



Chronic Hepatitis C

Developed by	American Gastroenterological Association (AGA) and the American Association for the Study of Liver Disease (AASLD)
How developed	<p>A consensus panel was convened by the AGA and AASLD. Literature was reviewed (see below) and recommendations were established.</p> <ul style="list-style-type: none"> • http://hcvguidelines.org • http://www.hepatitis.va.gov/ • http://www.cdc.gov/hepatitis/hcv/ • Centers for Disease Control and Prevention (CDC). Testing for HCV infection: an update of guidance for clinicians and laboratorians. <i>MMWR Morb Mortal Wkly Rep.</i> 2013;62(18):362-365 • Dienstag JL, McHutchison JG . American Gastroenterological Association Medical Position Statement on the Management of Hepatitis C. <i>Gastroenterology</i>, 2006;130(1):225-230 • Ghany MG, Strader DB, Thomas DL, Seeff LB. Diagnosis, management, and treatment of hepatitis C: an update. <i>Hepatology</i>. 2009;49(4):1335-1374. • Holmberg SD, Spradling PR, Moorman AC, Denniston MM. Hepatitis C in the United States. <i>N Engl J Med.</i> 2013;368(20):1859-1861 • McGowan CE, Monis A, Bacon BR, et al. A global view of hepatitis C: physician knowledge, opinions, and perceived barriers to care. <i>Hepatology</i>. 2013;57(4):1325-1332.
• Additional essential patient information	<p>Clinical history of hepatitis C:</p> <ul style="list-style-type: none"> • When was patient first diagnosed with hepatitis C? • Prior treatment for hepatitis C {yes/ no} <ul style="list-style-type: none"> • If yes, what medications and when? • Does the patient have a history of alcohol abuse? {yes/no} <p>Laboratory studies</p> <ul style="list-style-type: none"> • Hepatitis C antibody • CBC • Complete metabolic profile (electrolytes, renal function, AST, ALT, Alkaline Phosphatase) • Albumin • Protimes/INR <p>Patient has indicated s/he is interested in pursuing anti-viral treatment for hepatitis C. {yes/no}</p> <ul style="list-style-type: none"> • If yes, laboratory studies ordered: Hepatitis C RNA viral load, Hepatitis C genotype, TSH/Total T4 <p>Physical exam (ascites, edema, encephalopathy, asterixis)</p>



Chronic Hepatitis C (*continued*)

Additional patient information, if available	<ul style="list-style-type: none"> • Laboratory tests <ul style="list-style-type: none"> • Hepatitis A serologies (HAV total or IgG Ab) • Hepatitis B serologies (HBsAg, HBCab, HBsAb) • Alpha Feto Protein (AFP) • HIV • Imaging studies <ul style="list-style-type: none"> • RUQ Ultrasound • Abdominal CT • Abdominal MRI • Liver Elastography • Liver biopsy results • Endoscopic examination <ul style="list-style-type: none"> • EGD • Paracentesis results <p>If patient is non-immune to HAV (HAV IgG negative) and/or HBV (HBsAg negative, HBsAb negative), I have discussed and begun the appropriate vaccination series? {yes/ no}</p>
Alarm symptoms/conditions	A patient with gastrointestinal bleeding, ascites, encephalopathy or coagulopathy should be referred for urgent evaluation.
Tests/procedures to avoid prior to consult	None provided
Common rule-outs to consider prior to consults	None provided
Relevant "Choosing Wisely" elements	None provided
Healthcare professional and/or patient resources	<p>Healthcare Professional Information:</p> <p>http://gi.org/acg-institute/hepatitis-c-treatment-resources</p> <p>http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/Diagnosis%20of%20Hep%20C%20Update.Aug%20%2009.pdf.pdf</p> <p>http://www.cdc.gov/hepatitis/HCV/index.htm</p> <p>http://www.chronicliverdisease.org/disease_focus/hcv.cfm?dstate=hcv</p> <p>http://www.uptodate.com/contents/diagnosis-and-evaluation-of-chronic-hepatitis-c-virus-infection?source=search_result&search=hepatitis+c&selectedTitle=1~150</p> <p>Patient Information:</p> <p>http://www.hepatitis.va.gov/patient/index.asp</p> <p>http://www.cdc.gov/hepatitis/HCV/PatientEduHCV.htm</p> <p>http://hepc.liverfoundation.org/</p>