

# IC3 Liver Health Trial Annual Report

2022

**IC3  
Liver  
Health  
Trial**



# Welcome to our first annual report on the IC3 trial outlining our yearly progress

**What does IC3 stand for : Identifying Cirrhosis and liver Cancer in primary Care.**

This trial aims to provide evidence for a national implementation pathway for early detection and diagnosis of liver cirrhosis (scarring) in primary care settings (GP practices). Liver cancer is on the rise in Australia and liver cirrhosis remains the primary risk factor for hepatocellular carcinoma (HCC), the most common liver cancer.

National trials need visionaries, strategic thinkers, passionate researchers, and consumers. We have been privileged to work with all of these. Our IC3 team has a breadth of talent, expertise and lived experience that is globally recognised. This team brings a whole (holistic) perspective to liver health and managing liver disease in Australian communities.

2022 has been a remarkably busy year for the IC3 trial. Our first year has presented challenges, but many more highlights. The challenges of moving in and out of COVID-19 lockdowns, often meant engaging with stakeholders in virtual spaces, and managing governance issues and processes across State boundaries. However, the year has presented many more positives; recruitment of quality research staff, building of strong, respectful, and beneficial relationships between the trials team and key stakeholders, and most importantly, enrolling our first liver trial participants.

Our steering committee has met multiple times over the year and continues providing valuable advice, support, and governance to the trial management team. Our IC3 Community Advisory Group was formed in April of this year and combines a wonderful group of caring, committed community members, carers, and health promoters, who are passionate about improving knowledge of liver disease and engaging the public in this discourse. We are grateful to both IC3 committees for providing such valuable insights, feedback, and support.

The backbone of a successful trial is the capacity to recruit effectively. This does not happen without immense effort. This effort is displayed in the work ethic of our fabulous research assistants, and the engagement and commitment shown by our GP's and practice managers to research trials. These players sit in the front seat driving the car forward, while other members of the team oil the engine, fix the busted wheel, and run regular diagnostics over the dashboard. We have completed recruitment in our first Victorian GP practice, and nearly completed recruitment in regional Victoria with a third urban practice to commence in the New Year. Western Australia has two GP practices recruited, one in Perth and Bunbury and a third ready to commence early next year. We have engaged with over 25 GPs across these 4 practices and over two hundred participants.

We are also proud to embrace the TorchRecruit screening software now installed in many GP practices. This electronic software tool is helping to transform the early identification of risk factors in primary care. Without this screening tool a trial such as IC3 would be unable to identify, let alone reach, the enormous number of patients in our community who could benefit from our trial.

If you have not already seen our website, please check it out, <http://pc4tg.com.au/ic3-trial/>. The PC4 communications team have done a wonderful job in making this website easy viewing, friendly and understandable. On this website you will also see a button for communication of the trial in the Chinese language. We are hopeful of engaging our Chinese population in this liver health trial as we know that our culturally and linguistically diverse communities are often left out of important clinical trials.

IC3 provides an example to other national trials on how to embrace and engage primary care trials in our regional and rural GP settings. The PARTNER network is working alongside IC3 to develop valuable partnerships to deliver better health outcomes to communities most in need.

With 235 participants recruited across Victoria and Western Australia, and with Sydney and Wide Bay, Queensland, soon to be commencing recruitment, we are well within recruitment timelines and expect to deliver this MRFF funded project on time and on budget. The data we capture will inform health policy makers about the future screening needs of Australians living with risk factors for liver disease.

We may indeed deliver on the 2020 scoping review goal of the Cancer Council who stated, there was “a well-recognised need to improve the detection of patients with advanced liver disease in primary care ... and further research is warranted. Ideally, this would include large randomised studies comparing effects of (liver fibrosis) screening programs with usual care on both diagnosed advanced liver fibrosis and cirrhosis and long-term HCC outcome for patients identified by GPs as at risk of advanced liver disease in primary care or community settings”.

We acknowledge and pay respect to the Traditional Owners of the lands upon which we work and pay respect to their Elders (past and present) and families.

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