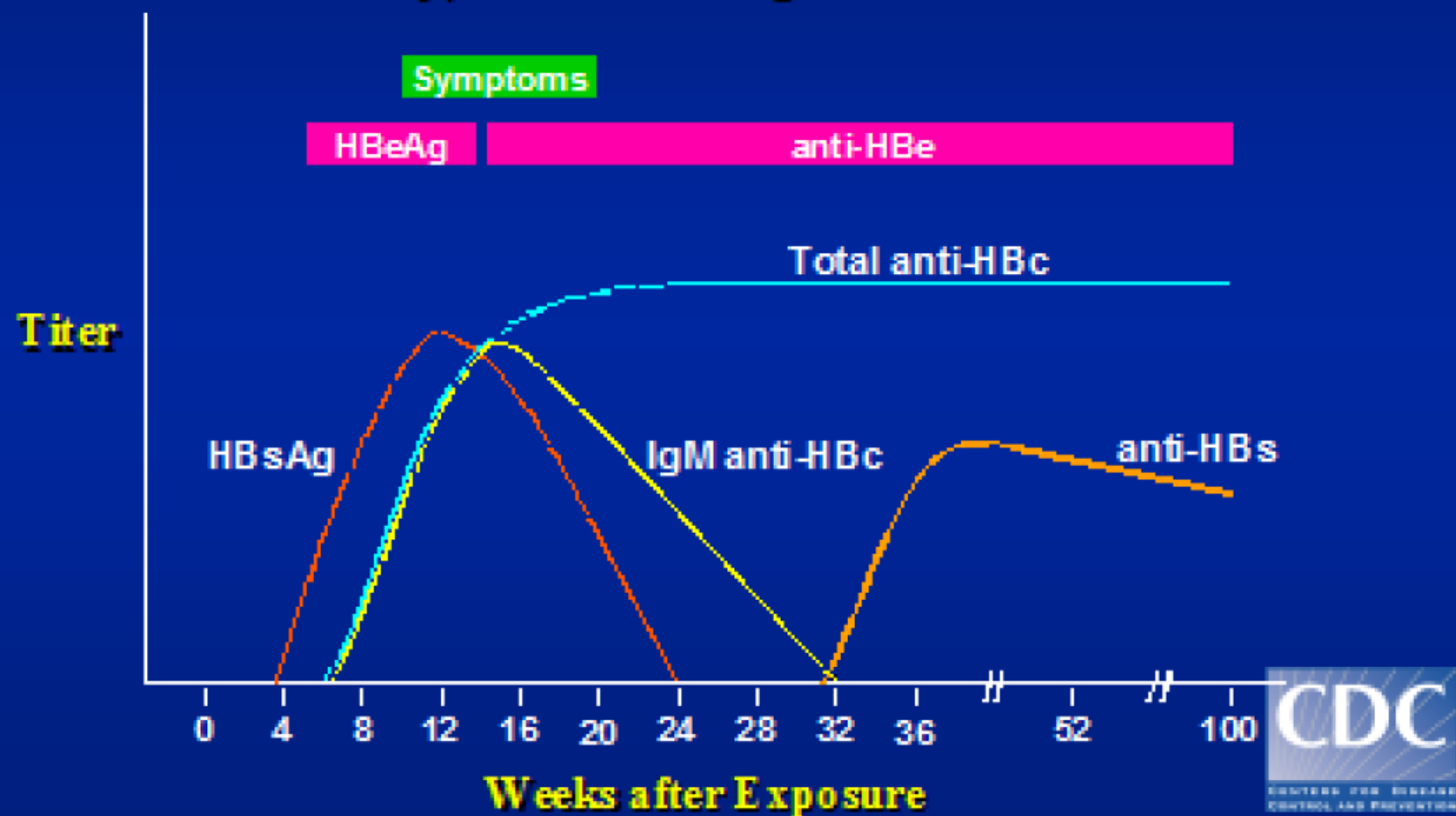
Gastroenterology Cases

Case 1 HBV

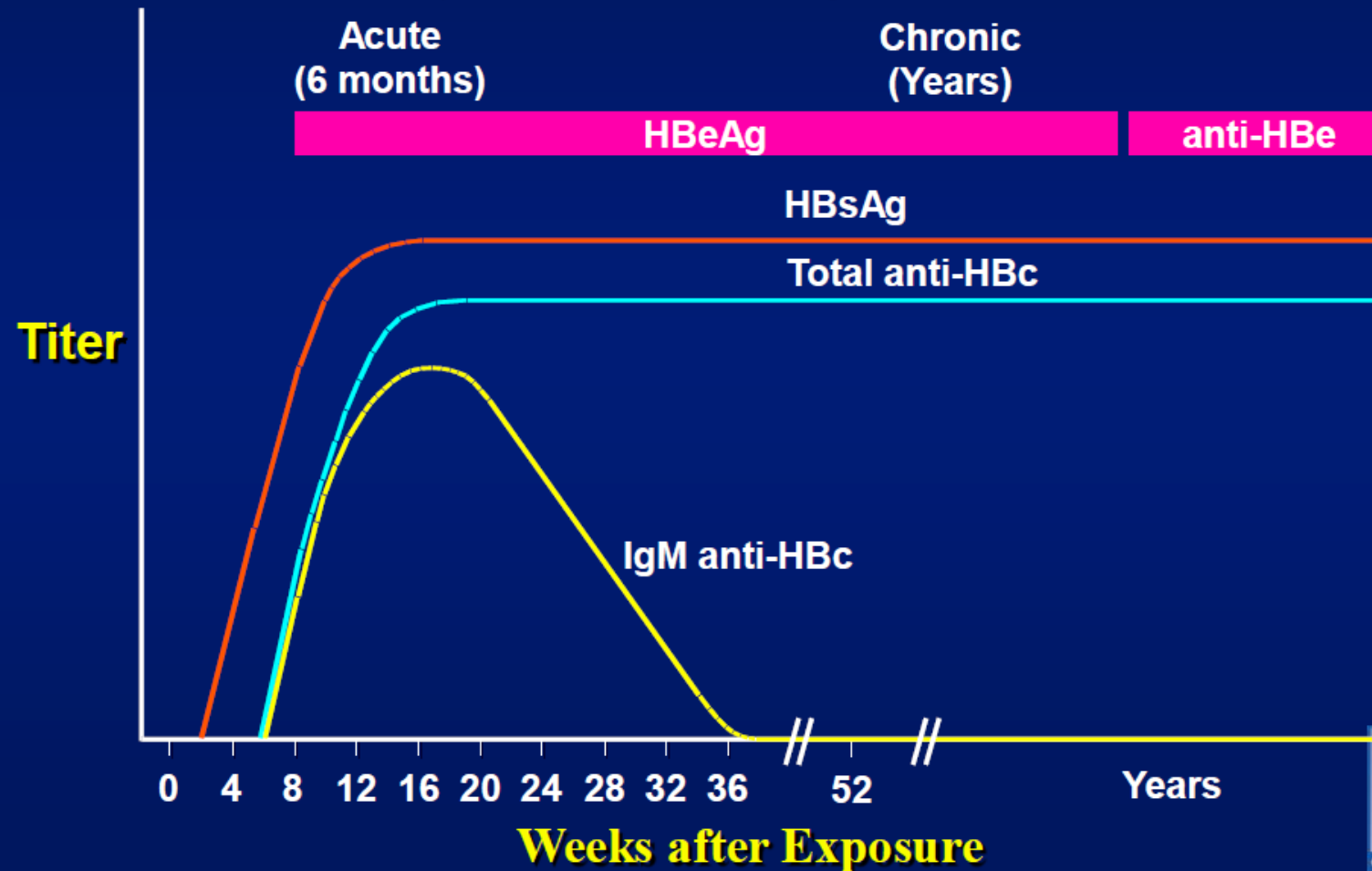
- 34M Presents with symptoms suggestive of an STD
- Blood tests show:
 - Normal LFTs
 - HBsAg positive

