

# IC3 Liver Health Trial Annual Report

2023

**IC3  
Liver  
Health  
Trial**



# Welcome to our second annual report

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

Liver cancer is on the rise in Australia and liver cirrhosis remains the primary risk factor for hepatocellular carcinoma (HCC). This randomised controlled trial is taking place across 4 states of Australia and aims to provide ground-breaking evidence of the efficacy of a cirrhosis detection implementation pathway in primary care settings (GP practices).

2023 has been a remarkably busy year for the IC3 trial. In February of this year, we finally achieved our full complement of research staff, which meant all four states were recruiting by June. Thank you to our Sydney and Hervey Bay team for their commitment, energy, and professionalism in engaging general practices and commencing trial recruitment. The backbone of a successful trial is the capacity to recruit effectively. This does not happen without immense effort from our team. We have now recruited 1350 participants (48%), of which (at the time of this report) 95% had also consented to data linkage and review of their long term liver health outcomes.

We have completed recruitment in six Victorian GP practices, one of which was in regional Victoria, and two others have signed on for the new year. Western Australia has completed recruitment at three GP practices in Perth and completed recruitment in a large regional practice in Bunbury. We have engaged with over 100 GPs across these practices and invited nearly 3000 participants to the trial. We will complete our first practice recruitment in Sydney by January 2024 and have two other practices signed on for next year, with another interested. Hervey Bay has commenced in one practice, with a second practice lined up for next year. We acknowledge the valuable networks provided to our trial by our resourceful and engaged investigators across the states with particular thanks to A/Prof Andrew Kirke (UWA, Bunbury), A/Prof Riitta Partanen (UofQ, Hervey bay) and Prof Charlotte Hespe (UND, Sydney).

Our second year has presented highlights and challenges. Whilst COVID-19 has had little impact on our work this year, we have responded to increasing community concern about data security and privacy. Our data housing platform REDCap was subjected to a major health check and passed with flying colours, and we were asked to reconfirm that our engagement processes with potential participants aligned with the Guidelines under section 95 of the Privacy Act.

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 has also met twice 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.

We are proud to have worked this year with such a diligent and responsive team at TorchRecruit who continue to provide this electronic software tool which is transforming the face of screening for chronic disease and identifying risk factors in patients attending primary care settings. Without this screening tool a trial the size and scope of IC3 would never be able to take place and deliver benefits to those most at risk.

If you have not already seen our website, please check it out, <http://pc4tg.com.au/ic3-trial/>. The primary care collaborative clinical trials group (PC4) team have done a wonderful job in making this website easy viewing, friendly and understandable.

IC3 provides a positive example on how national primary care trials can occur Australia, both in our urban regional and rural GP settings. The Partner Network – Partner Network is working alongside IC3 to develop valuable partnerships to deliver better health outcomes to our communities most in need.

With over thirteen hundred participants recruited, we are well within recruitment timelines and hope to deliver this MRFF funded project on time and within 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 plan to deliver on the 2020 scoping review goal of the Cancer Council, which 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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