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INTRODUCTION

Hepatitis C virus (HCV) elimination by 2030, as targeted by the World Health Organization (WHO), requires that 90% of people with chronic hepatitis C (CHC) be diagnosed and 80% treated. France is one of the countries engaged in this viral elimination strategy.

AIM

In the RECONVOCC study we assessed the effectiveness of a recall strategy. This project was initiated by the "Federation des Pôles de Référence Hépatites" (FPRH) and the main objective was to recall patients with CHC who were lost to follow-up in 15 French academic centers.

METHOD

The study population consists of patients HCV positive seen in 15 hospitals from 2003 to 2018 who were not cured. The patient should be lost to follow up for over 18 months and be born after 1934. RECONVOCC takes place in 2 phases (Figure 1). The first, based on patient databases and medical records identified eligible patients including those tested in the virology department and followed by non hepatologists. To contact them and obtain information on HCV status, several methods were used such as townhall databases, hospital entry offices, health insurance databases, contacting patients or general practitioners or gastroenterologists or other specialists by phone or by letter... The second part corresponds to the inclusion of patients in the care process with data collection. The case report form used is REDCAP.

Figure 1 : Differents steps of RECONVOCC Study

Step 1 : HCV+ patient databases (virology, clinical units ...)

Step 2: Identification of patients lost to follow-up from medical files

Step 3: Characterization of HCV patients with known information (treated, dead, active HCV...)

Step 4: Patients with active HCV

Step 5 : Medical consultation Information and collection of non-opposition **ECRF** data collection

RECONVOCC : Can we reconvene chronic hepatitis C patients who were lost to follow-up?

RESULTS

Out of a total of 45 439 patients identified as HCV positive, approximately 88% (276/315) were followed inthe hepatology department. Up to now RECONVOCC's investigative work identifies <u>560</u> patients still carrying HCV. Of the 331 patients included in the eCRF (Figure 2) 315 patients were analysed (Table 1), 59% (186/315) were men. Mean age was 56 +/- 12 years and BMI was 26. 238/315 (76%) were treatment naïve. Twenty five per cent of patients (79/315) had clinically significant fibrosis (F3-F4). 44% (138/315) of patients were intravenous drug abusers (Table 2 repartition men/women). Genotypes 1a (30%) and 1b (16%) were the most frequent. 167/315 (53%) patients had a known co-morbidity. The most commonly cited reason for stopping hepatology monitoring were the lack of information for 36% of patients included and the low severity of liver fibrosis (15%) (Figure 3). The average duration of the follow-up break was more than 7 years. The repartition was explained in Table 4. Until now 227 patients have already started treatment and 125 were cured. 64 patients were included but untreated (Table 3)



Table 2 : Cont



CONCLUSIONS

This work shows that there is still a high number of patients infected with the HCV who have not yet benefited from treatment with direct antivirals agents. Patients who were lost to follow-up should be reconvened to achieve HCV elimination in 2030. The study is still underway.

amination mode: men / women difference			<u>Table 1</u> : Pat	Table 1 : Patients caracteristics		
	women (n = 129)	men (n = 186)			N=315 patients	
rug user	32 (25%)	106 (57%)	Age, average	(SD)	56 (12)	
	35(27%)	32 (17%)	Men, n (%)		186(59%)	
	31 (24%)	22 (12%)	BMI, average (SD)		26 (3,7)	
	31 (24%)	26 (14%)	ALAT>N, n(%		142 (45%)	
tion of lost to	o follow-up (in months) of t	he patients included * (n = 315)	Hepatology,	n (%)	276 (88%)	
			Naive treatm	Naive treatment, n (%)		
	110		Fibrosis, n (%	6)		
	75			FO-F2	225 (71%)	
		63		F3-F4	79 (25%)	
				Not done	11 (4%)	
			Genotype, n	(%)		
3	8 to 5 years 6 to 10 yea	ars > 10 years		1a	93 (30%)	
t known / not applic	able to date			1b	50(16%)	
			Comorbidity,	Comorbidity, n (%)		
<u>3</u> : Reasons v	vhy patient did not return f	for a consultation (%)	Patients who	Patients who started a treatment, n (%)		
Not done			Cured patier	Cured patients, n (%)		
Not aw	vare of HCV					
Personal reasons				luded but untreated patients at the moment		
Medi	cal reasons		N = 64	Included untreated patients	%	
Has forgotter	his illness		23	Non-HCV + carriers (cured / false positives)	36%	
holiovo ho was	oligible for		8	Fear of adverse events/ Refusal of treatmer	13%	
new treatment			11	Therapeutic abstention / medical reason	17%	
t aware of new	treatment		16	Awaiting Examinations / Refletion	25%	
orosis rate or in	active HCV		6	Lost to follow up	9%	
			* For 24 patients info	mation on start of treatment missing to date		
	0 10	20 30				

CONTACT INFORMATION

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Fédération nationale des Pôles







Scan to





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