Q: What is the next step?

Acute Hepatitis B Virus Infection with Recovery Typical Serologic Course



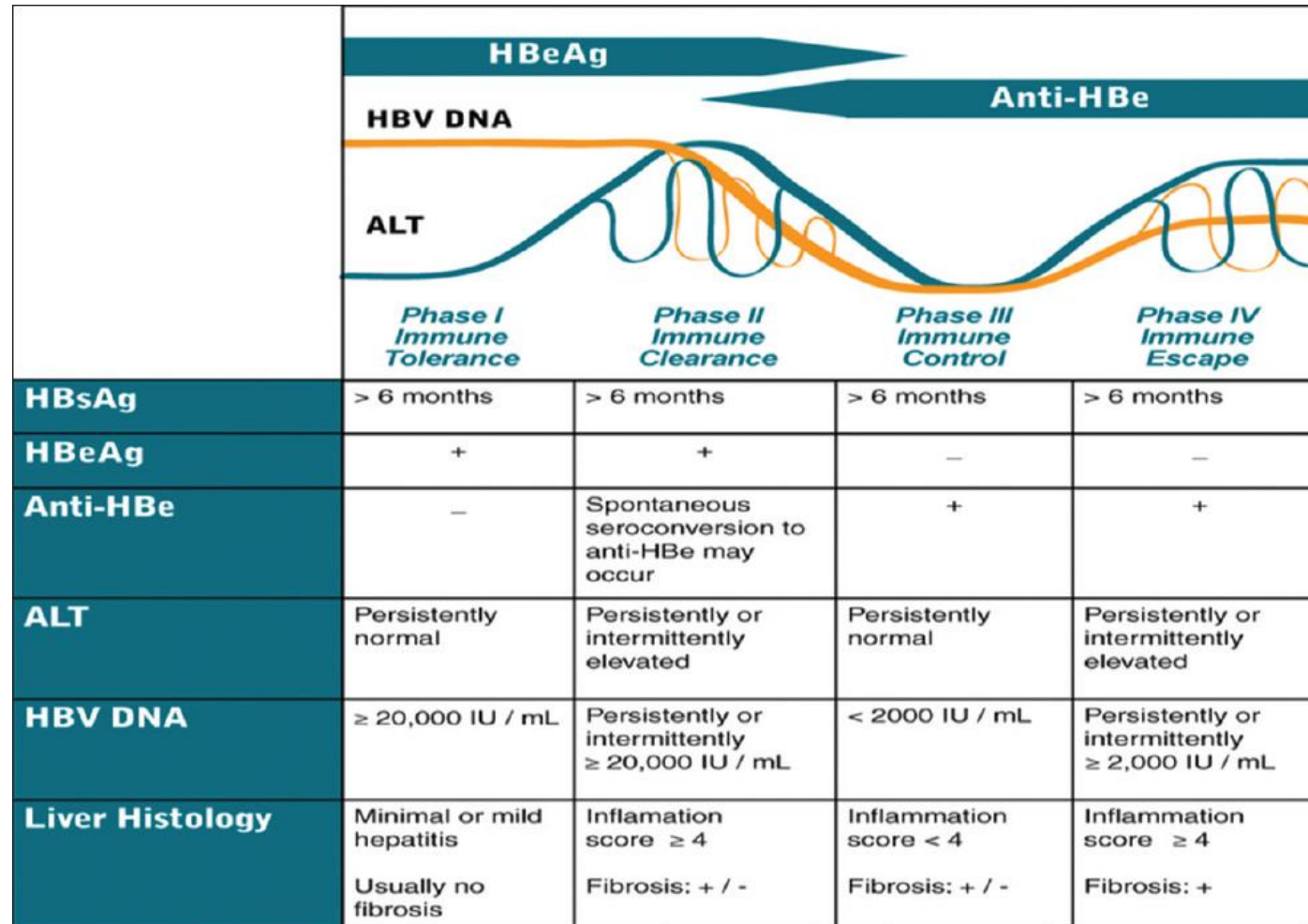
Progression to Chronic Hepatitis B Virus Infection Typical Serologic Course



