

EP-091 - ESTIMATING PROPORTION OF CIRRHOSIS AND HEPATOCELLULAR CARCINOMA ATTRIBUTABLE TO HEPATITIS B AND C IN CLINICAL CENTRES IN SOFIA (BULGARIA) AND LISBON (PORTUGAL) – RESULTS FROM A EUROPEAN PILOT

Carolina Simões¹; Marieta Simonova²; Otilia Mardh³; Erika Duffell³; Chantal Quinten³; Slava Pavlova²; Tanja Hadzhiolova²; Krum Katzarov²; Rui Tato Marinho¹; Helena Cortez-Pinto¹

1 - Hospital de Santa Maria, CHULN; 2 - Department of Gastroenterology, HPB and Transplant Surgery, Military Medical Academy, Sofia, Bulgaria; 3 - European Centre for Disease Prevention and Control, Sweden

WHO set target to reduce mortality attributable to hepatitis B(HBV) and hepatitis C(HCV) by 65% by 2030. While national mortality data from cirrhosis(CIR) and hepatocellular carcinoma(HCC) exist, proportion of cases due to HBV/HCV are unknown. A study protocol was developed to calculate the attributable fraction of HBV, HCV and other risk factors(RF) for CIR and HCC in a standardised way and piloted in Sofia(Bulgaria) and Lisbon(Portugal).

All patients with CIR/HCC at reference centre in Sofia(2016-2017) and the first 100 sequential patients with CIR and 100 with HCC at reference centre in Lisbon(2015-2016) were included. Patients with CIR and HCC were classified as HCC. HBsAg and anti-HCV positivity were considered markers for chronic HBV and HCV, respectively. When both HBV and HCV were present, HCV-RNA+ defined the case as being attributable to HCV.

518 CIR, 84 HCC cases were collected in Sofia and 100 CIR and 100 HCC in Lisbon. 70% and 78% of CIR and 80% and 82% of HCC cases in Sofia and Lisbon were males. 38% of CIR, 68% of HCC in Sofia and 53% of CIR and 71% of CIR in Lisbon were ≥ 60 years. Distribution of CIR and HCC cases did not differ by gender($p_{Sofia}=0.07$, $p_{Lisbon}=0.48$) but patients with HCC were significantly older($p_{Sofia}=0.00$, $p_{Lisbon}=0.03$). In Sofia main RF for CIR were: alcohol46%, HBV18%, HCV16% and for HCC: HBV37%, HCV25%, alcohol8%. In Lisbon main RF for CIR were: alcohol56%, HCV25%, HBV6% and for HCC: alcohol46%, HCV37%, HBV9%.Overlap between RF was observed.

HBV/HCV were important RF for liver morbidity. The pilot demonstrated the feasibility of collecting data on viral hepatitis prevalence that can be used to estimate mortality attributable to HBV and HCV for monitoring elimination. Further consideration should be given to representativeness of samples collected from reference centres, assessment of cases with overlapping risk factors, data collection simplification.