

Chronic HCV Infection: Posttreatment Assessment Guide

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Treatment outcome¹

- Assess treatment outcome by quantitative HCV RNA test 12 or more weeks after completion of treatment to determine whether SVR12 (LLOQ 12–25 IU/mL) has been achieved

Quantitative HCV RNA test:

CPT code: 87522^{2,3}

Quest Diagnostics™ code: 35645²

LabCorp code: 551300³

SVR12 not
achieved



SVR12 achieved¹

For patients with undetectable HCV RNA, ≥12 weeks posttreatment

Recommendations for all patients:

- Patients with ongoing risk for HCV infection or patients who develop otherwise unexplained hepatic dysfunction:** Use a quantitative HCV RNA test to assess HCV recurrence or reinfection
- Patients who have persistently abnormal liver tests:** Assess for other causes of liver disease

Recommendations for patients without cirrhosis:

- Follow-up is the same as if they were never infected with HCV*

Recommendations for patients with cirrhosis:

- Use **upper endoscopic surveillance** in accordance with the AASLD guidance of portal hypertensive bleeding in cirrhosis[†]
- Surveillance for HCC with biannual **ultrasound examination**, with or without AFP*

*See AASLD-IDSA guidelines for more information.

[†]See AASLD guidelines on Portal Hypertensive Bleeding in Cirrhosis for more information.⁴

Posttreatment consultation:

- In patients with ongoing risk for HCV infection, counsel about **risk reduction** and **test** for HCV RNA annually and whenever they develop elevated ALT, AST, or bilirubin
- Advise **avoidance of excessive alcohol use**

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SVR12 not achieved¹

For patients with detectable HCV RNA, ≥ 12 weeks posttreatment

Recommendations for all patients:

- ☐ **Re-treatment should be considered:** Patients who failed to achieve undetectable SVR by 12 weeks posttreatment with initial treatment should be evaluated for re-treatment by a specialist*
- ☐ **Assess disease progression every 6–12 months with:**
 - Hepatic function panel
 - CBC
 - INR

Recommendations for patients with cirrhosis:

- ☐ Use **upper endoscopy** in accordance with the AASLD guidance of portal hypertensive bleeding in cirrhosis[†]
- ☐ Surveillance for HCC with biannual ultrasound examination, with or without AFP

Patients with decompensated cirrhosis (regardless of SVR12 status) with HCV infection should be referred to a medical practitioner with expertise in that condition – preferably in a liver transplant center

*See AASLD-IDSA guidelines for more information. [†]See AASLD guidelines on Portal Hypertensive Bleeding in Cirrhosis for more information.⁴

References

1. AASLD and IDSA. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Last updated October 2022. www.hcvguidelines.org. Accessed March 2023.
2. Quest Diagnostics™. Hepatitis C Viral RNA, Quantitative, Real-Time PCR. <https://testdirectory.questdiagnostics.com/test/test-detail/35645/hepatitis-c-viral-rna-quantitative-real-time-pcr?p=r&q=35645&cc=MASTER>. Accessed March 2023.
3. LabCorp. Hepatitis C Virus (HCV), Quantitative, RNA. <https://www.labcorp.com/tests/551300/hepatitis-c-virus-hcv-quantitative-rnaabbott-realtime>. Accessed March 2023.
4. AASLD. *Hepatology* 2017;65:310–35.

Abbreviations

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|--|--|---|---|
| AASLD American Association for the Study of Liver Diseases | AST aspartate aminotransferase | HCV hepatitis C virus | IU/mL international units per milliliter |
| AFP alpha-fetoprotein | CBC complete blood count | IDSA Infectious Diseases Society of America | LLOQ lower limit of quantification |
| ALT alanine aminotransferase | CPT current procedural terminology | INR international normalized ratio | RNA ribonucleic acid |
| | HCC hepatocellular carcinoma | | SVR12 sustained virologic response at posttreatment Week 12 |

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