**PLEASE SEND THIS REFERRAL TO FAX: 02 8738 3094 OR EMAIL:** [**SWSLHD-LiverpoolGastro@health.nsw.gov.au**](mailto:SWSLHD-LiverpoolGastro@health.nsw.gov.au)

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity: \_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Practitioner:**

(All patient information will be de-identified for Project ECHO)

**Hepatitis C history: ­­­­**

Tx naïve: Yes □ No  **□**

**Other medical history:**

**Social / psych / D&A history:**

Contraception: Yes □ No  **□**

**Medications** (pls avoid trade names for search):

OST: daily pick up □ takeaways □

**Examination**:

**Investigations**: (pls attach results)

1. HCV Genotype / viral load

**Treatment options (for treatment naïve patients)**

**Genotypes 1 to 6**

**Epclusa** (Sofosbuvir 400mg / Velpatasvir 100mg) 12 wks; eGFR >30

**Genotype 1**

**Harvoni** (Sofosbuvir 400mg / Ledipasvir 90 mg) 12 wks; eGFR >30

OR

**Zepatier** (Elbasvir 50mg / Grazoprevir 100mg) 12 wks

**Genotype 4**

**Zepatier** (Elbasvir 50mg / Grazoprevir 100mg) 12 wks

*\*See consensus guidelines for other patient groups (i.e. treatment experienced):* <http://hepcguidelines.org.au/>

1. LFT / EUC / FBC / AFP
2. GFR (if <30 beware)
3. HBsAg /sAg /cAb HIV Ab
4. Fibroscan/elastography:

(>12.5 = cirrhosis)

1. US liver/CT abdomen (esp if cirrhosis)
2. APRI: or FIB4:

**Other Information / Comments:**

**If you need to discuss a case prior to the Project ECHO meeting call Quyen Trinh (Admin) on 02 87384074 or**

**Anne Glass / Michelle Whelan (CNCs) on 0408968191**

**TIPS TO ASSIST YOU**

**with this form and treatment work-up**

**HCV history:**

Likely cause/date of infection if known, diagnosis date, previous Rx or liver review

**6 C’s checklist when assessing patients**

Complications of HCV (liver, other)

Co-morbidities

Conflicting priorities

Concomitant medications

Compliance

Contraception

**Medication interactions**:

Include prescribed, over the counter, recreational and herbal preparations at:

<http://hep-druginteractions.org/>

**Chronic liver disease signs**:

splenomegaly, shrunken liver, spider naevi, palmar erythema, peripheral oedema / ascites, jaundice, muscle wasting

**APRI/FIB4 calculators** - see

[www.hepatitisc.uw.edu/page/clinical-calculators](http://www.hepatitisc.uw.edu/page/clinical-calculators)

* **APRI** <1 negative predictive value 93% for cirrhosis > 1 proceed to fibroscan or other

AST (IU/L) / AST ULN = 40(IU/L) /Platelet x 100

**FIB4** <1.45 negative predictive value 90% for adv fibrosis/cirrhosis (Age x AST)/[Platelet x (√ALT)]

* If **APRI>1** or **FIB 4 >1.45** proceed to **Fibroscan** ≥12.5kPa =cirrhosis