Hepatitis B Serology

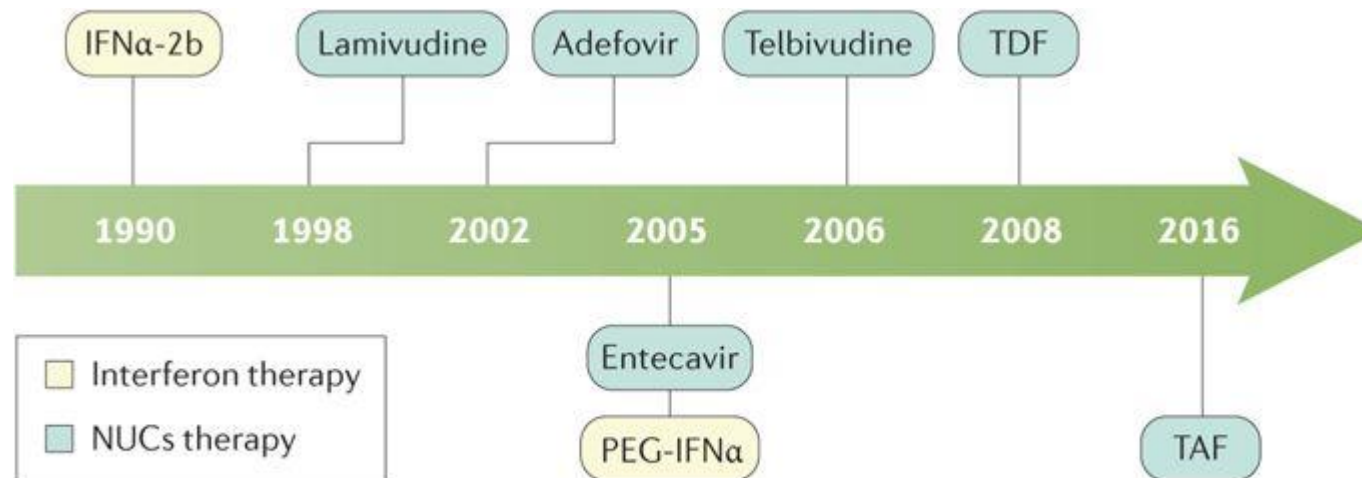
Tests	Results	Interpretation
HBsAg anti-HBc anti-HBs	negative negative negative	Susceptible
HBsAg anti-HBc anti-HBs	negative positive positive	Immune due to natural infection
HBsAg anti-HBc anti-HBs	negative negative positive	Immune due to hepatitis B vaccination
HBsAg anti-HBc IgM anti-HBc anti-HBs	positive positive positive negative	Acutely infected
HBsAg anti-HBc IgM anti-HBc anti-HBs	positive positive negative negative	Chronically infected
HBsAg anti-HBc anti-HBs	negative positive negative	Interpretation unclear; four possibilities: 1. Resolved infection (most common) 2. False-positive anti-HBc, thus susceptible 3. "Low level" chronic infection 4. Resolving acute infection

Chronic Hepatitis B



Chronic Hepatitis B Treatment

- Entecavir first line – now \$50 per month
- Tenofovir – women of child bearing age \$38 per month



