

Key Takeaways: Identifying and Managing Patients with Cirrhosis – Compensated vs Decompensated Liver Disease (Video 4.0)

HCV.com



What is cirrhosis and how is it measured?

- Cirrhosis is the end stage of chronic liver disease where there is extensive scarring¹
- Approximately 5–25% of patients with chronic HCV infection will develop cirrhosis within 10–20 years²
- Cirrhosis can be classified as compensated, or decompensated, depending on the extent of liver damage^{1–3}



Child–Turcotte–Pugh scoring to assess severity once the presence of cirrhosis has been established

- Child–Turcotte–Pugh score is obtained by adding points for each of the five clinical assessments^{2–4}

Factor	Total bilirubin (mg/dL)	Serum albumin (g/L)	INR	Ascites	Hepatic encephalopathy
1 point	<2	>35	<1.7	None	None
2 point	2–3	28–35	1.71–2.3	Mild	Grade I–II (or suppressed with medication)
3 point	>3	<28	>2.3	Moderate to severe	Grade III–IV (or refractory)

CTP-A (5–6 points): compensated cirrhosis; **CTP-B (7–9 points)** and **CTP-C (10–15 points):** decompensated cirrhosis

abbvie

US Medical Affairs



Model for End-Stage Liver Disease (MELD)

- Estimates survival probability using four clinical measures: serum bilirubin, INR, serum creatinine, and serum sodium^{5,6}

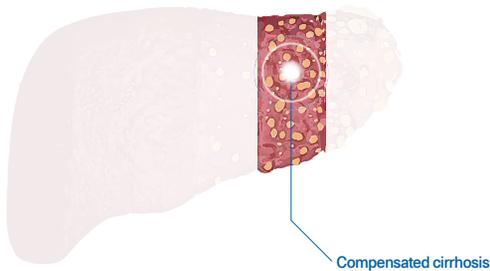
MELD score	3-month mortality, %
<9	1.9
10–19	6.0
20–29	19.6
30–39	52.6
40	71.3



Compensated vs decompensated cirrhosis

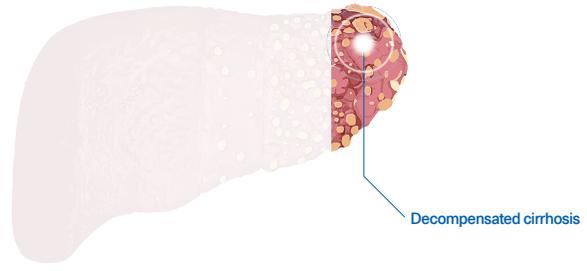
Compensated cirrhosis

- CTP-A (5–6 points)
- Usually asymptomatic⁷
- Median survival >12 years¹
- Increased risk of developing liver cancer and hepatic decompensation²



Decompensated cirrhosis

- CTP-B (7–9 points) and CTP-C (10–15 points)
- The liver can no longer function properly¹
- Median survival is approximately 2 years²
- Symptoms include hepatic encephalopathy, jaundice, ascites and variceal hemorrhage¹



Patients with advanced fibrosis should be linked to a healthcare practitioner who is prepared to provide comprehensive management, including surveillance every 6 months for liver cancer³

Patients with HCV infection who have decompensated cirrhosis should be referred to a medical practitioner with expertise in that condition, ideally in a liver transplant center³

Not all HCV treatments are FDA-approved for use in decompensated cirrhosis³



References

- US Department of Veterans Affairs. Viral Hepatitis and Liver Disease <https://www.hepatitis.va.gov/cirrhosis/patient/decompensated.asp>. Accessed July 2020
- CDC. Hepatitis C Questions and Answers for Health Professionals. Updated July 2019. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>. Accessed August 2019
- AASLD and IDSA. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Last updated May 2020. <http://www.hcvguidelines.org>. Accessed July 2020
- Poynard T, et al. *Semin Liver Dis* 2000;20:47–55
- Kamath PS, Kim WR. Advanced Liver Disease Study Group. The model for end-stage liver disease (MELD). *Hepatology* 2007;45:797–805
- Hepatitis C Online. Model for End-stage Liver Disease (MELD) for Ages 12 and Older. <https://www.hepatitisc.uw.edu/page/clinical-calculators/meld>. Accessed September 2020
- Hepatitis C Online. Evaluation and Prognosis of Patients with Cirrhosis. <https://www.hepatitisc.uw.edu/go/evaluation-staging-monitoring/evaluation-prognosis-cirrhosis/core-concept/all>. Accessed July 2020