## Survey questionnaire

## <u>Treatment of chronic hepatitis C infection in children and adolescents</u> <u>Values and preferences survey</u>

## Survey

You are being invited to participate in an online survey about treatment for children and adolescents living with chronic hepatitis C virus (HCV) infection. This survey is being conducted to understand healthcare workers' preferences about which children to treat and what direct acting antiviral (DAA) regimens to use. Results from this survey will be used to update World Health Organization's (WHO) guideline recommendations on treatment of children (those < 12 years old) and adolescents (between 12 and 18 years old).

The survey comprises 17 questions and should take no more than 15 minutes to complete.

For further information, please contact farihah.malik.18@ucl.ac.uk

We very much appreciate your time in completing this important survey.

## **Survey Questions**

Section A Information about you and your practice	
1. Please type the country for which you are most	Open ended
qualified to discuss current practices for HCV	
treatment (in most cases, will be your country of	
residence)	
2. What best describes your role?	Dropdown menu with the following options:
	☐ Hepatologist/ Gastroenterologist
Please select one	<ul> <li>Infectious disease specialist</li> </ul>
	<ul> <li>Paediatrician/ paediatric infectious</li> </ul>
	diseases/paediatric hepatologist
	☐ General Physician/ Family physician
	□ Nurse
	<ul><li>Other (please specify)</li></ul>
3. At what type of facility do you practice?	☐ Tertiary (e.g. national, regional or
	university hospital)
Please select one	<ul> <li>Secondary (e.g. district or county</li> </ul>
	hospital)
	<ul> <li>Primary (e.g. community hospital or</li> </ul>
	rural centre)
	☐ Private clinic
	☐ NGO clinic
4. How long have you been working in the field of viral hepatitis?	☐ Less than 1 year
virai nepatitis:	☐ 1-2 years
	☐ 3-5 years
	☐ 5-10 years
	☐ More than 10 years
5. Approximately how many children and	Children (<12 years)
adolescents with chronic HCV have you cared for	
in your practice or facility over the last three	Adolescents (12-18 years)
years?	[SKIP - If both are zero skip to Q6]
Please provide estimates	ן באוד - וו שטנוו מופ צפוט אגוף נט עסן
i icase provide estilliates	

	proximately how many chile years in your practice/facili ?									
Please	e check all that apply									
		None	1 – 10	11 -	- 20	21 – 5	50	More t	han	
	0 to < three years old									
	3 to < 6 years old									
	6 to < 12 years old									
	12 to <18 years									
	5b. Over the last three years, what drug regimens have you used to treat children and adolescents with HCV in your practice/facility, in the following different age groups?									
Please	e check all that apply									
			0 to	<	3 to	< 6	6 t	o < 12	12 to <	<18
			thre			rs old		ars old	years	120
				s old	,		, -		,	
	Interferon or Pegylated in	terferon	,							
	+ ribavirin									
	Sofosbuvir +interferon									
	Sofosbuvir + ribavirin									
	Sofosbuvir/daclatasvir									
	Sofosbuvir/ledipasvir									
	Sofosbuvir/ledipasvir Sofosbuvir/velpatasvir									
	Sofosbuvir/velpatasvir/voxilaprevir									
	·									
	Glecaprevir/pibrentasvir									
practi	Section B Information about current HCV treatment for children and adolescent in your practice/facility and country									
6. Are any drug regimens currently available				in ☐ Yes						
	rour practice/facility for treatment of HCV □ No [Skip to Q7]  Infection in children and adolescents?									
6a. Which of the following drug regimens are currently available in your practice/facility * for										
treatment of HCV infection in adolescents and children, in the following different age groups?										
*outside of clinical trials										
			0 to	<	3 to	< 6	6 t	o < 12	12 to <	<18
			thre year	e s old	yea	rs old	ye	ars old	years	
	Interferon or Pegylated interferon + ribavirin									
	Sofosbuvir + interferon									
	Sofoshuvir + ribavirin								<u> </u>	

