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