

IC3 Liver Health Trial Annual Report

May 2025

**IC3
Liver
Health
Trial**



Welcome to our third 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). The aim of the IC3 trial is to provide evidence for an improved cirrhosis detection pathway in primary care settings, ultimately improving liver cancer survival rates.

This randomised controlled trial has been recruiting across 4 states of Australia, commencing in July 2022 (in Victoria).

RECRUITMENT IS NOW COMPLETE

The backbone of a successful trial is the capacity to recruit effectively. This does not happen without immense effort from our team and our support networks.

We wish to thank all of our **2473** participants who have volunteered their time as well as the **26** General Practices and **over 100** individual general practitioners who consented to take part in this trial. There are also multiple administrative and management staff within the clinics who allowed us into their space and provided support, resources and opportunities to enhance the trial and patient experience at every turn.

A special mention should go to our community advisory group (IC3 CAG) who always turn up for our tri-yearly meetings with energy and enthusiasm and words of wisdom on how to improve or enhance our trial processes and communications over this past 3 years.

Without our wonderful Academic GP leads, Prof Jon Emery in Victoria, Prof Charlotte Hespe in NSW, Professor Andrew Kirke in WA and A/Professor Riitta Partanen in Hervey Bay Queensland, whose networks, drive and engagement supported our enrolment of practices across Australia, this outcome would not have been possible.

Our steering committee has met multiple times over the year and continues providing valuable advice, support, and governance to the trial management team. Their tireless work and commitment to the trial has provided positivity and a can do attitude which has supported the management team over many years.

Our third year has presented highlights and challenges. We have welcomed a baby or two which has brought great joy. We have responded to staff changes where the pursuit of dreams and goals has meant some have moved on whilst providing an opportunity to welcome new and amazing staff. We have responded to increasing community concerns about data security and privacy. We have worked with practices to ensure practice engagement processes align with relevant privacy laws and legislations.

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 clinical trials in 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.

Without the support of Echosens, providing the fibroscans and the support from Medical Technologies and our pathology partners SONIC Health care and PathWest WA, delivering improved detection pathways would not have been possible. We also wish to thank the Cancer Council of Australia, LiverWell, the Liver Foundation and Hepatitis Australia for their engagement, interest and support during this trial in the early and interim phases of trial setup and design and the monitoring team for ensuring our trial had integrity and was robust, compliant and safe for our participants.

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 communities most in need.

We now have the task of reviewing the medical records of our consented patients across all practices to determine our primary outcome. To date we have reviewed 1126 medical records for liver related health outcomes. We expect to finalise our reviews by May-July 2026 when all patients have completed their 12 (+2) months in the study.

We hope to deliver this MRFF funded project on time and within budget in late 2026. 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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