	Sofosbuvir/daclatasvir							
	Sofosbuvir/ledipasvir							
	Sofosbuvir/velpatasvir	/ - 11						
	Sofosbuvir/velpatasvir,	•						
	Glecaprevir/pibrentasv							
	e any drug regimens currer				☐ Yes			
	d approved in your country		t of		☐ No [Sk	ip to Q8]		
HC'	V infection in children and a	adolescents?			☐ Don't l	know [Skip t	o Q8]	
7a.	Which of the following drug	g regimens ar	e currently	/ re				nt of
	V infection in children and a	-	-					
			0 to <		3 to < 6	6 to < 12	12 to <18	]
			three		years old	years old	years	
					ycars old	years old	years	
	Interferon or Pegylated	d interferon	years old	1				
	+ ribavirin	interreron						
	Sofosbuvir + interferor	<b>.</b>						
	Sofosbuvir + ribavirin	<u> </u>						
				-				
	Sofosbuvir/daclatasvir							
	Sofosbuvir/ledipasvir							
	Sofosbuvir/velpatasvir	, ,,						
	Sofosbuvir/velpatasvir/voxilaprevir							
	Glecaprevir/pibrentasvir							
	What is the <b>main</b> source of f	_	S	Sele	ct one:			
рае	ediatric hepatitis treatment	_	S			ts (i.e., self-f	unded)	
рае		_	S	[	Patient	ts (i.e., self-f	· ·	
рае	ediatric hepatitis treatment	_	S	[	☐ Patient☐ Goverr	•	· ·	
рае	ediatric hepatitis treatment	_	S	[	☐ Patient☐ Goverr	ment (publi	· ·	
рае	ediatric hepatitis treatment	_	S	[	Patient Goverr Private NGO	ment (publi	ic sector)	
pae pra	ediatric hepatitis treatment ctice/facility?	at your		 	Patient Govern Private NGO Other (	nment (publicinsurance	ic sector)	
pae pra	ediatric hepatitis treatment	at your		 	Patient Govern Private NGO Other (	nment (publicinsurance	ic sector)	
pae pra	ediatric hepatitis treatment ctice/facility?  etion C Preferences for future the following properties the following contract the followin	re HCV treat	ment and I	DAA	Patient Govern Private NGO Other (	nment (publication) insurance please spec	ic sector)	to
pae pra	ediatric hepatitis treatment ctice/facility?	re HCV treat	ment and I	DAA	Patient Govern Private NGO Other (	nment (publication) insurance please spec	ic sector)	to
pae pra	ediatric hepatitis treatment ctice/facility?  etion C Preferences for future the following properties the following contract the followin	re HCV treat	ment and I	DAA	Patient Govern Private NGO Other (	nment (publication) insurance please spec	ic sector)	
pae pra	ediatric hepatitis treatment ctice/facility?  etion C Preferences for future the following properties the following contract the followin	re HCV treat wing outcom?	ment and l	DAA	Patient Govern Private NGO Other ( regimens	ment (publication) insurance (please spector) re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H	ediatric hepatitis treatment ctice/facility?  etion C Preferences for future the following properties the following contract the followin	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future the followat children and adolescents	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H	ediatric hepatitis treatment ctice/facility?  etion C Preferences for future the following at children and adolescents  SVR12 (cure)  Measure of liver disease	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H tree	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future the following at children and adolescents  SVR12 (cure)	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H tree	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future How important are the follow at children and adolescents  SVR12 (cure)  Measure of liver disease (e.g. biopsy, non-invasive liver fibrosis assessments)	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
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Sec 9. H tres	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future downward and adolescents  SVR12 (cure)  Measure of liver disease (e.g. biopsy, non-invasive liver fibrosis assessments)  Presence and severity of symptoms  Measures of psychological well being	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Secondary Second	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future discussion at children and adolescents  SVR12 (cure)  Measure of liver disease (e.g. biopsy, non-invasive liver fibrosis assessments)  Presence and severity of symptoms  Measures of psychological well being Measures of physical	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H tree	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future How important are the follow at children and adolescents  SVR12 (cure)  Measure of liver disease (e.g. biopsy, non-invasive liver fibrosis assessments)  Presence and severity of symptoms  Measures of psychological well being Measures of physical function	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely
Sec 9. H tres	ediatric hepatitis treatment ctice/facility?  Etion C Preferences for future discussion at children and adolescents  SVR12 (cure)  Measure of liver disease (e.g. biopsy, non-invasive liver fibrosis assessments)  Presence and severity of symptoms  Measures of psychological well being Measures of physical	re HCV treat wing outcom ? Not at all	ment and I	DAA	Patient Govern Private NGO Other ( regimens	re consideri	ify below)  ng whether to Extreme	ely

