MEP FRIENDS OF THE LIVER GROUP

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Are patients getting the treatment they need in Poland?

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Central-Eastern Europe – health expenditure data

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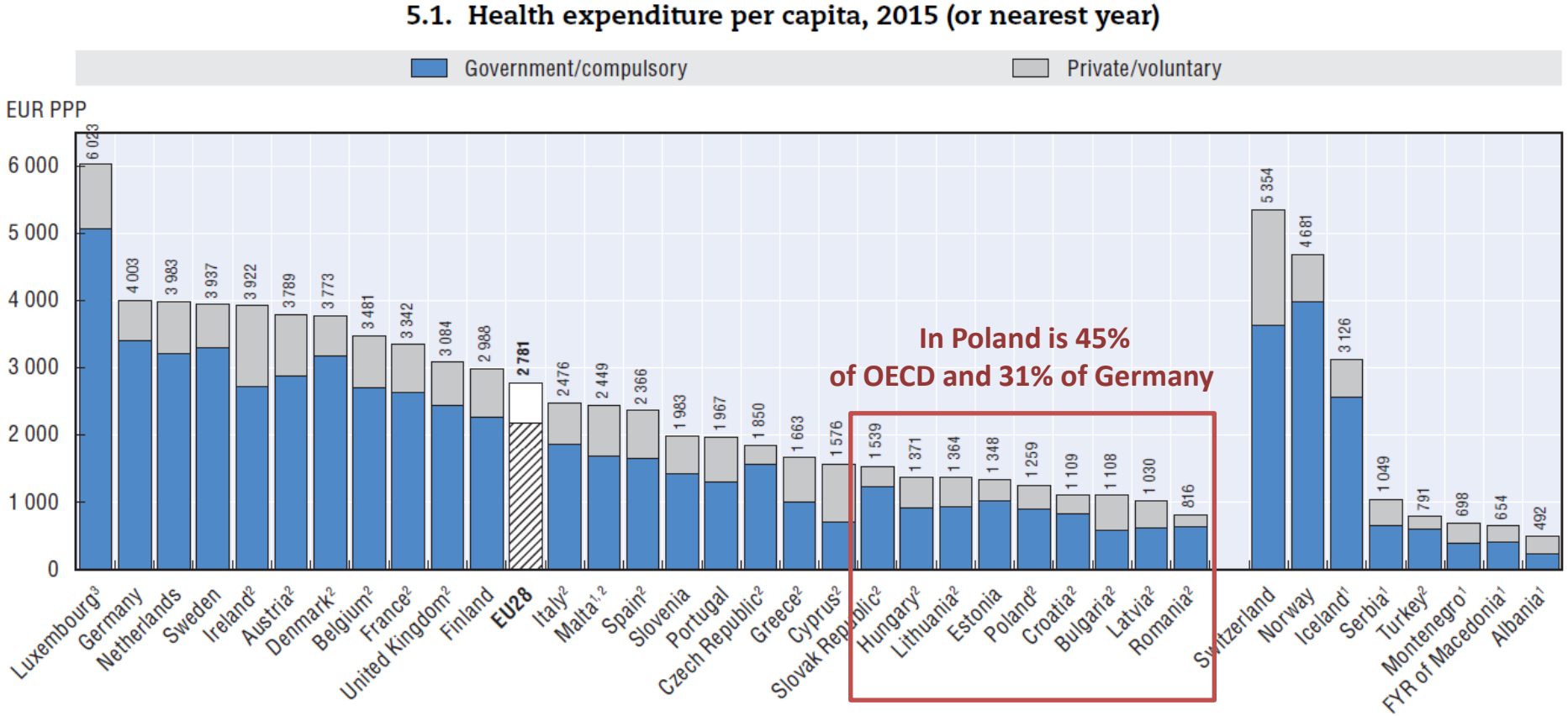


In Poland is 45% of OECD and 31% of Germany

22% of expenses are out of pocket (OECD 2014 data)

Source: OECD/EU (2016), "Health expenditure per capita", in Health at a Glance: Europe 2016

Anti-HCV prevalence in Poland before the era of direct antivirals (2011-2012)

Study	No of participants	Anti-HCV (1x)	HCV-RNA(+)	Predicted number of HCV-RNA(+) in Poland
Flisiak, PGE HCV, **2011**	N=26 059 (hospitals)	1.90 %	0.60%	220 000
Godzik, NIPH, **2012**	N=4822 (emergency pts)	1.91 %	0.60%	220 000
Walewska, Medicover, 2004-14 – **data for 2014**	N=61,805 (primary health care)	1.10 %	N/A	150 000

