HCV Treatment Monitoring and Post-Treatment Surveillance
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- No disclosures
Objectives

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
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
- HCV RNA PCR if concluding treatment

Week 12
- HCV RNA PCR if concluding treatment
- Consider additional labs 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.”
Elevated LFTs On Therapy

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’s 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, uncertain…

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
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.
Key Dates In Monitoring for SVR
QUESTIONS ABOUT MONITORING?
After Sustained Virologic Response ≥12 Weeks After Therapy

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

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

- Indications and frequency of future screening
- Nonspecific staging pretreatment
- Specialty provider access
  - Primary care vs. GI/hepatology for long-term fibrosis monitoring
QUESTIONS?
CASE STUDY #1

- 37 year-old female; told she had HCV a couple of years ago; tried to get treatment but was denied by Medicare because it was “inactive”
- Recently had more testing – HCV RNA, GT 1a from outside facility
- c/o abdominal pain, nausea, occasional diarrhea in the past 2-3 months
Work-up

- Needs Hepatitis A vaccine but Hepatitis B immune
- AST 58 (ref 5-40) and ALT 17 (ref 0-55); CBC, CMP, PT/INR, HIV wnl
- Fibroscan F2-F3
- Fibrosure – specimen lipemic; unable to obtain result
What to do? How to proceed?

- Calculate APRI – 1.696 (>= 1.5 rules in significant fibrosis)
- Calculate FIB 4 – 5.34 (> 3.25 is predictive value of 65% for advanced fibrosis)
- Both indicate cirrhosis
- Get ultrasound with elastography
Questions

- Do you think the symptoms she presented with could be related to HCV?
- Any other basic testing that you think you may need to explore?
Case Study # 2

- 65 year-old male diagnosed with HCV in 1995, GT 1a, no prior treatment, IVDU in the 1960’s
- Recent ultrasound identified some cirrhosis
- Has lost 25% of body weight in the last 6 months due to undiagnosed oral lesions associated with difficulty swallowing; also has acute headaches and weakness
- Noticed widespread rash approx. 3 months ago – treating with OTC meds and various oils/lotions; rash continues
What to do?

- Sometimes not appropriate to start treatment – this is an example of prioritizing care. Indeed, when patient presented, he didn’t feel as if he would be able to adhere to therapy due to inability to swallow medication.
- Plan >>>>>> obtain appropriate medical referrals to have pathology addressed, follow-up in 4 weeks to assess status at that time and make decisions.