						_						
	Preve	ntion of										
	transn	nission to other										
	persoi	ns										
	Preve	ntion of										
	stigma	atisation of infected										
	childre											
10	Da. If DA	As were available for t	reatment of	HCV	infect	ion in chil	drer	and a	dole	scents ir	ı your	1
		facility, how likely wou									•	
	•	,, ,	Extremely	1	ikely	Neutral	Lik			remely		
			unlikely	"	inciy	reatra		Ciy	like	,		
		0 to < three years	urmitery						iiice	· y		
		old										
		3 to < 6 years old										
		6 to < 12 years old										
		12 to <18 years										
10	h Dlage		 	2000	Onor							
		se specify reasons for y	•	ices	Oper	n-ended						
то	r not tr	eating a particular age	group									
4.	1 - 1( D 4	A			(		.1		.1.1.			
		As were available for t										
practice/facility, which DAA regimens would you prefer to use in the following age groups:												
				0 to		3 to < 6		6 to <	12	12 to <	12	
				thre		years o					10	
			years old		years old		years old		years			
	Sofosbuvir + interferon		year	3 010								
	Sofosbuvir + ribavirin											
		Sofosbuvir/daclatasvir										
		Sofosbuvir/ledipasvir										
		Sofosbuvir/velpatasvir										
		Sofosbuvir/velpatasvir/voxilaprevir										
	G	lecaprevir/pibrentasvii	ſ									
11												
11b. Please specify reasons for your				Open-ended								
preferences				<u> </u>								
12. Which children would you prioritise for			Open-ended									
treatment with DAAs?												
	13. Which children would you not wish to treat			Open-ended								
	ith DAA											
		ir opinion, what is the	_									
		atment of children wit		d	☐ three years and above							
be	e recom	mended in treatment	guidelines?		☐ 6 years and above							
				☐ 12 years and above								
Please select one					Other	, ple	ase sp	ecify				

Section D Barriers and solutions to promoting acceadolescents	ss to HCV treatment for children and
15.What barriers do you face in your practice/facility in treating children and adolescents with HCV infection?  Select all that apply	<ul> <li>□ Lack of national policies and guidelines</li> <li>□ DAAs are not available</li> <li>□ DAAs are available but not registered for use in children and adolescents</li> <li>□ DAAs are available but not free (patients have to pay to receive treatment)</li> <li>□ DAAs are available but paediatric formulations are not available</li> <li>□ Lack of awareness among health professionals</li> <li>□ Lack of awareness among patients</li> <li>□ Fear/misconceptions about the treatment</li> </ul>
16.What are your suggestions to facilitate access and uptake of HCV testing and treatment for children and adolescents?  17. Is there anything else you would like to tell us about promoting access to HCV testing and treatment of children and adolescents in your country?	Others (please specify)  Open ended questions
If you are interested in collaborating in sharing of anonymized individual patient data to future studies, please enter your name and email address	Respondent name Respondent email

By clicking the 'Submit' button below, you are consenting to participate in this study, as it is described in the participant information sheet, which you can download <u>here</u>.

We very much appreciate your time in completing this survey!