Diagnosis rate for HCV in Poland is appr. 20%
Only one in five patients knows about their infection

Flisiak R i wsp . Eur J Gastroent Hepatol 2011; 23: 1213–1217.
Godzik P i wsp. Przegl Epidemiol 2012; 66:575-80.
Walewska-Zielecka B et al. Eurosurveill. 2017

Risk factors for anti-HCV positivity in Poland

N=26 057, anti-HCV: 1.94%, HCV-RNA: 0.6%, diagnosis rate in Poland ~15%

Table 6 Multivariate analysis of risk factors for anti-hepatitis C virus positivity

	OR (95% CI)	*P*	
Sex male vs. female	1.74 (1.32, 2.29)	<0.001	
Age >median	0.77 (0.59, 1.02)	0.07	
Number of hospital admissions>median	1.75 (1.31, 2.34)	<0.001	
Endoscopic procedures	–	>0.1	Nosocomial
Dialysis	–	>0.1	Nosocomial
Surgical procedures	–	>0.1	Nosocomial
Blood transfusions before 1992	2.88 (2.08, 3.98)	<0.001	Nosocomial
History of tattooing and/or piercing	–	>0.1	
Intravenous drug use	6.13 (3.8, 10.0)	<0.001	PWIDs

CI, confidence interval; OR, odds ratio.

Anti-HCV in healthcare workers 1.42% vs 1.92% in patients (P=0.008)

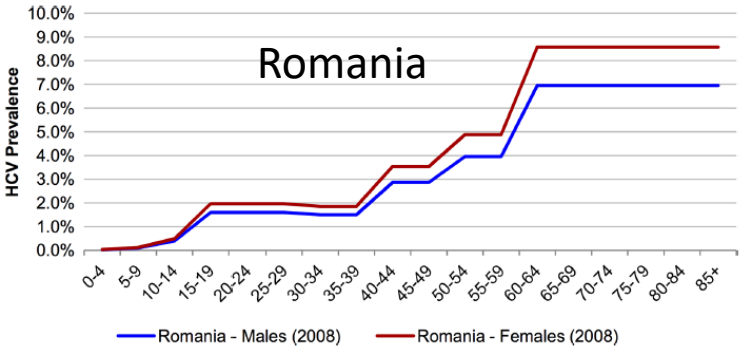
Flisiak et al., Prevalence and risk factors of HCV infection in Poland. Eur J Gastroenterol Hepatol. 2011

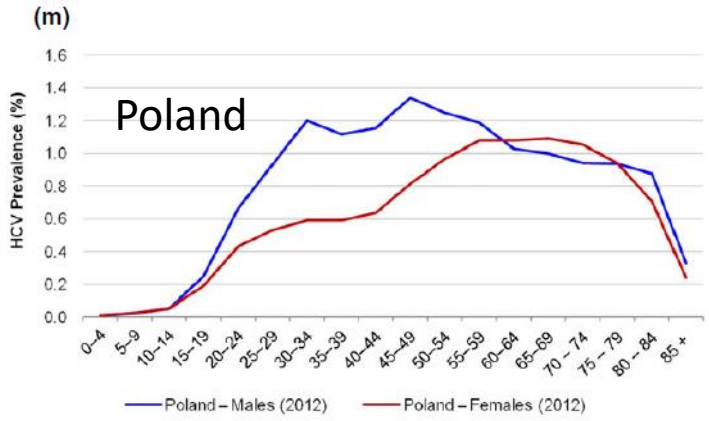
Screening for HCV in Poland - reality

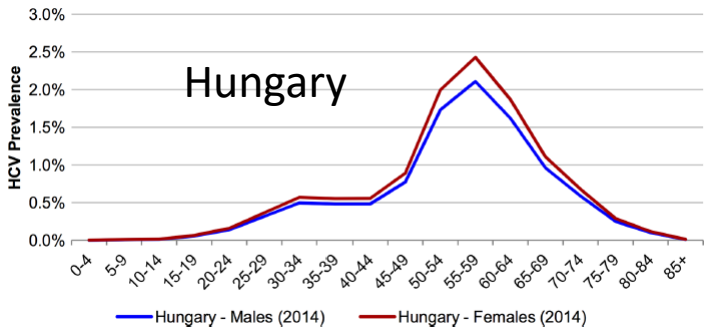
- Pilot screening actions show moderate success
  (primary healthcare n=22,659, anti-HCV 1.1%, pregnant women n=8006, anti-HCV 0.95%, PWIDs n=1219, 65% anti-HCV)*
- National Elimination Plan for HCV in Poland although created in 2005 is not implemented by Ministry of Health
- Among important barriers in screening is lack of reimbursement of anti-HCV testing in primary health settings
- Nationwide screening campaign urgently needed