Hepatitis B

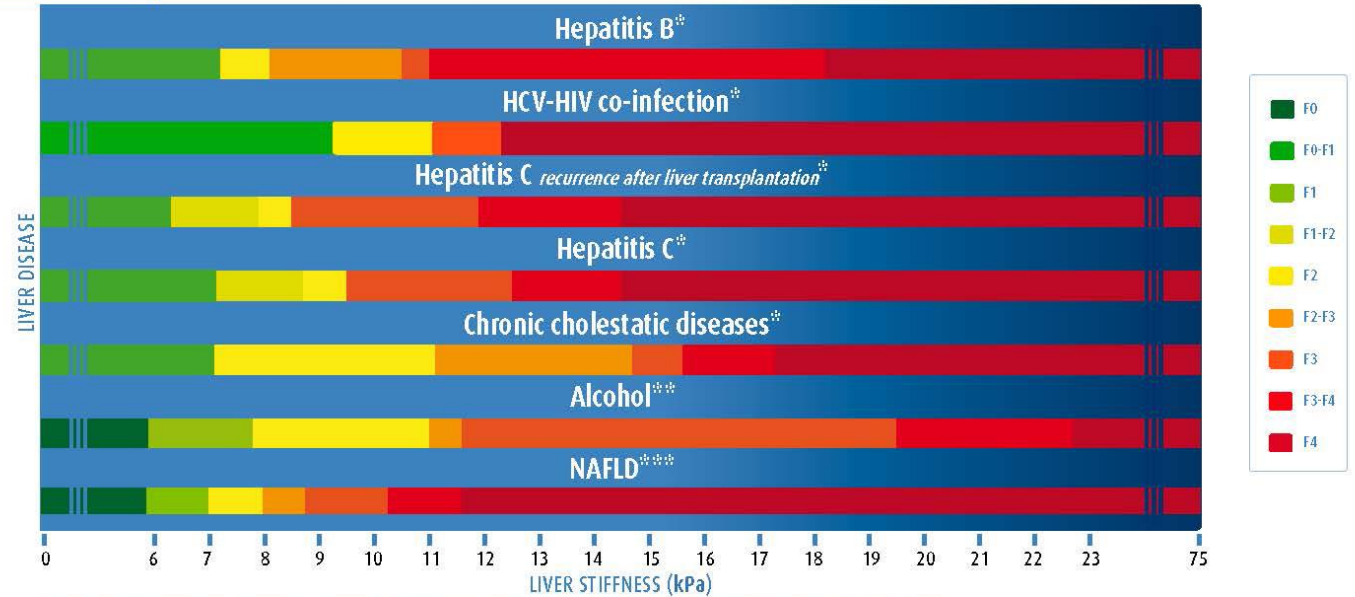
- Adults – Mainly acute infection 95% cure rate
- Children – Mainly Chronic 95% chronic infection
- Chronic – S Ag positive > 6 months
- Treat if ALT abnormal especially if Fibroscan abnormal

Fibroscan



SCORING CARD

CORRELATION BETWEEN LIVER STIFFNESS (kPa) & FIBROSIS STAGE



*According to Metavir score: Transient elastography (FibroScan): V. de Lédinghen, J. Vergniol, Gastroentérologie Clin Bio (2008) 32, 58-67
 **According to Brunt score: Nahon et al. J Hepatol (2009) 49, 1062-68, Nguyen-Khac et al., Aliment Pharmacol Ther (2008), 28, 1188-98
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FibroScan®, a reliable tool in hepatology

SCORING CARD

- \$350
- Covered by all insurance companies except Southern Cross

Case 2 HCV

- 45M Truck Driver
- No fixed abode
- Previous IVDU last used 12 months ago
- Admitted with abdominal pain and deranged LFTs
- CT shows nodular liver and pancreatic cystic lesion
- INR normal, Albumin normal, Platelets normal
- How should we manage him?

Looking at hepatitis C in New Zealand

(estimated numbers)

An estimated
50,000 PEOPLE
have hepatitis C
in New Zealand



11,000 APPROX
could have a diagnosis of
hepatitis C - genotype 1, and can
access funded treatment with
Viekira Pak through their GP in
the community right now



