HCV Treatment Monitoring and Post Treatment Surveillance
Objective

At the end of this lecture, the learner will be able to:

- Monitor HCV treatment as per guideline recommendations
- Recommend appropriate long-term care of liver disease subsequent to HCV sustained virologic response
Published on Recommendations for Testing, Managing, and Treating Hepatitis C (http://hcvguidelines.org)

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MONITORING PATIENTS WHO ARE STARTING HEPATITIS C TREATMENT, ARE ON TREATMENT, OR HAVE COMPLETED THERAPY
Other Resources

1. Hepatitis C Online
   • https://www.hepatitisc.uw.edu/

2. Clinical Care Options® Hepatitis
Outline

- On-Treatment Monitoring
- Post-SVR Surveillance
Evaluation Prior to Treatment

- Workup prior to treatment initiation should have included:
  - Baseline labs including CBC with diff, BMP, LFTs, and PT/INR
  - HCV RNA and genotype
  - Staging, including evaluation for decompensated disease
  - HBV Serology
  - Assessment of drug-drug interactions
  - Pregnancy testing
  - Resistance testing (if previously treated or using certain medications)
Anticipated Treatment Course
Suggested Lab Assessment

- **Week 2**
  - CBC with diff if using ribavirin

- **Week 4**
  - CBC with diff + CMP + HCV RNA PCR

- **Week 8**
  - CBC with diff if using ribavirin
  - CMP if using elbasvir/grazoprevir

- **Week 12**
  - HCV RNA PCR alone if concluding treatment
  - CBC with diff + CMP + HCV RNA PCR if continuing therapy for >12 weeks

- **SVR12+**
  - HCV RNA PCR

"More frequent assessment for drug-related toxic effects (eg, CBC for patients receiving ribavirin) is recommended as clinically indicated."
Stopping Rules

- At Week 4 (Or Any Other Time When Noted):
  - LFTs >10x above the upper limit of normal = STOP
  - LFTs elevated but <10x without symptoms = repeat labs @ week 6 and 8
  - LFTs elevated but <10X with symptoms or other lab abnormalities = STOP
    - Symptoms include weakness, nausea, vomiting, jaundice
    - Labs may include significant increase in bilirubin, alk phos, INR
What If It Is Not Working?

- **Persistent Viremia at Week 4**
  - Almost all non-cirrhotic patients should be undetectable at week 4
  - If not, consider compliance and/or drug-drug interaction
  - Repeat at week 6
    - If undetectable, continue as scheduled
    - If HCV viral load >10X increase (1 log) = **STOP**
    - If improved but still detectable, unclear…

- **Failure to clear during or after treatment**
  - Monitor for liver injury and for liver failure/cancer as appropriate
  - Consider reasons for failure and options for retreatment
  - No clear role for resistance testing
Key Dates In Monitoring for SVR
In-Person vs. Virtual vs. Phone

- “Clinic visits or telephone contact are recommended…to ensure medication adherence, and to monitor for adverse events and potential drug-drug interactions with newly prescribed medications.”

- Our Practice:
  - Supplement/replace provider in-person appointments with pharmacy virtual or phone follow-up for side-effect monitoring and adherence counseling.
After Sustained Virologic Response ≥12 Weeks After Therapy

1. Counseling
   - HCV antibody will remain positive lifelong
   - Reinfection is possible
   - Future testing will require HCV RNA PCR or similar test

2. Need for Follow-Up
   - F0-2 = “As if they were never infected”
   - F3-4
     - HCC screening with ultrasound every 6 months, CT abdomen with triple phase contrast annually, or MRI abdomen with contrast annually
     - GI/Hepatology referral for endoscopy
Areas of Uncertainty

- Nonspecific staging pretreatment
- Specialty provider access
  - Primary care vs. GI/hepatology for long-term fibrosis monitoring
QUESTIONS?