LEGACY HEALTH PARTNERS

Cirrhosis, MASLD, Hep B, Hep C
Clinical Collaboration Guide

Right patient, right service, right time

Last Reviewed: April 2025 – **FINAL**	
Kellie Young, MD	Northwest Gastroenterology Clinic
Swapna Reddy, MD, FACG Ryan Childers, MD	The Oregon Clinic Gastroenterology

Cirrhosis

Who to suspect may have cirrhosis:

- F4 suggested on fibroscan, US elastography
- Ultrasound showing evidence of portal hypertension (i.e. ascites, splenomegaly, reversed portal venous flow on doppler)
- Physical exam - spider angiomata, ascites, asterixis (for hepatic encephalopathy), palmer erythema
- Laboratory – elevated INR, thrombocytopenia, elevated bilirubin, low albumin, abnormal AST/ALT

*If patients have cirrhosis: referral to GI recommended

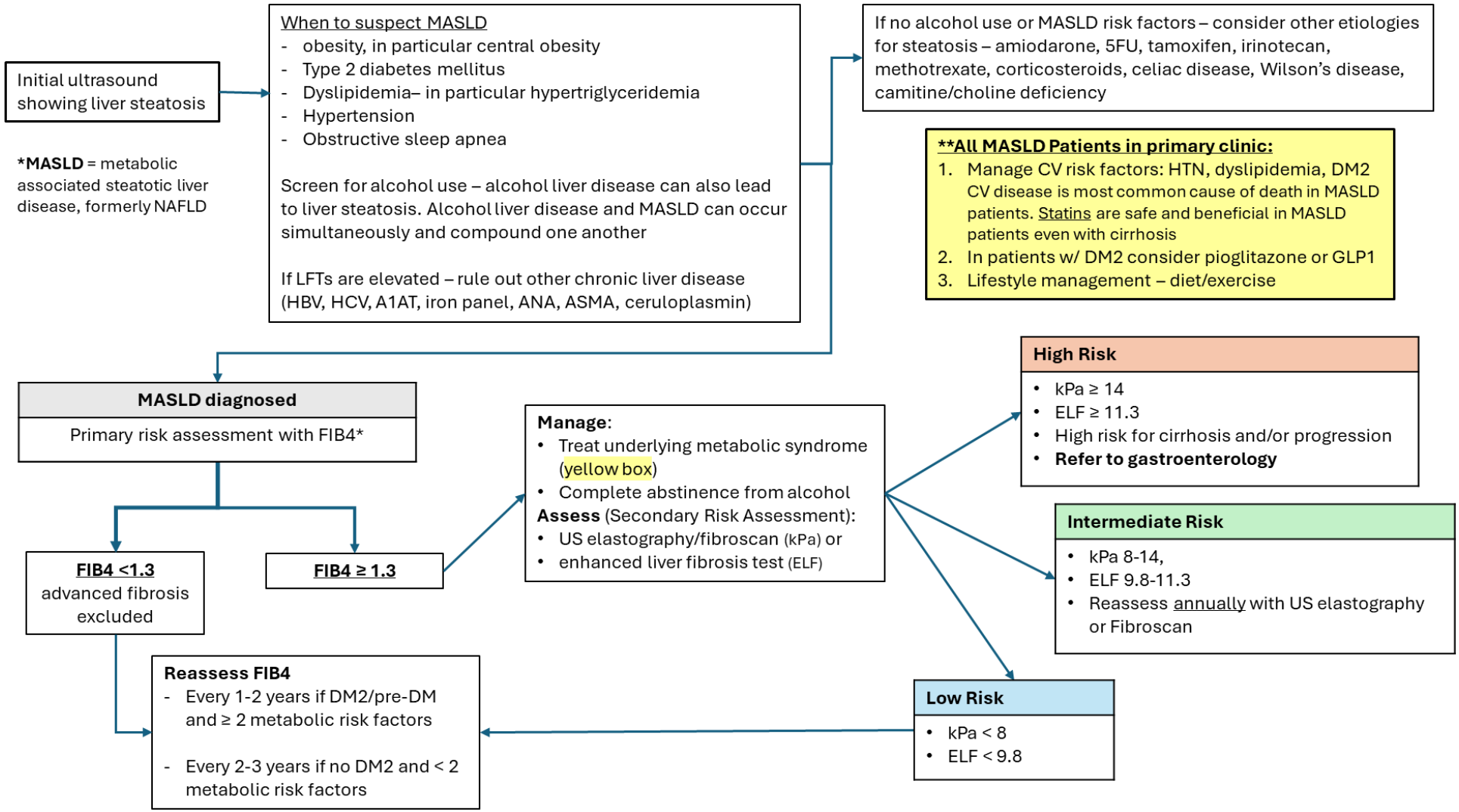
Who to screen for HCC:

