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| **PROTOCOL TITLE:** Kidney and Pancreas Pre-Transplant: Recipient Hepatitis C Testing and Evaluation |
| **APPLICABLE FACILITIES:**[x] EHC [ ] EDH [ ] EHH [ ] EHI [ ] EHN [ ] EJCH [ ] ELTAC [x] ESJH[x] EUH [ ] EUHM [ ] EUHS [ ] EUOSH [ ] EWWH [ ] RJV-ERH [ ] RJV-ESOP [x] TEC/ESA |
| **EFFECTIVE DATE:**  | **ORIGINATION DATE:** 10/01/2009 |

**CATEGORY:** Diagnostic/Therapeutic/Preventive

**LEVEL:** Interdependent

Hepatitis C virus (HCV) antibody testing will be completed on all kidney and pancreas transplant evaluation candidates.

1. Patients who test positive for HCV antibody will undergo genotype testing, HCV RNA quantification, and Hepatology consultation.
2. HCV Ab positive candidates who are viremic for Hepatitis C, regardless of genotype, will be considered candidates for kidneys from donors who are Hepatitis C Ab positive.
3. The Hepatology service will perform evaluation, follow up, and surveillance on active kidney transplant candidates with a positive HCV Ab.
4. The Hepatology service will evaluate the HCVAb positive kidney transplant candidate based on the following definitions and candidate presentations:

Features concerning for cirrhosis and portal hypertension:

1. Radiographic:
	* + - Features of possible fibrosis/cirrhosis: abnormal liver morphology, enhancement characteristics of fibrosis
			- Features of portal hypertension: spleen > 13cm, intra-abdominal varices, dilated portal vein, ascites
2. Laboratory Criteria: Platelets < 130
3. Physical Exam: Spider angiomata/caput medusa, ascites
4. Candidates with no radiographic features, laboratory features, or physical exam features of advanced disease can proceed with active kidney transplant listing.
	1. These patients should be evaluated by hepatology every 2 years while on the waiting list.
5. Candidates with either radiographic features of fibrosis/cirrhosis or platelets < 130 or physical exam features, but no radiographic features of portal hypertension can proceed with transjugular liver biopsy with hepatic vein pressure gradient measurement.
6. Patients without portal hypertension and/or cirrhosis on liver biopsy can proceed to renal transplantation.
7. Candidates with presence of radiographic features of portal hypertension, regardless of presence or absence of other features and are otherwise reasonable to consider for liver transplant may proceed with liver transplant evaluation.
8. All renal transplant recipients with hepatitis C should have an appointment with transplant hepatology at 3 months post-transplant.

**RELATED POLICIES / PROCEDURES:**

Form: Informed Consent: Participation in Hepatitis C Donor Program

Related Document: OPP Management: Audit process for HCV quantitative PCR positive kidney

recipients

**DEFINITIONS:** N/A

**REFERENCES AND SOURCES OF EVIDENCE:** N/A

https://www.aafp.org/afp/2006/0901/p756.html

https://www.aasld.org/publications/practice-guidelines

**KEY WORDS:** Hepatitis C, kidney transplant