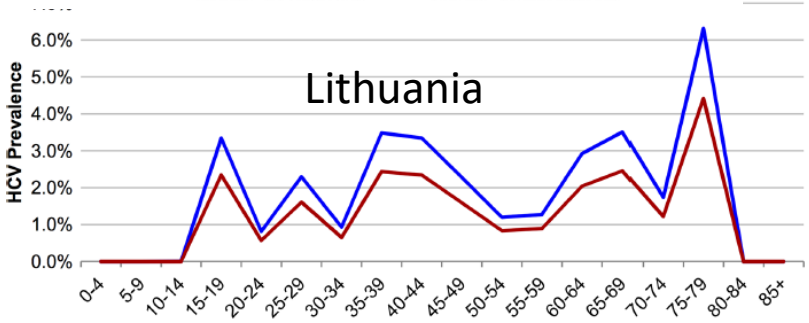
* Data by National Institute of Public Health

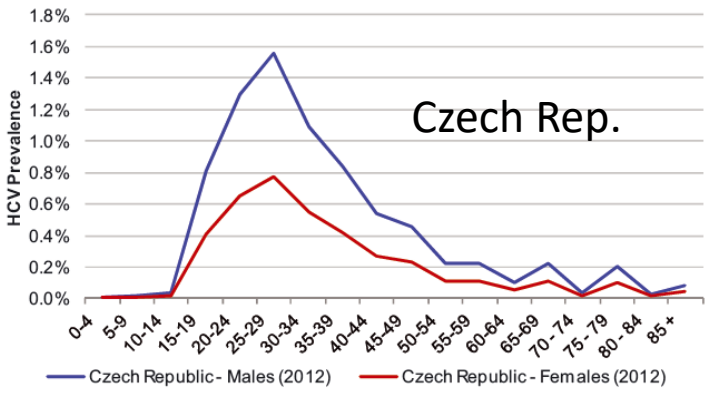
Age cohort screening in CEE

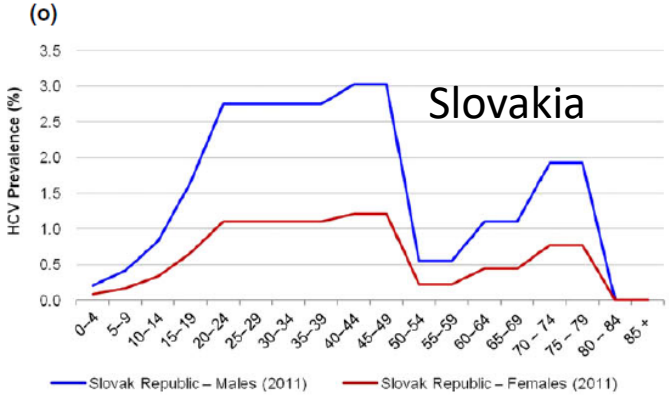








