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DISCLOSURES

COMPLETING THIS ACTIVITY

Upon successful completion of this activity 1 contact hour will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538



CONFLICT OF INTEREST

Paulina Deming is on an advisory committee for Gilead.
Dr. Jorge Mera is director of a program partially funded by Gilead.

None of the other planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.



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Long-Term Follow Up After HCV Treatment

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Project ECHO HCV Collaborative

Conflict of Interest Disclosure Statement

No relevant conflicts of interest



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1. Describe the follow-up needed for patients with or without cirrhosis who complete HCV treatment

Recommended Follow-Up for Patients Who Do Not Have Cirrhosis

- Patients who do not have advanced fibrosis (patients who have F0, F1, F2):
 - Follow up is same as if they never had HCV

Natural History of HCV Infections

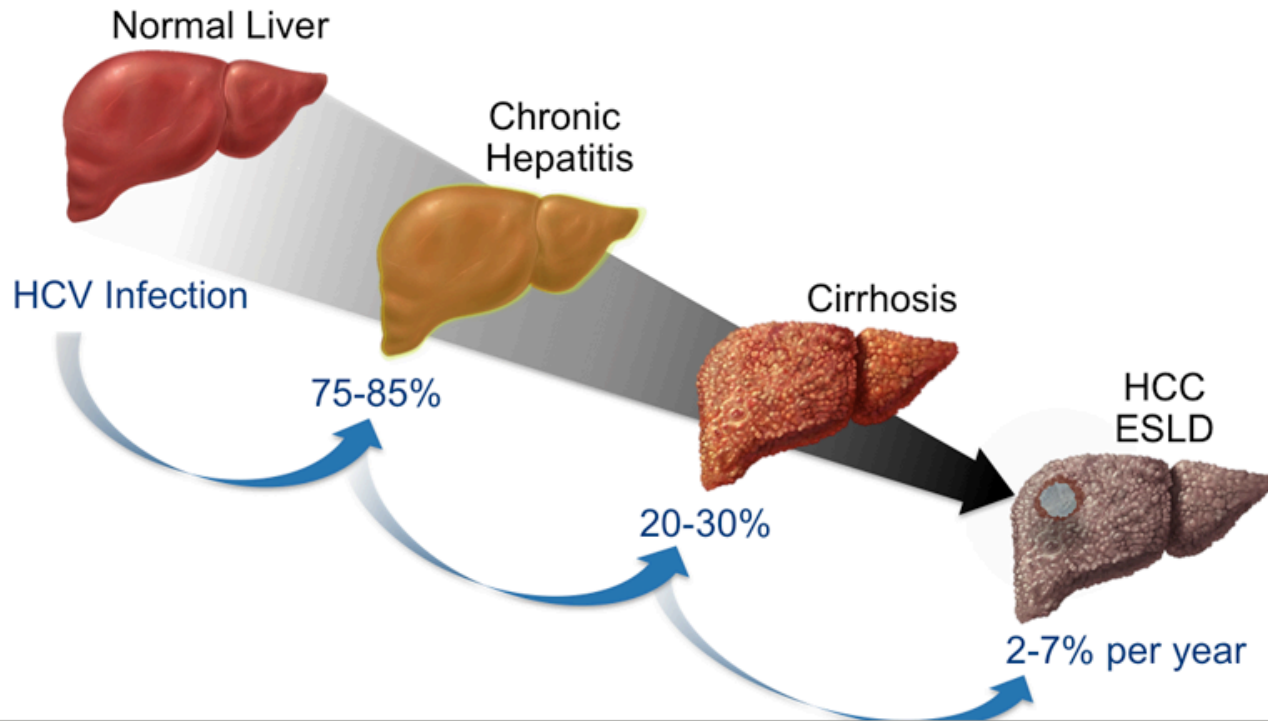


Figure 3 - Natural History Following Initial Infection with HCV

Following initial infection with HCV, approximately 75 to 85% of persons develop chronic infection. Among those with chronic infection, approximately 20 to 30% will eventually develop cirrhosis. Patients who have HCV-related cirrhosis have a 2 to 7% per year risk of developing either end-stage liver disease or hepatocellular carcinoma. Abbreviations: ESLD = end stage liver disease HCC = hepatocellular carcinoma

