Key takeaways: How can liver damage be assessed to identify appropriate patients for simplified HCV treatment? (Video 6.0)



Patients with chronic HCV (any genotype) who do not have cirrhosis or have compensated cirrhosis and are treatment naïve are eligible for simplified treatment¹

All patients with active HCV should be linked to a healthcare provider who is prepared to provide comprehensive management¹

AASLD-IDSA recommend the use of non-invasive tests to detect the level of liver fibrosis and help evaluate patients eligible for simplified treatment¹





Liver damage can be assessed using a range of methods. These include:

Liver biopsy

Liver biopsies are only required if causes of liver damage other than HCV are suspected¹

Non-invasive techniques:



Fibrosis-4 (FIB-4)2-4

A calculation (available online) to estimate the amount of scarring in the liver

Age (years) x AST (U/L)

Platelet count (10°/L) x √ALT (U/L)

Score of <3.25 is 92% predictive of not having cirrhosis (F3–4)



FibroSure® 2,5-7

A commercially available test used to assess liver fibrosis using 6 biochemical serum markers, age, and gender. Scores for the test correspond with the METAVIR scoring system

A score of >0.74 indicates cirrhosis while a score of <0.56 is 97% predictive of not having cirrhosis



Aspartate amiotransferase to platelet ratio index (APRI)^{2,4,5}

A validated method (available online) used to estimate the likelihood of significant fibrosis or cirrhosis due to HCV

AST level (IU/L)
AST (upper limit of normal) (IU/L)

Platelet count

A score of ≤ 1 is 95% predictive of not having cirrhosis



ibroScan® 2,6-

Transient elastography to assess liver stiffness

This test requires ultrasound evaluation; the more rapid the wave, the stiffer the liver

A liver stiffness score <12.5 kPa is 98% predictive of not having cirrhosis

FibroSure® is a registered trademark of Laboratory Corporation of America Holdings. FibroScan® is a registered trademark of Echosens Company. Fibrosure®: CPT code, 81593 | QuestDiagnosticTM code, 92688 | LabCorp code: 550123

References

1. AASLD and IDSA. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Last updated May 2020. http://www.hcvguidelines.org. Accessed July 2020. 2. Ipsos Healthcare HCV Monitor, 2017, New York, NY: Ipsos in North America. 3. Sterling RK, et al. *Hepatology* 2006;43:1317–1325. 4. Chou R, Wasson N. *Ann Intern Med* 2013;158:807–820. 5. Lin ZH, et al. *Hepatology* 2011;53:726–736. 6. Hepatitis C Online. Evaluation and Staging of Liver Fibrosis. http://www. hepatitisc.uw.edu/pdf/evaluation-staging-monitoring/evaluationstaging/ore-concept/all. Accessed July 2020. 7. Patel K, et al. *World J Gastroenterol* 2011;17:4581–4589. 8. Castéra L, et al. *Gastroenterology* 2005;128:343–350. 9. Cross TJ, et al. *J Viral Hepat* 2010;17:546–554.