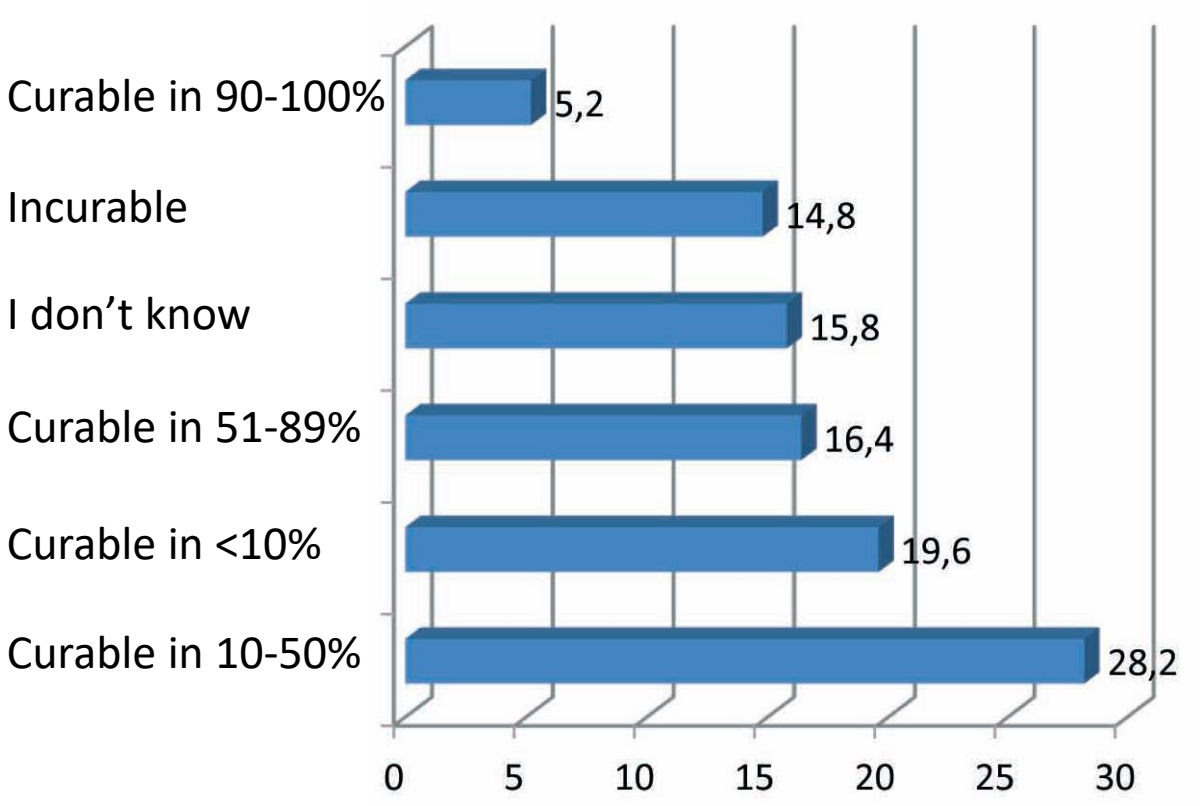




Liakina et al., J Viral Hep 2015; Saraswat et al., J Viral Hep 2015, Bruggmann et al., J Viral Hep 2014

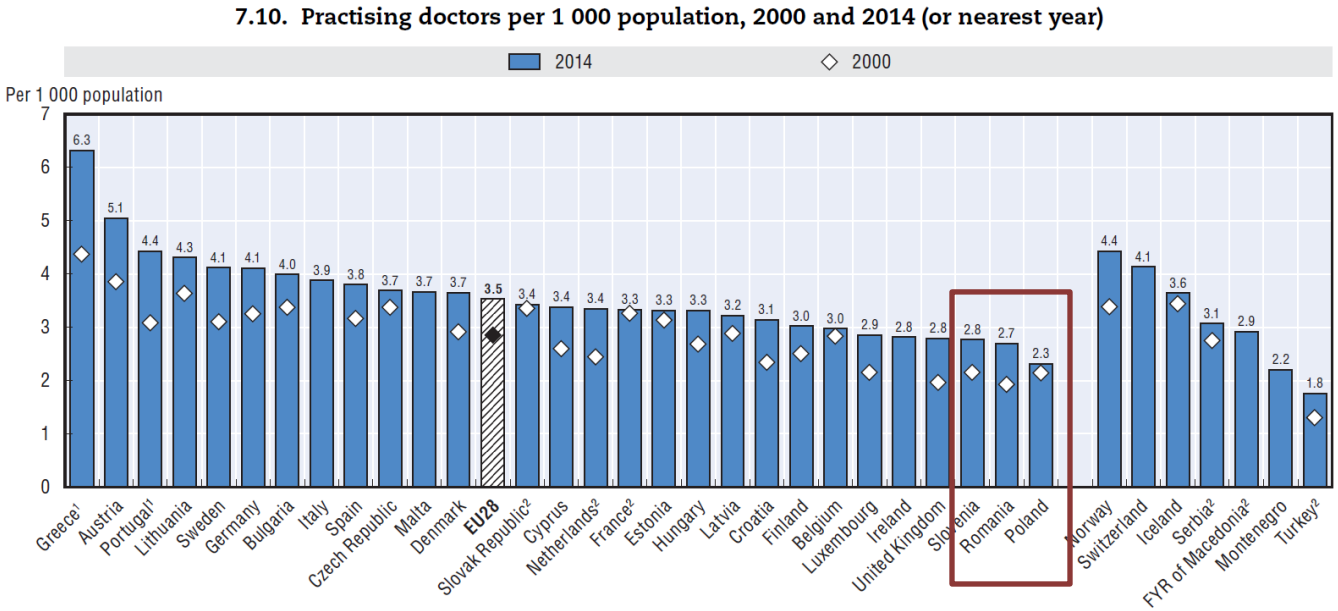
Linkage to care – education!

