Hepatitis C Virus: Treatment Monitoring and Post-Treatment Surveillance
Disclosures for Cody Chastain, MD

- No financial disclosures
Objectives

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

- Apply guideline recommendations for HCV treatment monitoring

- 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
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.
Recommended Lab Assessment

Week 2
- CBC with diff if using ribavirin

Week 4
- Hepatic function panel if using elbasvir/grazoprevir
- CBC with diff if using ribavirin

Week 8
- CBC with diff if using ribavirin
- Hepatic function panel if using elbasvir/grazoprevir

Week 12
- Hepatic function panel if using elbasvir/grazoprevir x 16 weeks

SVR12+
- HCV RNA PCR
Suggested Lab Assessment for Most Cases

Week 4
- CMP + HCV RNA PCR

Week 8
- HCV RNA PCR if concluding treatment

Week 12
- HCV RNA PCR if concluding treatment

SVR12+
- HCV RNA PCR
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
- No clear recommendations for interpretation or further testing

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
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
- Post-treatment staging tools and relative accuracy
- Specialty provider access
QUESTIONS?