Recommended Follow-Up for Patients with Advanced Fibrosis/Cirrhosis

- Baseline endoscopy to screen for varices if patient has cirrhosis
- Surveillance for hepatocellular carcinoma recommended every 6 months
 - Alpha-fetal protein (AFP) and
 - Abdominal ultrasound
- **Surveillance continues indefinitely**

Difference in Survival with HCC Screening

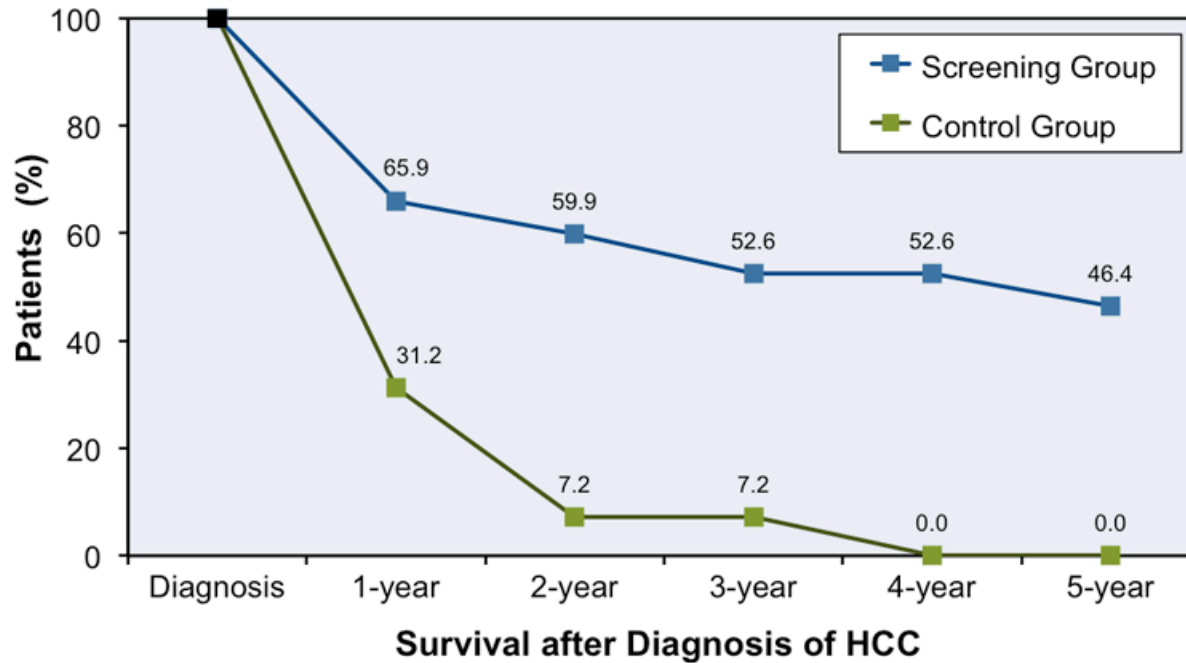


Figure 6 - Impact of Screening on Survival after Diagnosis of HCC

In this trial, patients with chronic viral hepatitis who underwent screening for HCC had improved survival after the diagnosis of HCC when compared with the control group that did not receive screening for HCC.

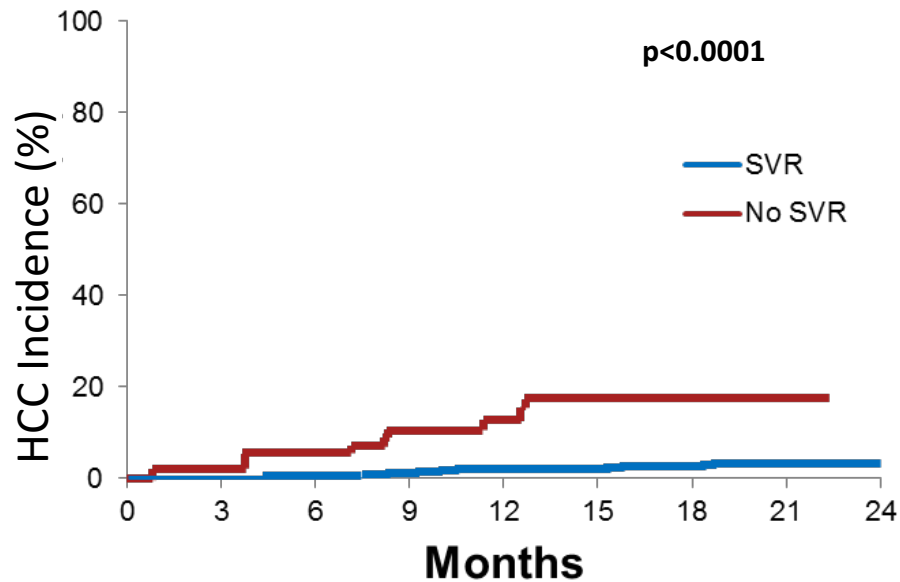
Source: Zhang BH, Yang BH, Tang ZY. Randomized controlled trial of screening for hepatocellular carcinoma. *J Cancer Res Clin Oncol.* 2004;130:417-22.

