From: **Tom Bird** <Tom.Bird@ GRO-C >
Date: Wed, 29 May 2024 at 16:31
Subject: FW: Volume 1 Recommendations on Monitoring liver damage for people who were infected with Hepatitis C
To: sheila.bird@ GRO-C <sheila.bird@ GRO-C >,
michelle.secker@ GRO-C <michelle.secker@ GRO-C >
Cc: Peter Hayes <P.Hayes@ GRO-C >, Cross Tim (RQ6) RLBUHT <Tim.Cross@ GRO-C >

Dear Sheila and Michelle,

Following on from my email yesterday I have had a chance to get feedback from other hepatologists both regionally (Prof Peter Hayes) and within NHS England (Dr Tim Cross – President of British Association for the Study of the Liver); both have agreed to the text below and are cc'd. We in broad agreement of aims of the the recommendations for 'Monitoring liver damage for people who were infected with Hepatitis C' from a Hepatology perspective [Pages 255-7 Section 6 of Volume 1 of the report] but all feel that that there could be some optimisation of the wording used in the recommendations.

As background the Fibroscan is a tradename for a specific scanning modality designed to assess stiffness of the liver as a marker of fibrosis/cirrhosis and is not a cancer surveillance test. There are also non-proprietary forms of this technology used for non-invasive measurement of fibrosis which are widely used. An ultrasound (rather than fibroscan) for liver cancer (HCC) surveillance every six months (plus minus serum AFP every six months) would be typical and recommended practice in the UK currently for early liver cancer detection. In specific populations there is rationale for alternative imaging modalities (e.g contrast enhanced CT/MRI). There are UK guidelines on delivery and reporting of these ultrasounds which are being agreed currently and could be included in the recommendation, however as these are planned for implementation currently they should also apply to this population.

We all agree that long term liver cancer surveillance in patients with fibrosis secondary to Hepatitis C post SVR is highly debatable and not supported by a strong evidence base but understand the rationale for this in the patients described in the report. Therefore, we are broadly supportive of applying ultrasound (and AFP) six monthly to the population as in Recommendation 6ai and understand the rational for populations in 6aii and 6aiii.

For the reasons describe above (proprietary nature of Fibroscan and its inappropriate use in liver cancer surveillance) we would suggest replacing this with ultrasound (plus/minus serum AFP) six monthly in your recommendation in 6avi. We highlight however that these are not the only tests available and should not be used in all instances rather than any alternative.

We highlight these with the aim of improving clarity of the report for clinicians who will be responsible for ultimately responsible for implementing these investigations and with the aim of improving the service offered to those described in the Infected Blood Inquiry.

Yours sincerely,

Tom Bird (Consultant Hepatologist, Professor of Hepatobiliary Cancer, University of Edinburgh)

Tim Cross (Consultant Hepatologist, President of British Association for the Study of the Liver)

Peter Hayes (Consultant Hepatologist, Professor of Hepatology, University of Edinburgh)