

HBV ECHO Case Recommendations



Session 7: October 10, 2022

Case Recommendations and Considerations: 64 y/o Cauc male with hx B-cell Lymphoma tx'd with RCHOP in 2016. HCV co-infection treated Mar 2022. Hx TBI and on multiple psychiatric medications.

CATEGORY	RECOMMENDATIONS	Relevant Presentation Question or Concern	REFERENCES/ RESOURCE LINKS
History	<ul style="list-style-type: none"> • 		
Physical Exam	<ul style="list-style-type: none"> • Learn to feel for the spleen tip on physical exam. If present, it is a strong finding 		
Diagnostic evaluation	<ol style="list-style-type: none"> 1. Platelet count <130,000 is concerning for portal hypertension in the setting of known liver disease 2. Ultrasound is operator dependent, uses a different methodology and is not as accurate as Fibroscan for assessing degree of fibrosis. Ultrasound can be used to determine other anatomical features 3. When evaluating for portal hypertension take the entire patient into consideration. With Liver US data you are provided with information on the vasculature, liver echotexture & shape, and spleen size (also, differentiating a mass as cystic vs solid). Look at labs: albumin level, bilirubin. There may be another etiology for thrombocytopenia. In this patient, consider history of RCHOP chemotherapy may be causing bone marrow suppression and myelofibrosis. If persistent, may benefit from a hematologist consultation. Also consider EGD to look for esophageal varices, gastric varices or portal hypertensive gastropathy. 	<ol style="list-style-type: none"> 1. At what platelet count should we be concerned about the development of portal hypertension? 2. Fibroscan vs liver ultrasound 3. If there is low platelet count, but normal elastography, normal liver US what is the approach to evaluating for portal hypertension? 	

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<p>Medication Therapy & Adjustments</p>	<ol style="list-style-type: none"> 1. Start treatment for HCV and HBV simultaneously. There are reports of reactivation of HBV causing acute hepatitis after initiation of HCV therapy. Starting at the same time should help to prevent this. 2. Patient is at risk for osteoporosis, CKD due to advanced age so TAF is preferred over TDF 3. Entecavir would have been okay as a treatment for this patient, as the genotype profile did not suggest resistance, and in doing so you wouldn't have to worry about osteoporosis or renal function (as opposed to using TDF, which is associated with bone mineral density loss and decline in renal function). 4. Although E Ag positivity is usually associated with higher viral load, having high viral load with E Ag negative HBV may occur although it's unusual. 5. Viral load clearance can take a while. The majority of people will be undetectable after a year of being on treatment. 6. Multiple psychiatric medications need to be reviewed. Anticipate that diagnostic clarity may result in medication regimen simplification. 	<ol style="list-style-type: none"> 1. If patient has HCV and HBV concurrently, what is the approach to treatment? 2. Should this patient have received TAF or TDF? 3. What about entecavir? 4. Patient is E Ag negative but E Ab positive, considering that he has high viral load (>14 million), how can we reconcile this? 5. Is the low viral load a concern (not undetectable) 	
<p>Vaccination</p>	<ol style="list-style-type: none"> 1. Patient should be vaccinated against hepatitis A 		
<p>Social Determinants of Health (SDOH)</p>	<ol style="list-style-type: none"> 1. May be good candidate for filing a Quest 1157 Form to get more case management support with a community care manager. People with severe mental illness can receive a case manager through Community Care Services, provided for 	<ol style="list-style-type: none"> 1. Has the patient received any referral to a mental health case manager? 	<p>https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-forms/1157-referral-for-smi-ccs-program/DHS-1157-Instructions-Rev-</p>

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	<p>Quest Integration patients. Can be initiated by a licensed mental health provider (e.g. licensed clinical social worker who can fill out the form).</p>		<p>0414.pdf/jcr:content?type=pdf&process= https://www.ohanahealthplan.com/members/medicaid/community-care-services/why-choose-ccs/how-to-join.html</p>
Behavioral Health	<ul style="list-style-type: none"> • 		
Screening	<ol style="list-style-type: none"> 1. All cancer patients should be screened for hepatitis B prior to initiating immunosuppressive therapy to treat proactively and avoid risk of reactivation 		
Risk Reduction	<ul style="list-style-type: none"> • 		
Other	<ul style="list-style-type: none"> • 		

PLEASE NOTE that case consultations and recommendations for the HBV ECHO do not create or otherwise establish a provider-patient relationship between any participant, Hawaii Learning Groups, and/or any other clinician on the HBV ECHO faculty.