**Policy: Kidney/Pancreas Pre-Transplant: Evaluation Recipient Hepatitis C Testing/Evaluation Protocol**  
  
**Statement: 1. Activation date: 10/01/2009**  
**2. Affected Department:** Kidney/Pancreas and LiverTransplant Program and The Departments of Radiology, Lab Services and Pathology of Emory Healthcare   
**3. Vision Strategy:** Patient Care  
**4. Policy Statement:** The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding patient care.  
**5. Basis**: This policy is necessary for the protection of patients, physicians and staff  
**6. Administrative Responsibility:** Section heads, physicians, practitioners, and staff are responsible for compliance with this policy.  
  
**Scope/Procedure:**

**Protocol Scope:**  
The Emory University Transplant Center will provide Hepatitis C virus (HCV) antibody testing to all renal/pancreas transplant evaluation candidates. Those who test positive for HCV antibody will undergo genotype testing, HCV RNA quantification, and Hepatology consultation. 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. The Hepatology service will perform evaluation, follow up, and surveillance on active kidney transplant candidates with a positive HCV Ab. 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:

* 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
* Laboratory Criteria: Platelets < 150
* Physical Exam: Spider angiomata/caput medusa, ascites

Candidates with no radiographic features, laboratory features, or physical exam features of advanced disease can proceed with active kidney transplant listing. These patients should be evaluated by hepatology every 2 years while on the waiting list. Candidates with either radiographic features of fibrosis/cirrhosis or platelets < 150 or physical exam features, but no radiographic features of portal hypertension can proceed with transjugular liver biopsy with hepatic vein pressure gradient measurement. Patients without portal hypertension and/or cirrhosis on liver biopsy can proceed to renal transplantation. 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.

All renal transplant recipients with hepatitis C should have an appointment with transplant hepatology at 3 months post renal transplant.

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Approval Dates: 10/01/2009, 5/13/2015, 10/26/2016