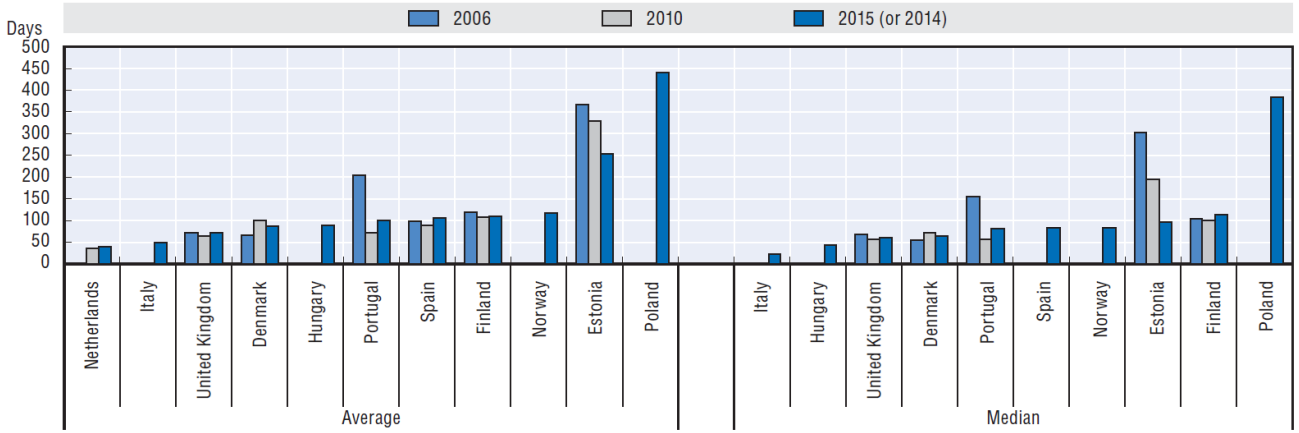
Questionnaire in 500 primary health physicians in Poland (2014-2016)
Question: Is HCV-infection a curable disease nowadays?



