

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

PRESENTATION

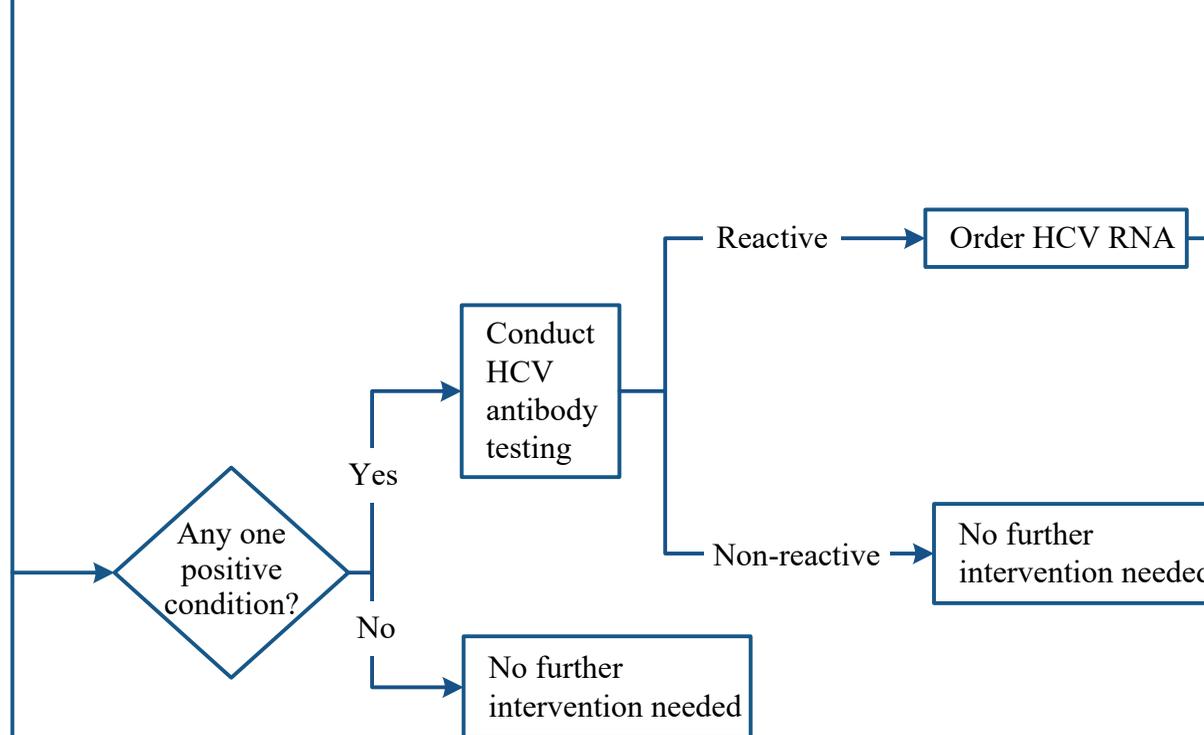
Persons for whom HCV screening is recommended:

- Adults aged 18 to 79 years
- All new and established adult cancer patients¹
- All hematopoietic stem cell transplant candidates
- Consider screening patients who belong to groups at heightened risk of HCV infection (see below)

Risk factors associated with HCV infection:

- Persons born during 1945-1965
- Persons who have injected illicit drugs in the recent or remote past, including those who injected only once and do not consider themselves to be drug users; persons who have history or current use of intranasal illicit drugs or use of glass crack pipes
- Persons with a history of incarceration
- Persons with conditions associated with high prevalence of HCV infection including:
 - Persons with HIV infection or about to start pre-exposure prophylaxis for HIV
 - Men who have sex with men (MSM)
 - Persons with hemophilia who received clotting factor concentrates prior to 1987
 - Persons who have ever been on hemodialysis
 - Persons with unexplained abnormal aminotransferase levels
- Prior recipients of transfusions or organ transplants prior to July 1992 including:
 - Persons who were notified that they had received blood from a donor who later tested positive for HCV infection
 - Persons who received a transfusion of blood or blood products
 - Persons who received an organ transplant
- Children born to HCV-infected mothers
- Health care, emergency medical and public safety workers after a needle stick injury or mucosal exposure to HCV-positive blood
- Current sexual partners of HCV-infected persons²

TEST RESULTS



INTERVENTION

- Refer to HCV Clinic³ or HCV specialists⁴ for consideration of anti-HCV therapy⁵, if indicated
- Patients with detectable HCV RNA should have a liver ultrasound at baseline with further recommendations per HCV specialists⁴

Note: Acute hepatitis manifested by an acute elevation in liver enzymes with jaundice, ascites, or encephalopathy in a patient without a history of hepatitis is reportable to the public health authorities, as is standard medical practice and aligned with Infection Control Services.

¹ In alignment with CDC, US Preventive Services Task Force, and other professional societies best practice guidelines for population health. This is standard practice in our hematologic patient populations that has now expanded to other services to benefit more patients. PCP-General teams may opt out of screening.

² Although the prevalence of infection is low, a negative test in the partner provides reassurance, making testing of sexual partners of benefit in clinical practice

³ Infectious Diseases Department

⁴ HCV specialists are with the following consulting services: Hepatology or Infectious Diseases

⁵ See [Appendix A](#) for Antiviral Therapy for anti-HCV

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APPENDIX A: Antiviral Therapy

Anti-HCV medications available in the United States (do not use as monotherapy)¹:

- Dasabuvir
- Elbasvir
- Grazoprevir
- Glecaprevir
- Ledipasvir
- Ombitasvir
- Paritaprevir
- Ritonavir (pharmacokinetic enhancer)
- Pibrentasvir
- Ribavirin
- Sofosbuvir
- Velpatasvir
- Voxilaprevir

HCV therapy should be undertaken by providers experienced in management of HCV in cancer patients in close collaboration with oncologists.

Treating physicians should be mindful of potential drug interactions and/or side effects between cancer therapies and direct acting antivirals (DAAs), although these have not been extensively studied in HCV-infected patients with cancer. The potential drug-drug interactions between DAAs and cancer therapies have been summarized elsewhere.

¹The medications are currently available (as of July 2022)

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of Hepatitis C Virus experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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