- All patients with cirrhosis
- Chronic hepatitis B without cirrhosis:
  - males from endemic country > 40 yo
  - females from endemic country > 50 yo
  - Person from Africa at earlier age (third decade of life)
  - Family history of HCC
  - PAGE-B score >=10
- *F3 MASLD patients (off guidelines, but overall, a lot of GI docs do so out of a lot of caution; though higher healthcare costs)*

HCC screening = RUQ Ultrasound & AFP lab every 6 months

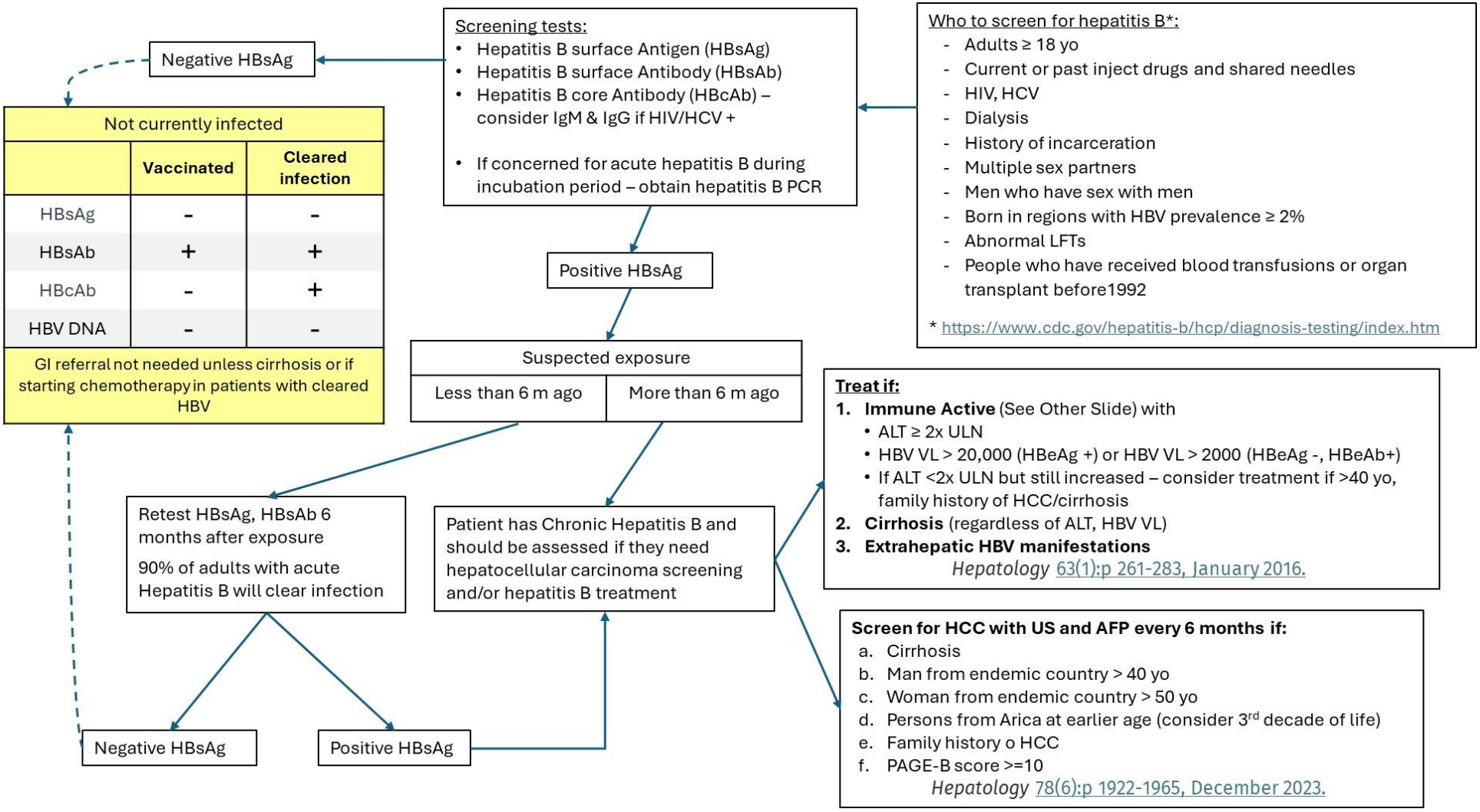
Hepatology 78(6):p 1922-1965, December 2023.