Just over
2,000 PEOPLE
with genotype 1 have had
funded treatment

Which means
9,000
people haven't accessed
funded treatment yet



20,000 APPROX
have been diagnosed with
hepatitis C

People treated

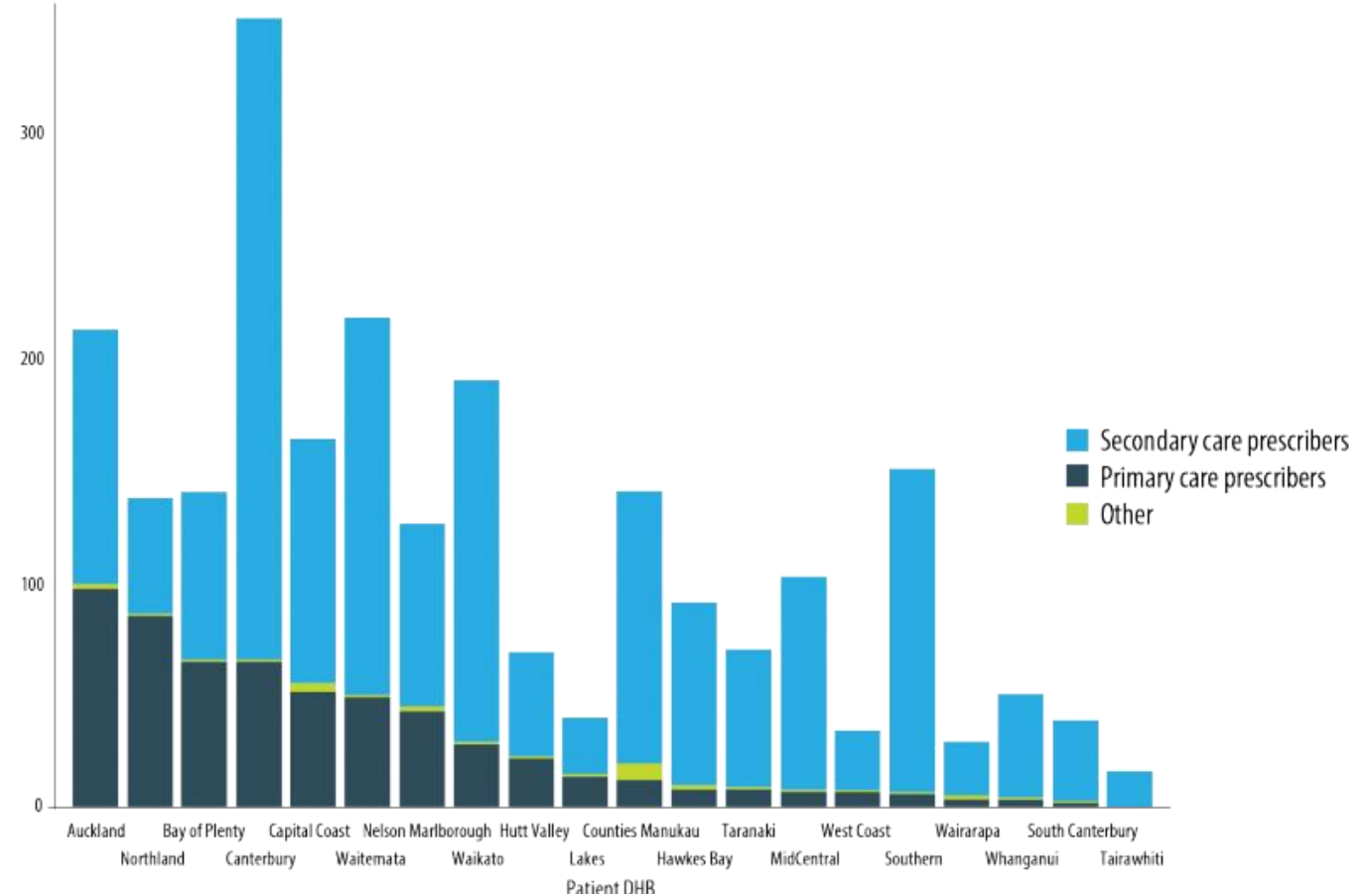


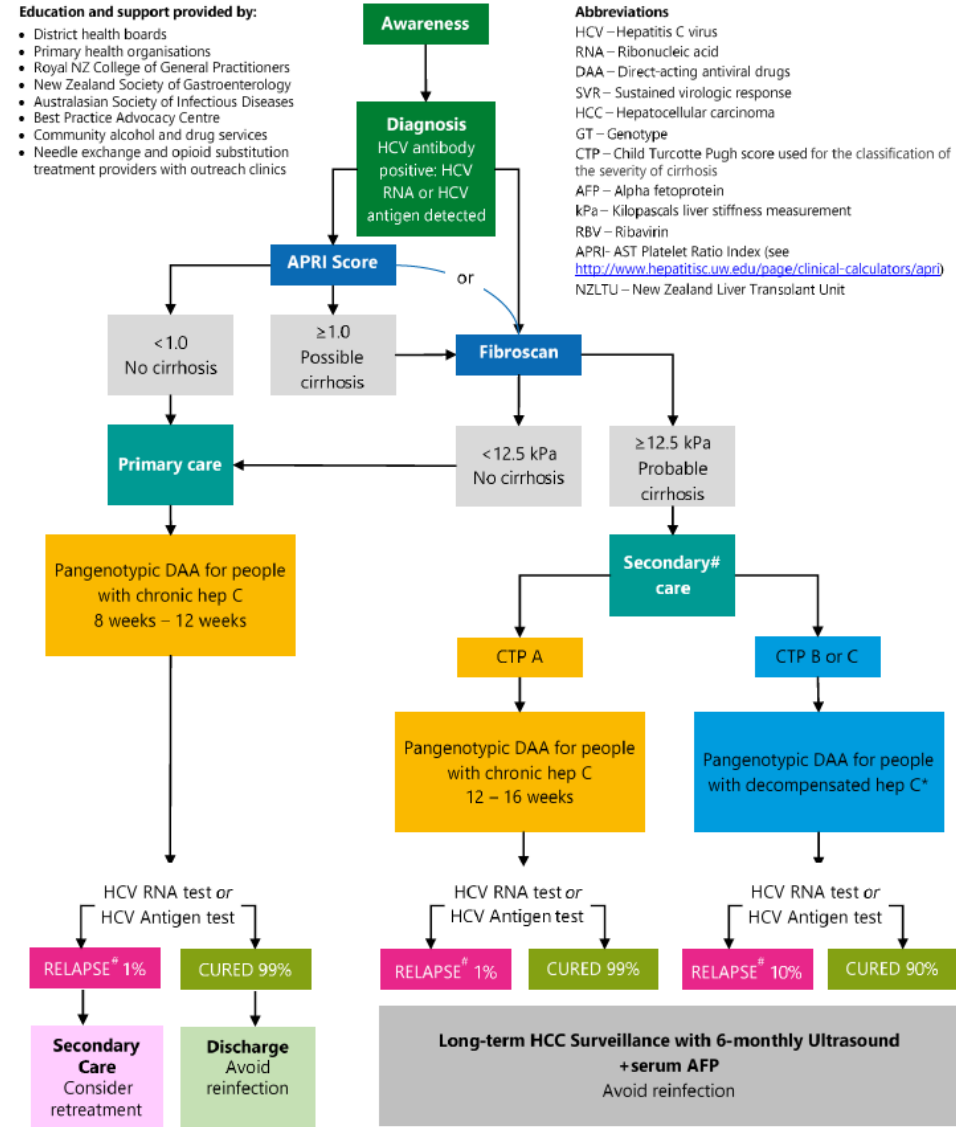
Figure one: Clinical pathway for hepatitis C based on integrated primary and secondary services