SVR and Impact on Hepatocellular Carcinoma

Multicenter, prospective cohort of 1927 HCV-infected cirrhotic patients from Italy

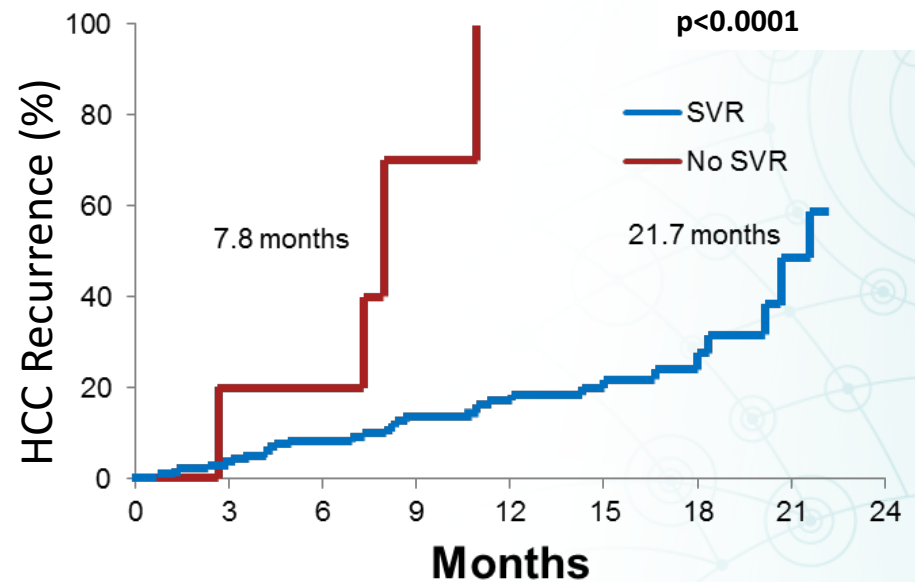
De Novo HCC

1766 patients no previous history of HCC;
50 patients developed HCC (50/1766 – 2.8%);
Average annual incidence of 2.4%



HCC Recurrence

161 patients with previously treated HCC;
38 patients developed HCC;
average annual incidence of 24.8%



SVR with DAA regimens is associated with a significant reduction of incidence and recurrence of HCC

When Should Patients be Retested for HCV?

- If the patient has on-going risk factors for HCV infection
- If otherwise unexplained hepatic dysfunction develops
- What test should be used?
 - HCV RNA
 - *Remember: HCV Antibody will continue to be positive in patients who are cured of HCV*

What About Patients With Persistently Abnormal Liver Enzymes?

- In patients with SVR with persistently elevated liver enzymes, consider other causes of liver disease:
 - Hepatitis B
 - Obesity
 - Autoimmune
 - Alcohol
 - Hemochromatosis
 - Medications
 - Illicit substances

Important Counseling Points for Patients Post-HCV Treatment

- Avoid reinfection
 - *There is no protection against HCV reinfection with HCV Antibody*
- Develop/maintain healthy lifestyle
 - Maintain healthy weight
 - Minimize/avoid alcohol use
 - Minimize/avoid marijuana use
 - Stop smoking

Key Points

- Patients who do not have advanced fibrosis or cirrhosis do not require any special follow up after achieving HCV cure (SVR)
- Patients with advanced fibrosis/cirrhosis need
 - Follow-up and management for their liver disease
 - On-going HCC surveillance every 6 months indefinitely
- Counsel patients on lifestyle changes to improve liver health and prevent reinfection



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End of Presentation

Questions?



Evaluation and Certificates

- Please use the link or QR code below to complete the learner evaluation. This link will also be emailed to you within a few days. Please check your junk and spam email folders if you don't receive it.

<http://sgiz.mobi/s3/Sept-NW-ECHO>

