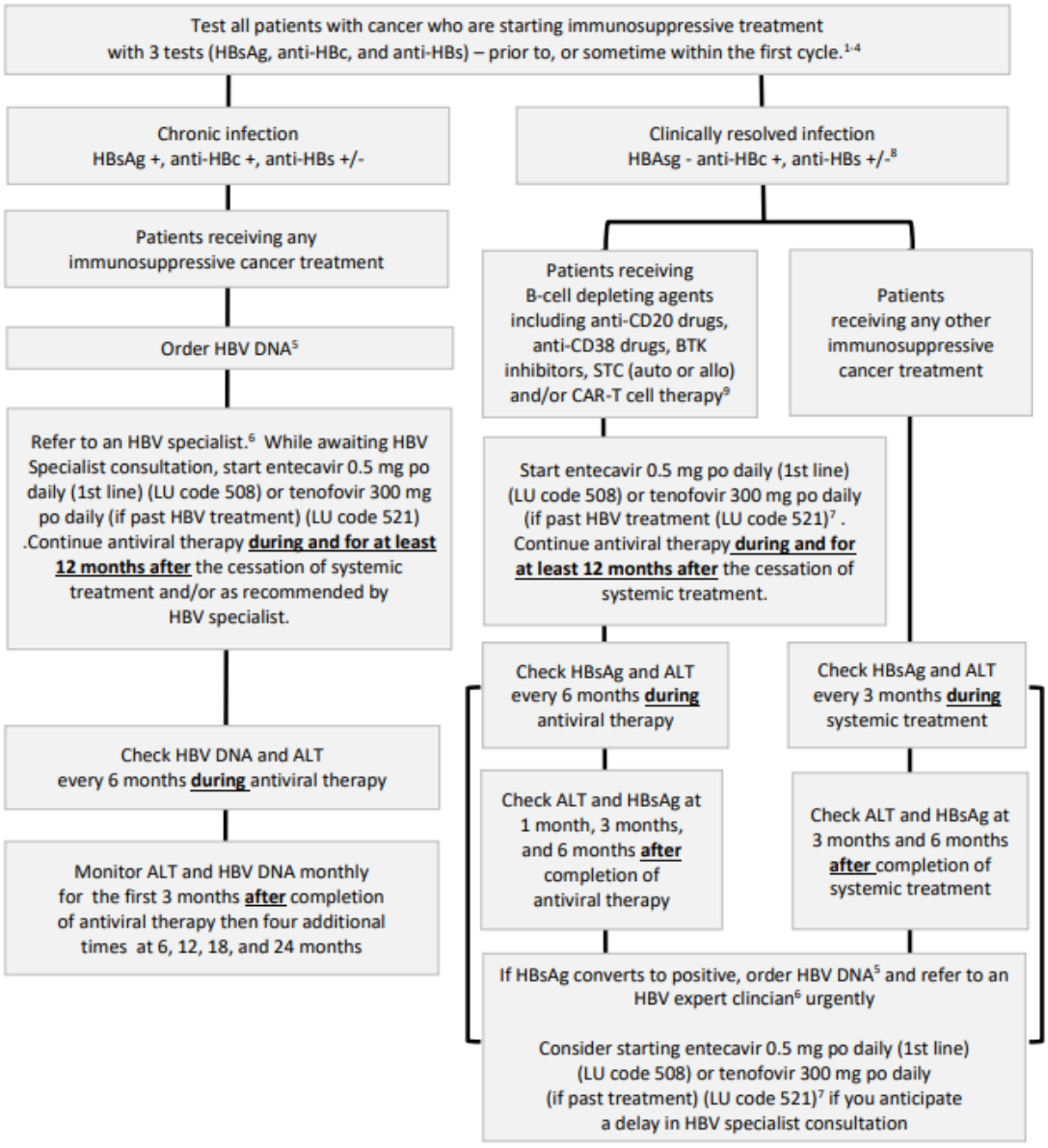
Hepatitis B Virus Screening and Management Care Map



1. Hepatitis B surface antigen (HBsAg), Hepatitis B core antibody (anti-HBc) (total immunoglobulin (Ig) or IgG), and antibody to hepatitis B surface antigen (anti-HBs) 2. Some patients with hematologic malignancy may have impaired antibody responses and may test negative for anti-HBc and anti-HBs despite past exposure to HBV. Physicians are advised to consider HBV reactivation if hepatitis occurs during/post systemic cancer treatment in such patients despite negative serologies at baseline. 3. In most cases it is not necessary to delay cancer treatment while awaiting results of screening HBV tests (except for patients awaiting a bone marrow transplant and/or patients with unexplained hepatitis). 4. Special considerations: recent travel to an endemic country, ongoing risk factors (e.g., hemodialysis, IV drug use) and/or unexplained changes in liver enzymes. It may be reasonable to defer HBV testing in the absence of on-going risk factors if there is a result available in the past 12 months. 5. Public Health Labs: In addition to the local lab requestion, complete the HBV DNA Test Requisition Form available on the Public Health Ontario website and indicate the reason for the test (i.e., pre-treatment, post-treatment). Failure to do so may result in an auto-rejection if there is a test on file within the last 6 months. Hospital Labs: Indicate the reason for the test in clinic notes. 6. Hepatologist, Infectious Diseases Specialist, Gastroenterologist. 7. Both antivirals are well-tolerated. Currently, only entecavir and tenofovir disoproxil are funded in Ontario. Avoid Entecavir for Lamivudine-resistant HBV or in pregnant patients. Avoid Tenofovir if possible, in patients with renal impairment or patients receiving concurrent nephrotoxic therapy. For HIV co-infected patients, consult HIV Specialist. HBV antiviral therapy (typically Tenofovir) can often be incorporate into the HIV treatment regimen. 8. A positive anti-HBs test likely reduces the risk of reactivation. 9. Examples of anti-CD20 drugs include rituximab, obinutuzumab, and ofatumumab. Examples of anti-CD38 drugs include daratumumab and isatuximab. Examples of BTK Inhibitors include ibrutinib, acalabrutinib, and zanubrutinib. PD-1/PD-L1 blockades (e.g., pembrolizumab, nivolumab) and patients treated with transarterial chemoembolization may have an increased risk of HBV reactivation. There may be other agents that carry a risk of reactivation, and the clinician is advised to consider the risk as literature evolves for newer agents, and to err on the side of caution when new immunosuppressive agents are introduced to the treatment plan.

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