

MOTP CLINICAL DIRECTIVES

| | | | |
|------------------------|--|-----------------------|----------------------|
| Program: | Transplantation | Section: | Recipient Management |
| Title: | HCV Positive Donor Organs - Post-Transplant Follow-up | | |
| Approved by: | Anouar Teriaky | Version #: | 1 |
| Original Issue: | 2021/Feb/22 | Last Revision: | |
| Last Review: | | | |

Preamble:

As patients experience lengthy wait times for a transplant, may suffer further deterioration of their health or die on the wait list, expanding the pool of potential donor organs is increasingly necessary. With treatment of Hepatitis C virus (HCV) now a successful option, organs from donors who test positive for HCV is now a viable option for transplant. A recipient must give informed consent with both the risks and benefits explained.

Recipients are educated about the possibility of being offered an HCV positive organ during the assessment process and at acceptance on the transplant waiting list.

If a recipient is transplanted with a Known Risk Donor organ, recipient follow-up regarding potential infectious disease transmission is required.

Post-Transplant Follow-up:

- 1) Following transplantation with the HCV positive organ:
 - a) Hepatology is consulted.
All HCV related testing and treatment will be done by the Hepatologist.
 - b) Infectious Diseases (ID) is consulted.
ID will follow the recipient for any HIV and Hepatitis B testing and treatment as required.
- 2) Testing requirements for HCV positive will be as follows:

| Service: | Hepatology | Infectious Diseases | | |
|-----------|------------|---------------------|-------------|-------------|
| | HCV RNA* | HIV | HBsAg | HBsAb |
| 1 week: | ✓ | ✓ | if HBsAb<10 | |
| 2 weeks: | ✓ | | | |
| 3 weeks: | ✓ | | | |
| 1 month: | ✓ | ✓ | if HBsAb<10 | |
| 3 months: | ✓ | ✓ | if HBsAb<10 | |
| 6 months: | | | | ✓ |
| 1 year: | | | if HBsAb<10 | if HBsAb<10 |

*Further scheduled HCV RNA tests are not required once HCV RNA test is positive (unless determined necessary by clinical assessment) until HCV treatment has been completed.

If the recipient is HCV RNA positive pre-transplant, HCV RNA testing is still performed to determine genotype and direct therapy.

- 3) Hepatology will initiate treatment for HCV if/when the recipient HCV RNA is positive.
Treatment should begin within one month of receiving HCV RNA positive results

This is a controlled document. Any documents in paper form must be used for reference purposes only. The online copy must be considered the current document.

This protocol has been created specifically for London Health Sciences Centre (LHSC) and may not be applicable for other centres.
This document is the intellectual property of LHSC. It is not to be shared or duplicated without permission.

dependent on patient's clinical status. Appropriate treatment start will be determined by the Hepatologist and can be based on many factors including the recipient's clinical status. Treatment can be safely delayed for a couple of months of initial detectable HCV viral load as long as liver function is monitored, but should start as soon as possible.

- 4) HCV RNA should be tested again at the completion of a course of HCV treatment and again 12 weeks following the completion of HCV treatment.
- 5) Recipient liver function tests should be done routinely during the course of treatment.
- 6) Recipients must remain informed of donor HCV positive status and on-going follow up testing. Recipients are encouraged to be an integral participant in their health care and should be aware of what follow-up testing is required and when testing should be done.