

Quick Reference Sheet: Care and Counseling of Patients Following SVR

This worksheet can be used to guide and document posttreatment care for patients who have achieved a sustained virologic response following HCV therapy.

Patient Identifier _____

Cure characteristics and HCV RNA assessment

- HCV RNA negative 12 weeks posttreatment? _____
- HCV RNA negative 24 weeks posttreatment? _____
- HCV RNA negativity > 24 weeks posttreatment should be assessed if:
 - Patient is at risk for reinfection (ie, engages in illicit drug use, high-risk sexual activity)*
 - If YES, document risk and assessment and counseling plan:

 - Patient is moving toward transplantation (document negative HCV RNA at time of referral)
 - If YES, describe and document plan:

 - Patient has a change in liver status or liver-associated enzymes become abnormal
 - If YES, describe and document plan:

*Assessment should occur every 6-12 months.

Posttreatment monitoring with hepatology team should occur in patients with confirmed cirrhosis

- Recommended interval every 6 months; consider alternating visits with PCP where appropriate
- Obtain comprehensive metabolic profile, INR, CBC; screen for HCC
- Screening for esophageal varices via endoscopy should occur at diagnosis of cirrhosis
 - Varices present? YES NO
 - If NO, further screening should occur every year for patients with decompensated cirrhosis and every 3 years for patients with compensated cirrhosis

Posttreatment HCC screening

- Hepatoma screening should be conducted every 6 months via ultrasound if YES for any of the following:

▪ FibroScan > 12.5 kPa (possibly at 9.3 kPa or greater)	YES	NO
▪ Liver biopsy ≥ stage 3	YES	NO
▪ FibroSure/FibroTest 0.7	YES	NO
▪ APRI 0.7	YES	NO
- Recommended HCC screening plan: _____

Posttreatment portal hypertension screening

- Portal hypertension screening should be considered if cirrhosis confirmed

Posttreatment alcohol consumption suggestions

- Advanced fibrosis or cirrhosis (Metavir F3/F4):
 - Abstain from alcohol use
- Early fibrosis (Metavir F0-F2):
 - For men: no more than 4 drinks on any single day AND no more than 14 drinks per week
 - For women: no more than 3 drinks on any single day AND no more than 7 drinks per week

Additional post-SVR12 patient education points

- Reinfection counseling
 - Sexual partner status: _____
 - Condom, needle usage
- Remind patients that HCV antibody tests will remain positive after cure
- Counsel fatty liver disease risk reduction as needed (weight loss, control of diabetes and dyslipidemia)

Abbreviations: APRI, aspartate aminotransferase to platelet ratio index; CBC, complete blood count; HCC, hepatocellular carcinoma; INR, international normalized ratio; PCP, primary care physician; SVR, sustained virologic response.

References

AASLD/IDSA Guidelines. February 2016. Aleman S, et al. Clin Infect Dis. 2013;57:230-236. Bruix J, et al. Hepatology. 2011;53:1020-1022. Chalasani N, et al. Hepatology. 2012;55:2005-2023. Garcia-Tsao G, et al. Hepatology. 2007;46:922-938. National Institute on Alcohol Abuse and Alcoholism. Drinking Levels Defined. 2016. Available at: <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>. Accessed March 15, 2016. van der Meer AJ, et al. JAMA. 2012;308:2584-2593.