

Hepatitis C - Liver Biopsy Guidelines

As of 1 April 2006, patients wanting to access Pharmaceutical Benefits Scheme (PBS) Schedule 100 (S100) listed hepatitis C treatments are no longer required to undertake a liver biopsy as a prerequisite for treatment. Prior to this, liver biopsy was used to determine the degree of liver damage, with only those with moderate to severe liver damage being eligible for subsidised treatment. With the removal of liver biopsy from the criteria, people with less severe liver damage will now be able to access subsidised treatment. It also means that people with a previous biopsy that showed minimal damage may be eligible for treatment.

While no longer an S100 requirement, liver biopsy remains an important diagnostic tool for assessing the degree and cause of liver damage, and may benefit some patients in the long-term as the information obtained from biopsy can assist with determining the necessity, timing and duration of treatment. Biopsy may also provide additional information to determine the risk benefit of treating those with existing co-morbidities.

While the risk of complications from liver biopsy is relatively low, there are none-the-less associated risks. These guidelines are intended to outline the circumstances in which liver biopsy would be a recommended course of action for patients presenting with hepatitis C who are considering undergoing anti-viral treatment.

Why biopsy?

Biopsy can provide information in relation to:

- Staging and grading of severity of liver disease for prognosis.
- Assessment of the impact of co-factors on fibrosis (such as alcohol, Non-Alcoholic Steatohepatitis (NASH), HIV, HBV).
- Excluding other causes of liver disease or other co-existing liver disease.
- Making the decision to treat patients with genotype 1 and a high viral load or those with existing co-morbidities.
- Assessing the duration of therapy required for those with genotype 3.
- Duration of disease.

It is recommended that biopsy be considered where:

- Cirrhosis is suspected and there may be:
 - Clinical signs of chronic liver disease.
 - Cofactors such as alcohol, NASH.
 - A long duration of disease, for example in older patients.
- Other concomitant liver disease needs to be excluded.
- There are existing co-infections, specifically HIV and/or HBV.
- There are other existing co-morbidities.
- Patient history or examination indicative of likely advanced fibrosis.
- The patient has genotype 1 and a high viral load.
- Advanced Fibrosis is suspected and the patient has genotype 2 or 3 (use to determine treatment duration).

GP Information

Hospital Hepatitis C Treatment Centres:

Fremantle Hospital	08 9431 2913
Royal Perth Hospital	08 9224 2186
Sir Charles Gairdner Hospital	08 9346 3228

WA Department of Health
www.health.wa.gov.au

WA Department of Health
Publications Ordering Site
www.population.health.wa.gov.au/ordering/

WA Department of Health GP Site
www.gp.health.wa.gov.au/

Guidelines for Managing STIs
www.population.health.wa.gov.au/directory/

Translating and Interpreting Service
www.immi.gov.au/tis/doctor.htm
1300 131 450

Australasian Society for HIV Medicine (ASHM)
www.ashm.org.au
02 8204 0700

Patient Information

Hepatitis Council of WA
www.hepatitiswa.com.au
08 9328 8538
1300 800 070
(toll free for country callers)

Haemophilia Foundation of WA
www.hfwa.org
08 9420 7294

WA Substance Users' Association
www.wasua.com.au
08 9227 7866

Australian Hepatitis Council
www.hepatitisaustralia.com

These guidelines were developed by the Sexual Health and Blood-borne Virus Program in consultation with hospital hepatitis C treatment centres at Royal Perth, Fremantle and Sir Charles Gairdner hospitals. September 2006.