* Data by National Institute of Public Health

Linkage to care – the shortage of health specialists

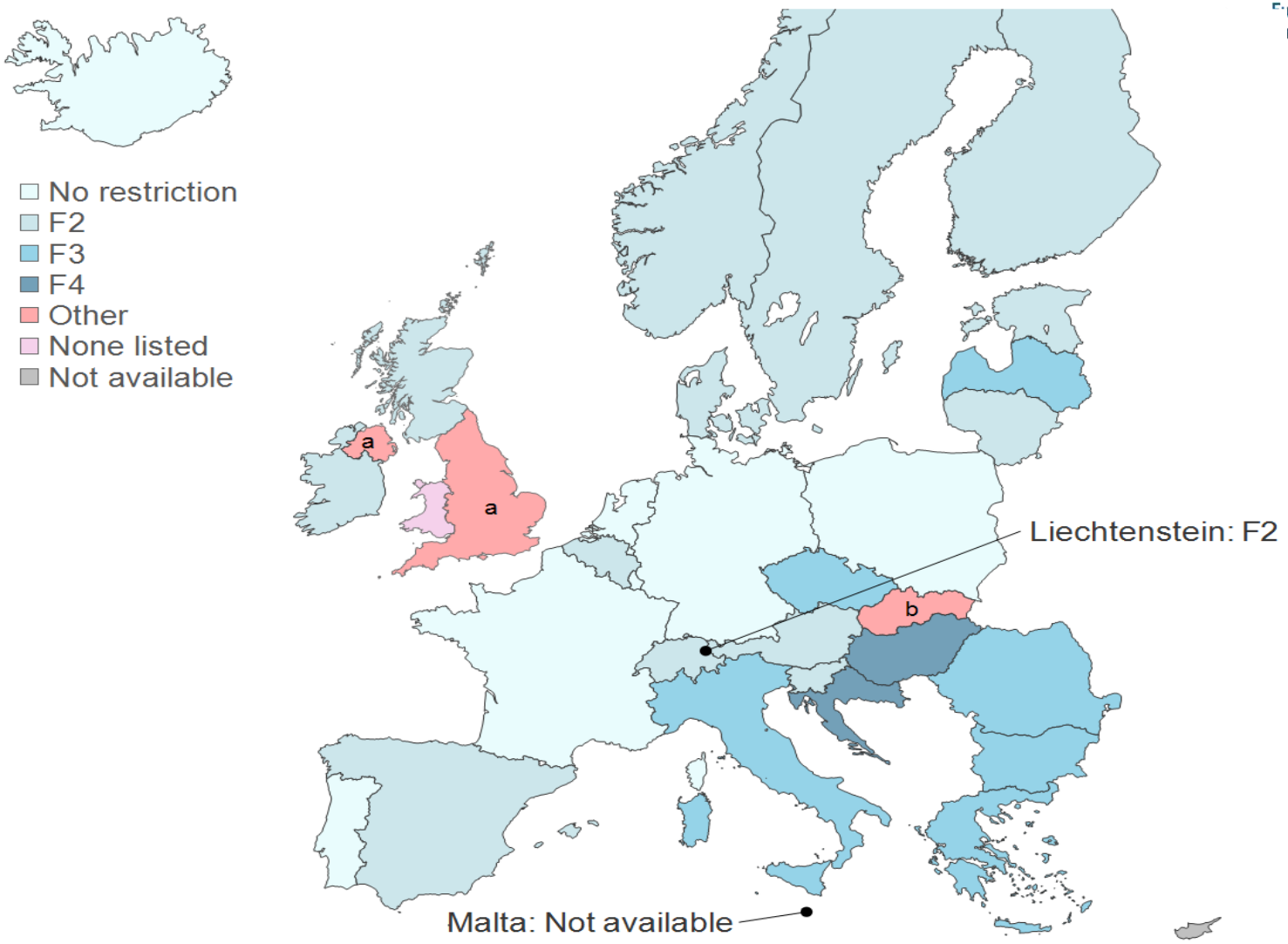




Source: OECD Health Statistics 2016.

StatLink http://dx.doi.org/10.1787/888933430022

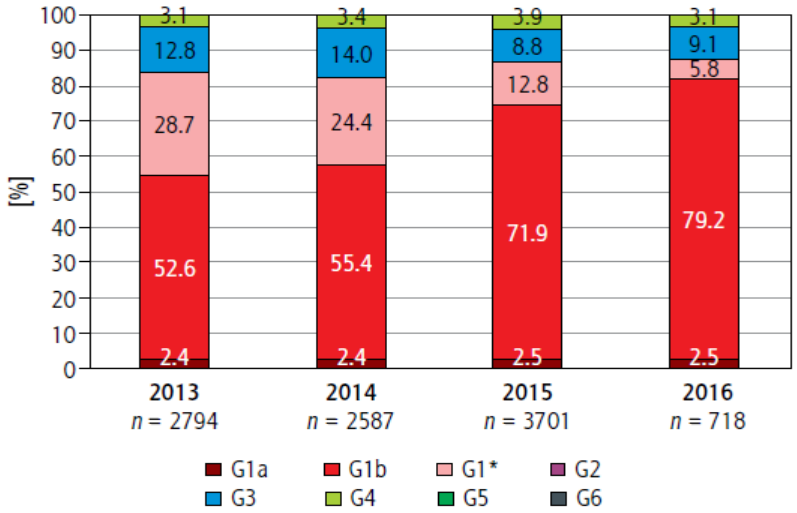
Minimal fibrosis required for HCV interferon-free therapy in Europe



a: Fibrosis stage restrictions based on genotype and prior treatment experience
b: Fibrosis stage restrictions based on prior treatment experience

Interferon free anti-HCV directs antivirals reimbursed by National Health Fund in Poland (2017)

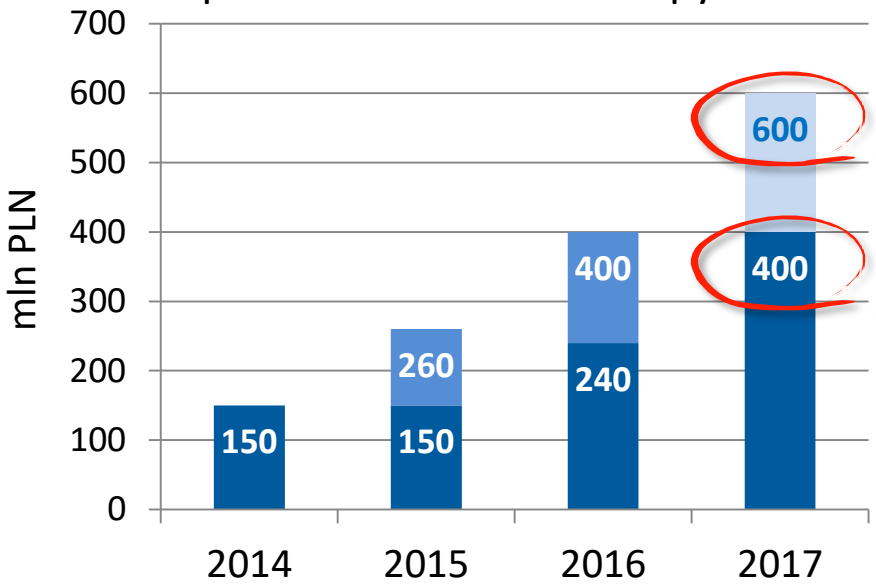
- Ombitasvir-paritaprevir/r + dasabuvir – since 07.2015 for **genotype 1 and 4**
- Daclatasvir + asunaprevir – since 09.2015, for **genotype 1b**
- Sofosbuvir + ledipasvir – since 11.2015, for **genotype 1**
- Sofosbuvir + PegIFN + RBV – since 11.2015, for **genotype 3**

