San Francisco Hep B Free - Bay Area ECHO Notes
Session 17
April 19, 2022

I. Didactic Presentation: None

II. Case Presentation: Yenice Zapata, Nurse - (La Maestra Community Health Center - San Diego)

Case summary:

- 42yo African female from Somalia with PMH inactive chronic hepatitis B (HBeAg neg/anti-HBe pos, low HBV DNA and normal ALT, F0 no fibrosis), BMI 29 and evidence of non-alcoholic fatty liver disease on FibroScan presented during pregnancy with low HBV DNA and normal ALT during and after pregnancy.

Clinical Questions:

1. How to manage HBV oral therapy if needed? How to monitor HBV during pregnancy?
2. HCC surveillance?

Recommendations from Project ECHO panel:

Dr. Samuel So – Surgical Oncologist/Founder of Asian Liver Center (Stanford Health)

Dr. Will Holt - Hepatology (Sutter Health)

Dr.Amy Tang – Primary Care (North East Medical Services)

Dr. Anita Chang – Primary Care (Asian Health Services)

How to manage HBV oral therapy if needed? How to monitor HBV during pregnancy?

- TDF preferred during pregnancy
- Initiate treatment if 1) immune active CHB (persistent ALT > 50 and HBV DNA > 2000) for long-term treatment and prevention liver complications or if 2) HBV DNA > 200,000 at 26-28wks GA to reduce mother-to-child transmission, can stop TDF at delivery and monitor q3mo for 6 months for post-treatment flare.
- Please reference "Hepatitis B Management: Guidance for the Primary Care Provider" page 8 Perinatal HBV Management flowchart on UW/CDC's Hep B Online for details.
- Also see Stanford Asian Liver Center's hepbmoms.org for perinatal HBV information for patients and providers:

Does she need HCC surveillance?

- While she does not fit current AASLD criteria for HCC surveillance, she fits prior AASLD criteria and **HCC surveillance clinical practice varies by provider**. It

would not be unreasonable to do annual HCC surveillance US and AFP in this patient.

- AASLD 2018 HBV guidance and HCC treatment guidance updated HCC surveillance for persons with chronic HBV to include:
    - Personal hx cirrhosis
    - Family hx HCC in 1st degree relative
    - HDV-coinfection
    - Asian males > 40yo, Asian females > 50yo
    - **African/Black males > 40yo (no recommendation for African/Black females)**
        - Prior to 2018 update, AASLD recommended HCC surveillance for African males and females at time of diagnosis or starting age 21 years old given paucity of evidence and case studies. The 2018 update was primarily based on a VA study of primarily black US-born men with chronic hepatitis B.

III. Case Presentation: Dr. Anita Chang - (Asian Health Services - Oakland)

Case summary:

- 49 Chinese male with PMH LTBI s/p 9mo INH, h/o hepatitis C (presumably self-cleared HCV Ab positive, HCV RNA negative upon screening), inactive chronic HBV HBeAg neg/anti-HBe pos, FHx HCC father died HCC age 65yo, previously on HBV antiviral in China x 2 years. Patient rec'd annual liver US since 2016 without AFP for HCC surveillance showing stable liver hemangioma (confirmed on CT 1/2017) and gallbladder polyps. No prior liver biopsy or FibroScan but FIB-4 score (plts 200s, AST 17-26, ALT 18-53) suggested low likelihood cirrhosis. In 2022, AFP 1022, MRI liver LI-RADS4 highly suspicious for HCC.

Clinical Questions:

1. Treatment for chronic HBV patient with family history HCC and inactive disease (low HBV DNA and normal ALT)?

Recommendations from Project ECHO panel:

Dr. Samuel So – Surgical Oncologist/Founder of Asian Liver Center (Stanford Health)

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Treatment for chronic HBV patient with family history HCC and inactive disease (low HBV DNA and normal ALT)?

- Patient **did not meet treatment criteria** (no immune active disease, no advanced fibrosis/cirrhosis) prior to HCC diagnosis, however for patients with FHx HCC, particularly in 1st degree relative, a **shared decision making** approach is reasonable to discuss the **potential HBV antiviral to reduce HCC risk**, even if does not fit traditional treatment criteria.
- **Recommend check HDV Ab** in this patient since low level HBV viremia could be related to another viral hepatitis co-infection and patient had history of prior HCV infection which shares risk factors with HDV infection.
- If patient had **FibroScan or serum FibroSure/FibroTest** non-invasive fibrosis

staging showing F2 or higher, would initiate antiviral.

- Though patient had approximately once yearly liver ultrasound, given high risk FHx HCC in 1st degree relative, should have **q6mo liver US WITH AFP** per AASLD HCC surveillance guidelines.