MASLD



*FIB4 calculator: https://www.mdcalc.com/calc/2200/fibrosis-4-fib-4-index-liver-fibrosis

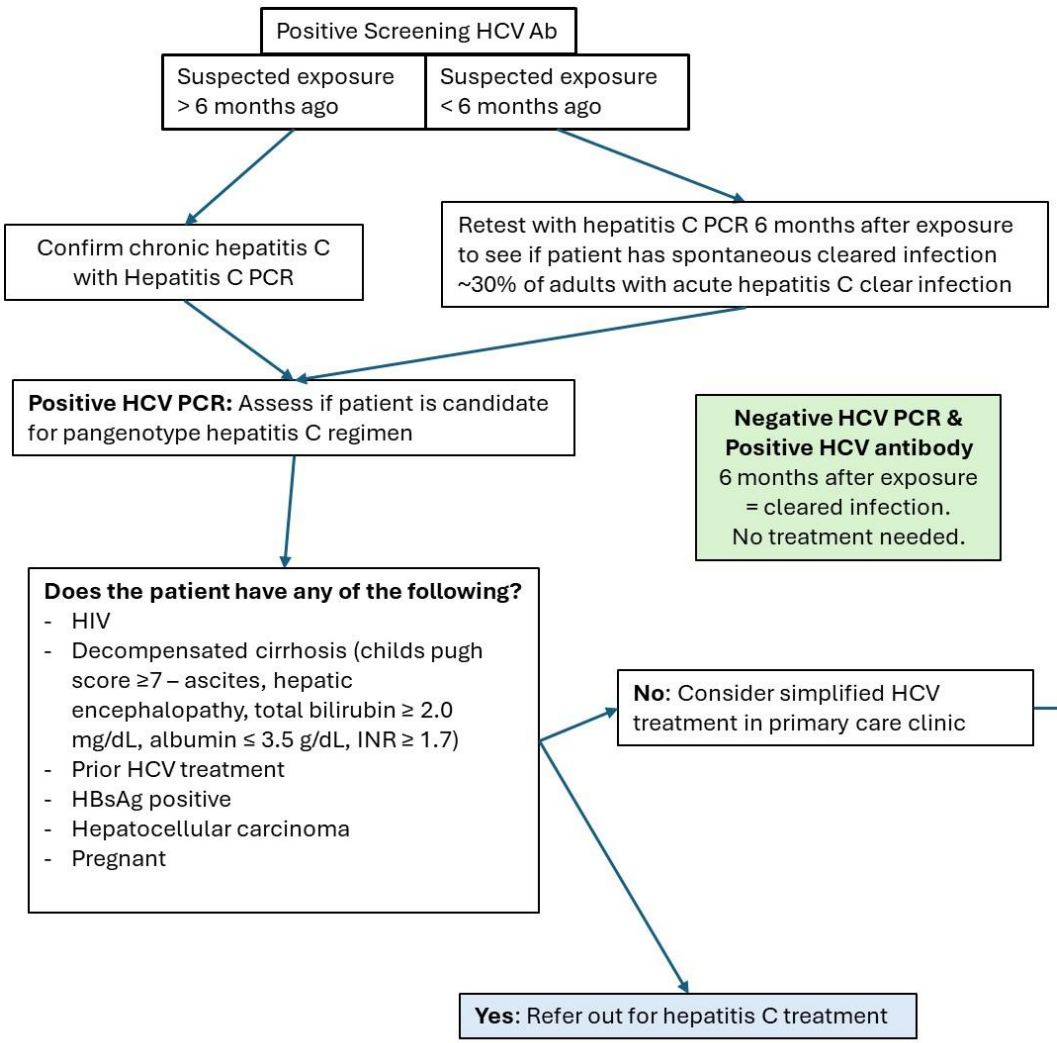
Hepatitis B


Screening tests:
• Hepatitis B surface Antigen (HBsAg)
• Hepatitis B surface Antibody (HBsAb)
• Hepatitis B core Antibody (HBcAb) – consider IgM & IgG if HIV/HCV +
• If concerned for acute hepatitis B during incubation period – obtain hepatitis B PCR
Negative HBsAg
Positive HBsAg
Who to screen for hepatitis B*:
- Adults ≥ 18 yo
- Current or past inject drugs and shared needles
- HIV, HCV
- Dialysis
- History of incarceration
- Multiple sex partners
- Men who have sex with men
- Born in regions with HBV prevalence ≥ 2%
- Abnormal LFTs
- People who have received blood transfusions or organ transplant before1992
* https://www.cdc.gov/hepatitis-b/hcp/diagnosis-testing/index.htm
Not currently infected
Vaccinated
Cleared infection
HBsAg - -
HBsAb + +
HBcAb - +
HBV DNA - -
GI referral not needed unless cirrhosis or if starting chemotherapy in patients with cleared HBV
Suspected exposure
Less than 6 m ago
More than 6 m ago
Retest HBsAg, HBsAb 6 months after exposure
90% of adults with acute Hepatitis B will clear infection
Negative HBsAg
Positive HBsAg
Patient has Chronic Hepatitis B and should be assessed if they need hepatocellular carcinoma screening and/or hepatitis B treatment