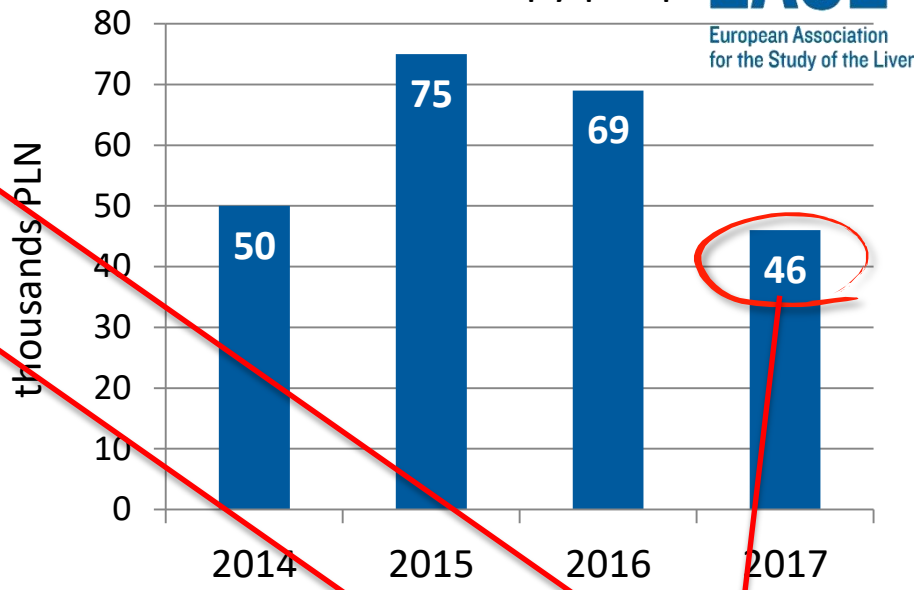


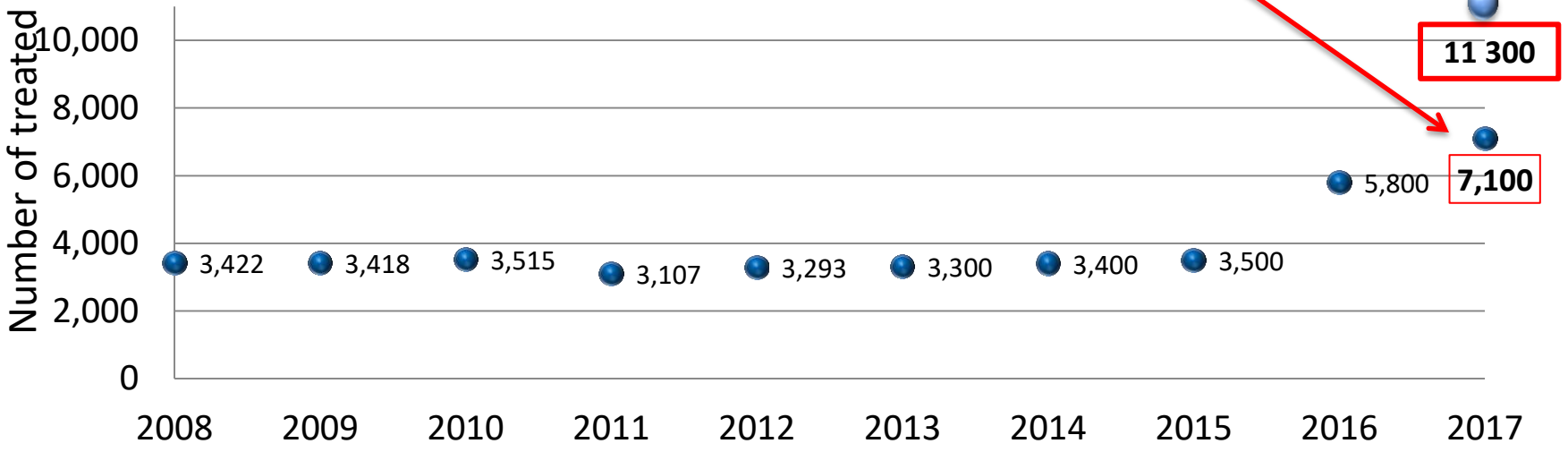
*Genotype 1 without subgenotyping

Distribution of HCV genotypes in Poland – EpiTer-1 study
N=9800

Anti-HCV therapy with DAA in Poland







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Estimations based on National Health Fund and own data (Flisiak R, Wiroskop 2017)