Education and support provided by:

- District health boards
- Primary health organisations
- Royal NZ College of General Practitioners
- New Zealand Society of Gastroenterology
- Australasian Society of Infectious Diseases
- Best Practice Advocacy Centre
- Community alcohol and drug services
- Needle exchange and opioid substitution treatment providers with outreach clinics

Abbreviations

- HCV – Hepatitis C virus
- RNA – Ribonucleic acid
- DAA – Direct-acting antiviral drugs
- SVR – Sustained virologic response
- HCC – Hepatocellular carcinoma
- GT – Genotype
- CTP – Child Turcotte Pugh score used for the classification of the severity of cirrhosis
- AFP – Alpha fetoprotein
- kPa – Kilopascals liver stiffness measurement
- RBV – Ribavirin
- APRI- AST Platelet Ratio Index (see <http://www.hepatitisc.uw.edu/page/clinical-calculators/apri>)
- NZLTU – New Zealand Liver Transplant Unit



*In addition to all patients with cirrhosis, refer the following to Secondary Care:
 1. Patients with HIV co-infection
 2. Patients with HBV co-infection
 3. DAA Failures (including VIEKIRA PAK, HARVONI and Fix HepC Generics)
 4. Under 18 years of age

*All applications for DAAs in decompensated HCV cirrhosis will be assessed by Expert Panel
 Patients with CTP-B or C or CTP-A with suspected hepatocellular carcinoma who are potential candidates for liver transplantation should be discussed with NZLTU prior to initiating treatment.
 Deferring treatment until after transplant may be preferred in some cases.

Maviret

- Pangenotypic
- Compensated Cirrhotic and Non cirrhotic

DOSING GUIDE¹

Recommended MAVIRET treatment duration for patients without prior treatment for hepatitis C

GENOTYPE	NO CIRRHOSIS	CIRRHOSIS [†]
GT 1–6	8 weeks	12 weeks

Recommended MAVIRET treatment duration for patients who have previously failed prior therapy*

*peg-IFN + ribavirin +/- sofosbuvir, or sofosbuvir + ribavirin, or any of these in combination with a protease inhibitor.¹

GENOTYPE	NO CIRRHOSIS	CIRRHOSIS [†]
GT 1, 2, 4–6 NS5A-INHIBITOR NAÏVE	8 weeks	12 weeks
GT 1, 2, 4–6 NS5A-INHIBITOR EXPERIENCED*	16 weeks	16 weeks
GT 3 ANY PREVIOUS EXPERIENCE	16 weeks	16 weeks

MAVIRET will be funded in the community and DHB hospitals without restrictions for all compensated patients infected with HCV regardless of genotype, including those with compensated cirrhosis and those with HIV infection. It will replace VIEKIRA PAK in GT 1 patients.

1. Treatment naïve non cirrhotic patients infected with HCV GT 1-6 will receive 3 tablets once daily for 8 weeks
2. Treatment naïve cirrhotic patients infected with HCV GT 1-6 will receive 3 tablets once daily for 12 weeks
3. Interferon-experienced non cirrhotic patients infected with HCV GT 1, 2, 4, 5, or 6 will receive 3 tablets once daily for 8 weeks
4. Interferon-experienced cirrhotic patients infected with HCV GT 1, 2, 4, 5, or 6 will receive 3 tablets once daily for 12 weeks
5. Interferon-experienced non cirrhotic patients infected with HCV GT 3 will receive 3 tablets once daily for 16 weeks
6. Interferon-experienced cirrhotic patients infected with HCV GT 3 will receive 3 tablets once daily for 16 weeks.



Harvoni

- For Decompensated Liver Disease
- Managed in secondary care

From 1 July 2016 until 12 June 2017, access to HARVONI was restricted to patients with decompensated cirrhosis with a Model for End-Stage Liver Disease (MELD) score of 15 or greater patients who were pre or post liver transplant and patients with cryoglobulinaemia. On 12 June 2017, the MELD threshold for patients with decompensated cirrhosis to access HARVONI was lowered from 15 to 12 in order to further widen access for this special population and increase salvage from death or transplantation. In December 2017, the criteria were widened further to include any patient who has decompensated cirrhosis (Child-Pugh class B or C) regardless of MELD score. To date, 161 patients with decompensated cirrhosis have been treated with HARVONI±RBV.