Treat if:
1. Immune Active (See Other Slide) with
• ALT ≥ 2x ULN
• HBV VL > 20,000 (HBeAg +) or HBV VL > 2000 (HBeAg -, HBeAb+)
• If ALT <2x ULN but still increased – consider treatment if >40 yo, family history of HCC/cirrhosis
2. Cirrhosis (regardless of ALT, HBV VL)
3. Extrahepatic HBV manifestations
Hepatology 63(1):p 261-283, January 2016.
Screen for HCC with US and AFP every 6 months if:
a. Cirrhosis
b. Man from endemic country > 40 yo
c. Woman from endemic country > 50 yo
d. Persons from Arica at earlier age (consider 3rd decade of life)
e. Family history o HCC
f. PAGE-B score >=10
Hepatology 78(6):p 1922-1965, December 2023.

Chronic Hepatitis B

	IMMUNE TOLERANT	IMMUNE ACTIVE HBeAG +	INACTIVE	IMMUNE-ACTIVE HBeAg -	OCCULT
HBsAg	+	+	+	+	-
HBsAb	-	-	-	-	-
HBeAg	+	+	-	-	-
HBeAb	-	-	+	+	+/-
HBc IgM/IgG	+	+	+	+	+/-
HBV DNA	+++	+++	+	++	+/- (in serum) + (in liver)
ALT	Normal	Increased	Normal	Increased	Normal

Hepatitis C



Who to screen for hepatitis C with HCV Ab:

- Adults ≥ 18 yo
- Patients who currently or in the past inject drugs and shared needles
- People with HIV or who routinely undergo hemodialysis
- Abnormal LFTs
- People who have received blood transfusions or organ transplant prior to 1992