Scenarios for HCV-burden in Poland based on number of treated patients per year

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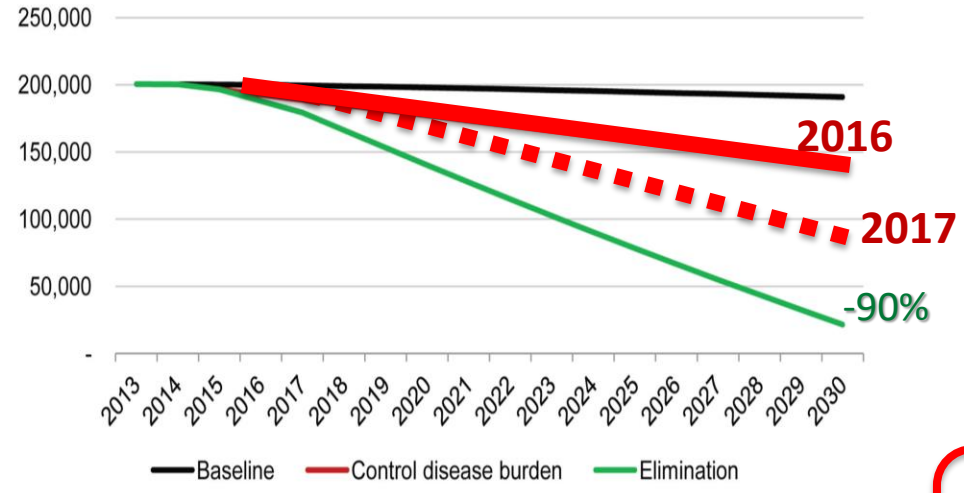
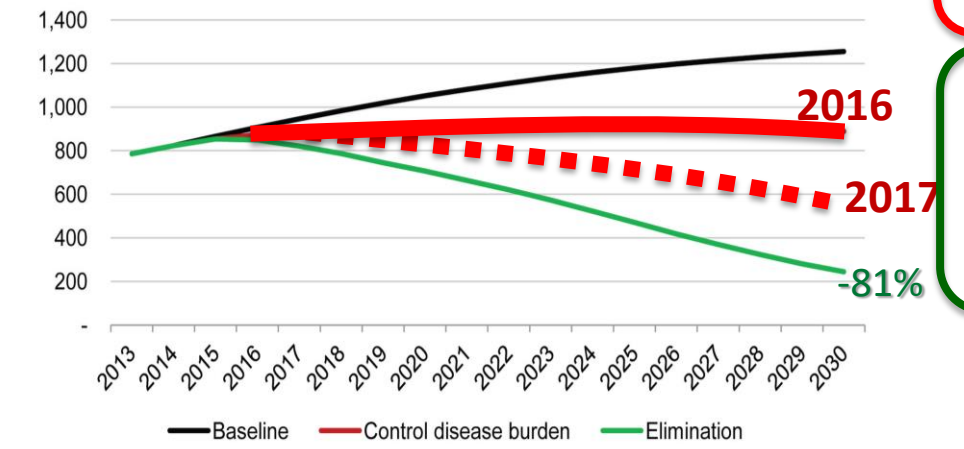
HCV-infections



Liver cancer (HCC)



Three scenarios for 2013-2030:

1. **Basic scenario**: 3000 newly diagnosed and 4000 treated patients with efficacy of 70% (as in 2013)
2. **Control scenario**: improvement, 5000 new cases, 5000 treated with efficacy of >90%.
3. **Elimination scenario (WHO target)**: significant improvement, 15000 new dianoses and 15000 patinets treated with efficacy of >90%.

Flisiak R, Halota W, Tomasiewicz K, Kostrzewska, Razavi H, Gover E. Eur J Gastro Hepatol 2015, 27: 70-76.

Conclusions for Poland

- **Only one in five HCV-infected knows about infection**
- Barriers for effective HCV elimination
  - **National Eradication Plan** for HCV Elimination not implemented by Ministry of Health since 2005
  - No nationwide screening actions, **lack of possibility of anti-HCV testing** in primary health settings
  - **Lack of routine testing in specific high risk groups** (PWIDS, prisons)
  - Physicians have **insufficient knowledge** about screening and therapies for HCV
  - **Insufficient number of consulting physicians** in Poland is resulting in extremely long waiting lists
- Good access to HCV antiviral therapy with no restrictions of age, liver fibrosis, risk group
- WHO elimination target by 2030 still possible with maintenance of current budget but more efficient screening (involvement of government necessary)

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Thank you!