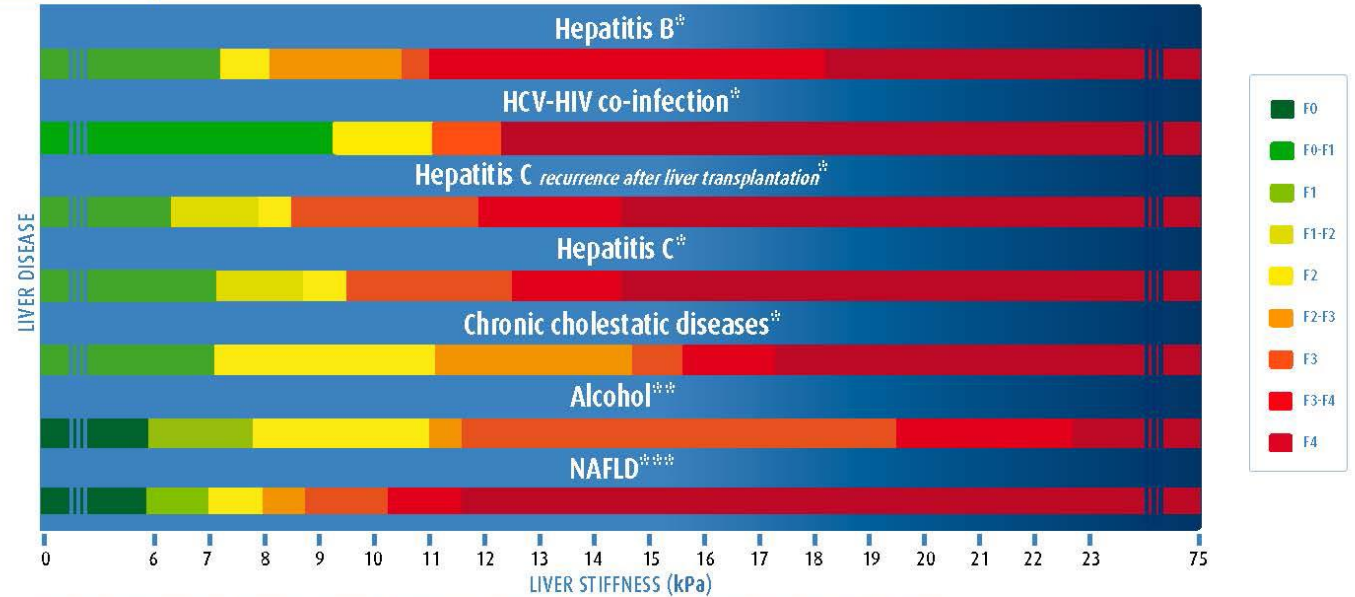


Fibroscan



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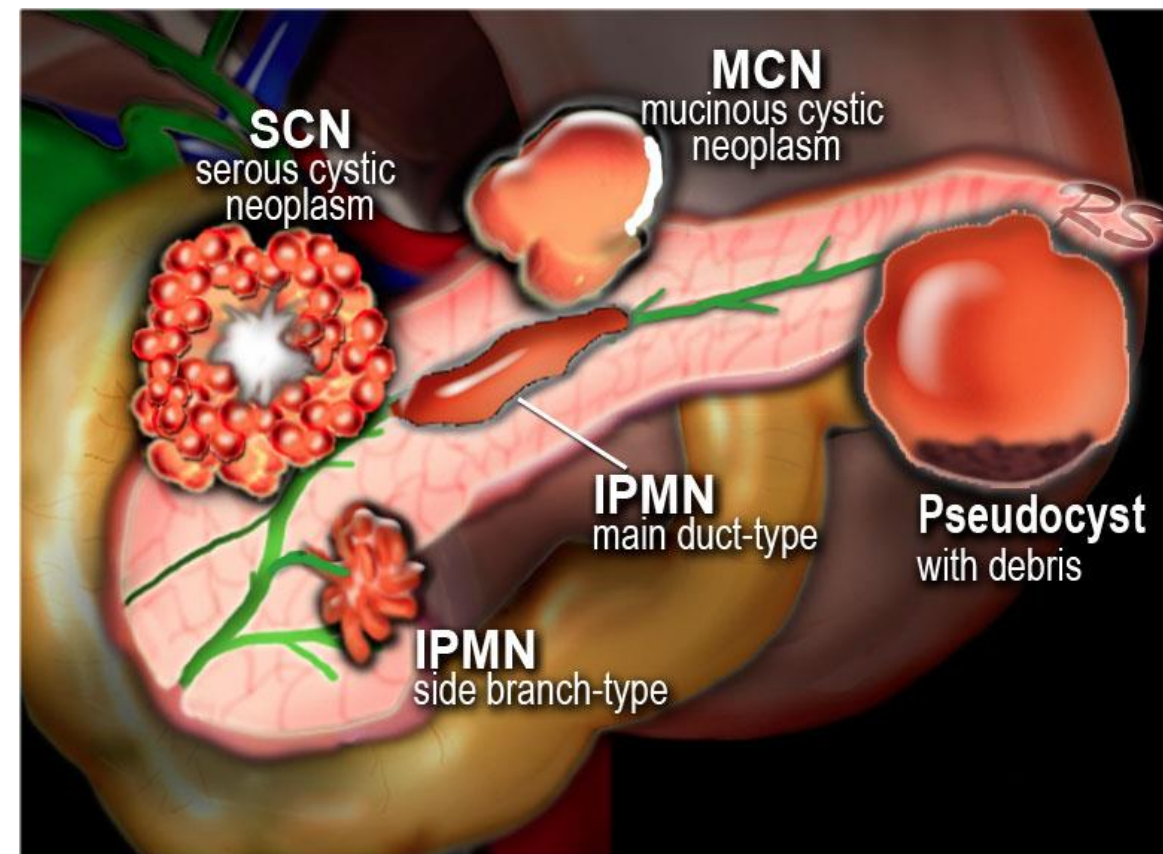
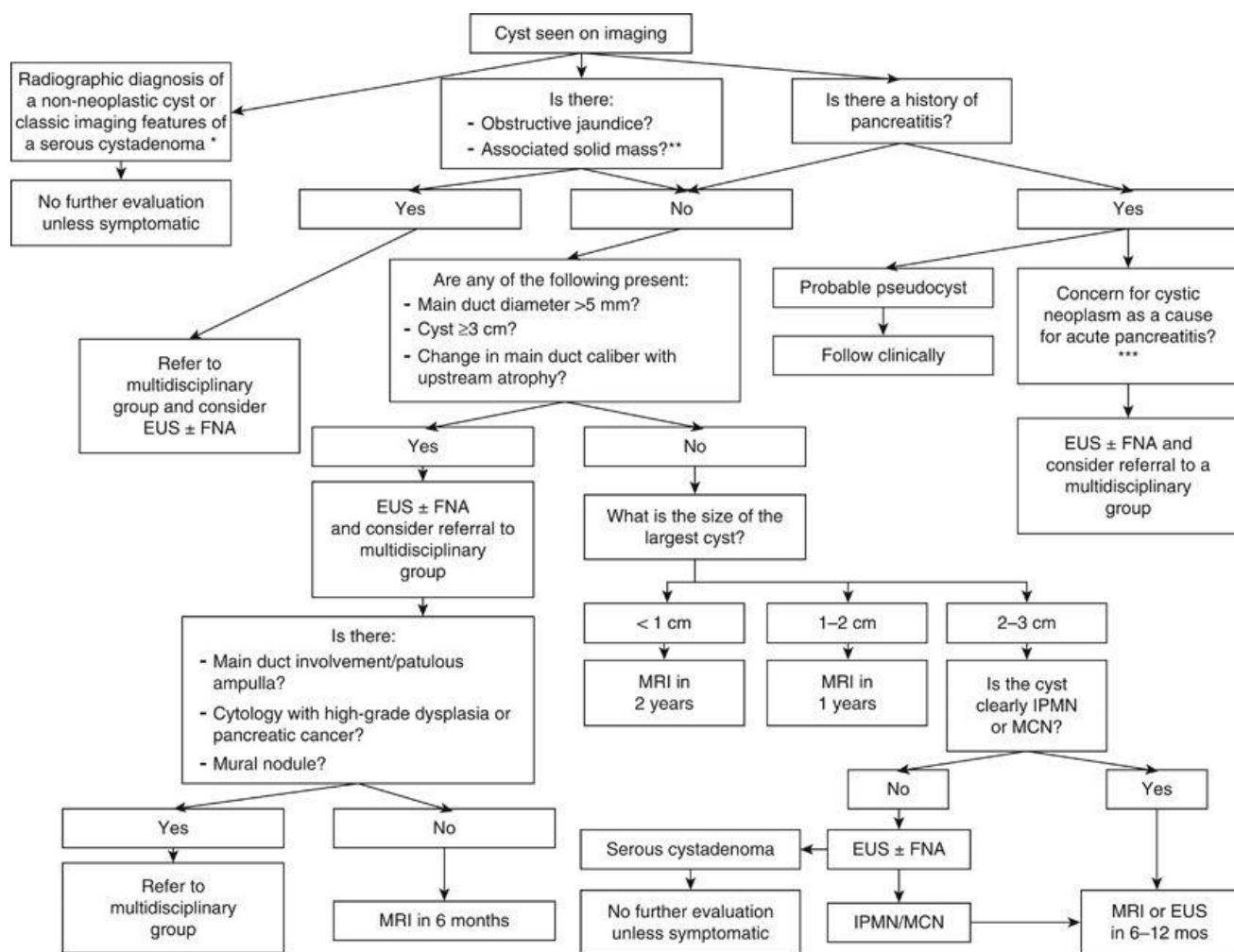
SCORING CARD

- \$350
- Covered by all insurance companies except Southern Cross

Treatment

- Normal LSM
- Treated with 8 weeks of Maviret
- Dispensed at certain pharmacies

Pancreatic Cysts



Endoscopic Ultrasound

EUS