www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/index.html

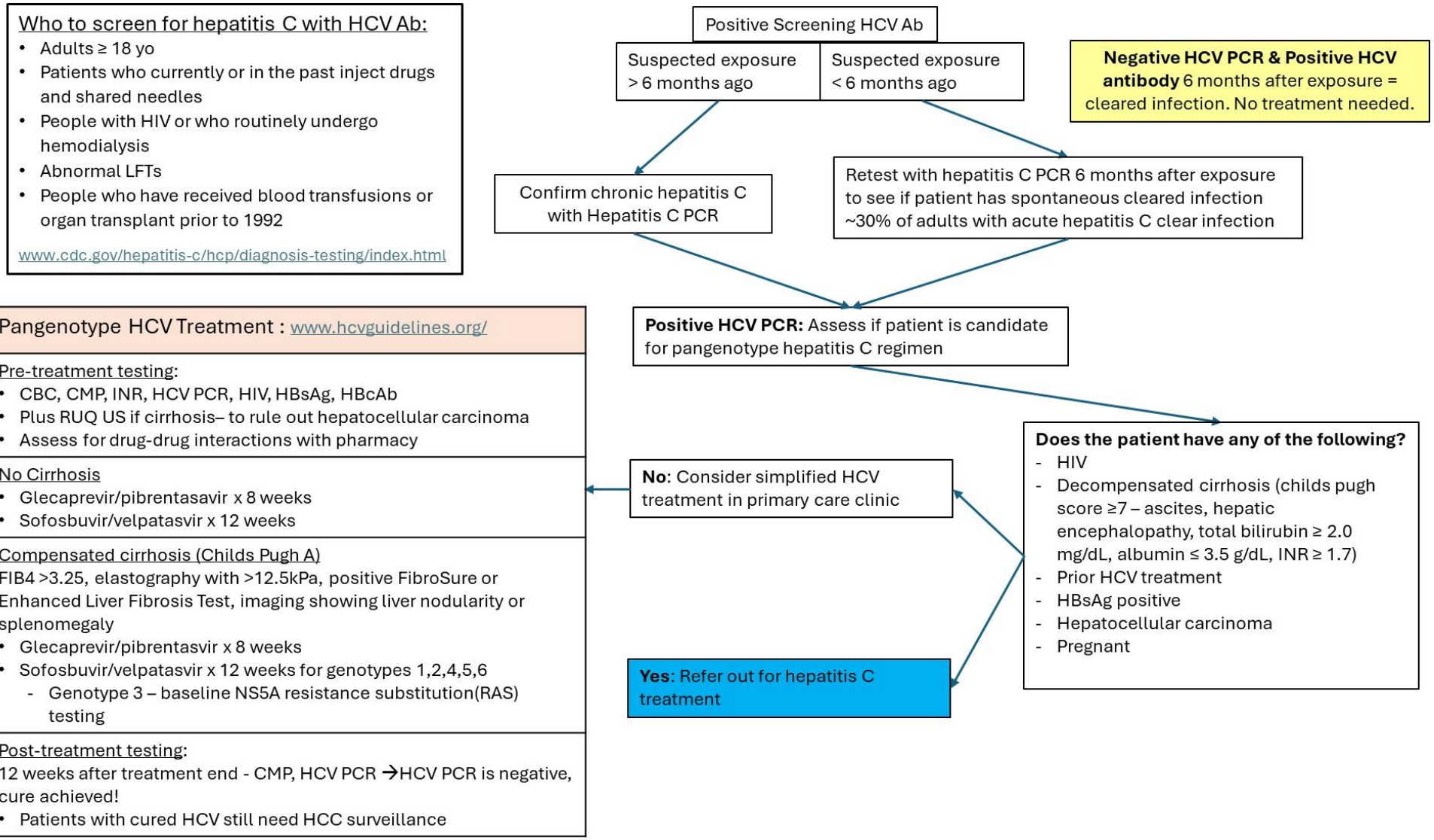
Pangenotype HCV Treatment : www.hcvguidelines.org/

Pre-treatment testing:
- CBC, CMP, INR, HCV PCR, HIV, HBsAg, HBcAb
- Plus RUQ US if cirrhosis– to rule out hepatocellular carcinoma
- Assess for drug-drug interactions with pharmacy

No Cirrhosis
- Glecaprevir/pibrentasavir x 8 weeks
- Sofosbuvir/velpatasvir x 12 weeks

Compensated cirrhosis (Childs Pugh A)
FIB4 >3.25, elastography with >12.5kPa, positive FibroSure or Enhanced Liver Fibrosis Test, imaging showing liver nodularity or splenomegaly
- Glecaprevir/pibrentasvir x 8 weeks
- Sofosbuvir/velpatasvir x 12 weeks for genotypes 1,2,4,5,6
  - Genotype 3 – baseline NS5A resistance substitution(RAS) testing

Post-treatment testing:
12 weeks after treatment end - CMP, HCV PCR →HCV PCR is negative, cure achieved!
- Patients with cured HCV still need HCC surveillance



Disclaimer: No guideline can anticipate all the unique circumstances of patient care, and as such, there are times when good clinical judgement will result in, and will require deviation from this guideline. In those settings, the reason for such deviation from this guideline should be documented in the medical record.

Contact: If you have questions or comments about this guide, or are interested in the development of future collaboration guides, please email LHP medical director Albert Chaffin, M.D., at achaffin@lhs.org.