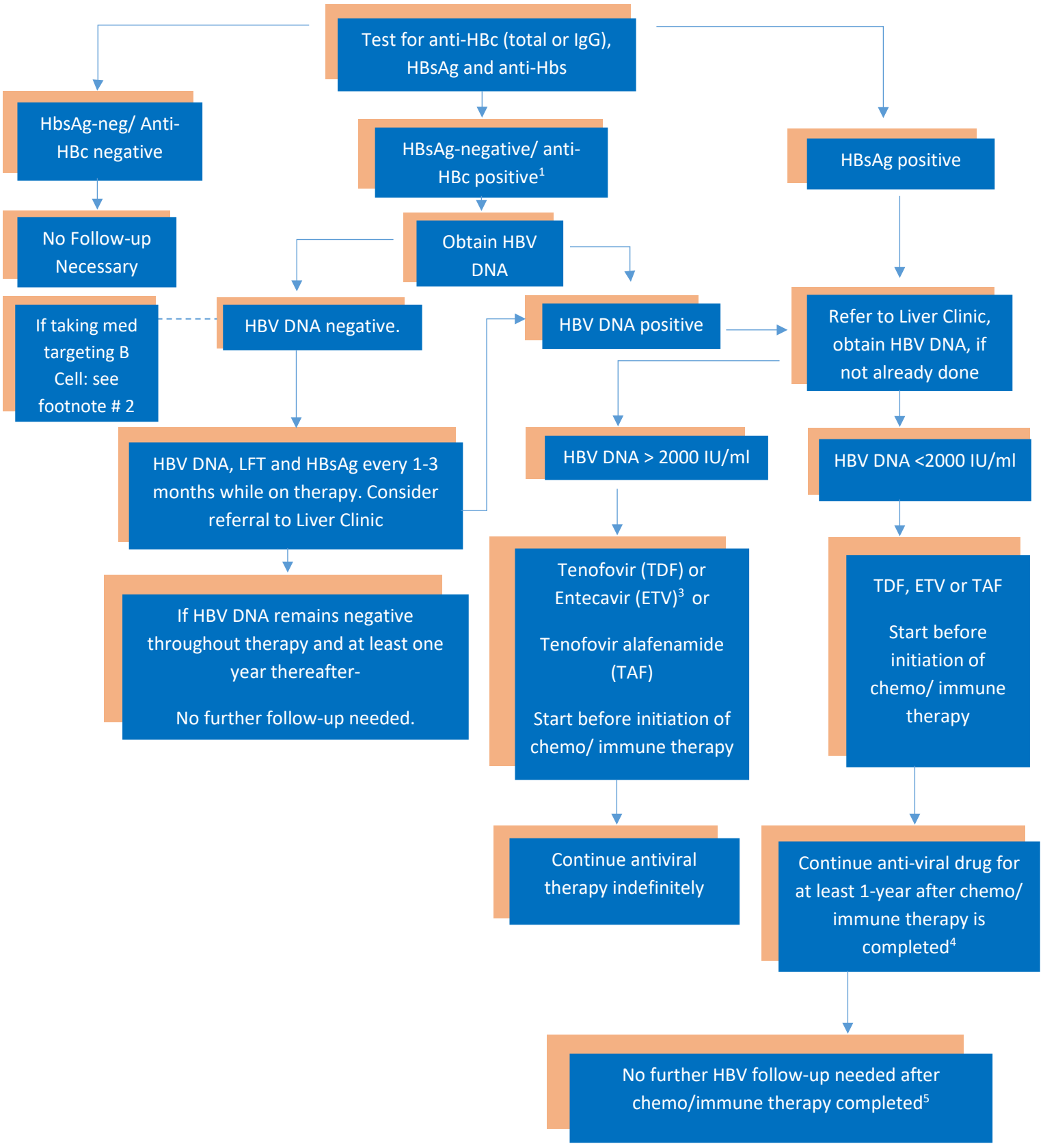
Screening and Management of Patients Undergoing Cancer Chemotherapy or Immunosuppressive Therapy



See Lab Terminology Key on pg. 2

Footnotes:

[1]Patients receiving immunosuppressive therapy post bone marrow or solid organ transplants who are HBsAg-negative/anti-HBc-positive should receive HBV antiviral therapy for life.

[2]Patients receiving Rituximab or similar class anti-CD20 therapy should take HBV antiviral therapy. Clinicians may choose to follow persons with anti-HBc who are receiving less intensive chemotherapy or TNF inhibitors and are HBsAg and HBV DNA-negative. Check for HBV DNA periodically during therapy as uncommon reports of reappearance of HBV DNA have occurred, but more data is needed to guide any specific recommendation.

[3]Tenofovir should be used instead of Entecavir in patients exposed previously to lamivudine, telbivudine, adefovir or emtricitabine. Entecavir or Tenofvir alafenamide would be preferred in patients with renal disease or receiving potentially renal toxic chemotherapeutic agents.

[4]Patients receiving potent immunotherapy with anti-CD20 agents or other intensive therapy should consider continuing HBV antiviral prophylaxis indefinitely.

[5]Patients receiving potent immunotherapy with agents that target B cells or other intensive therapy should continue to have HBV DNA tested for a longer period.

Cerner & Other Names for Hepatitis B Labs/ Definitions

HBsAg = Hepatitis B Surface Antigen = Hep B Surface Ag: If Positive/Reactive = Infection

Anti-HBs = Hepatitis B Surface Antibody = Hep B Surface Ab: If Positive/Reactive = Immunity

Anti-HBc Total or Anti-HBc IgG = Hepatitis B Core Antibody = Hep B Core Ab: If Positive /Reactive = Immune due to previous exposure. Persists through life

IgM anti-HBc = Hepatitis B Core Antibody IgM = HBc – IgM: If Positive/Reactive = Acute hepatitis B infection

If Hep B Surface Ab result is Non-reactive in previously immunized person, booster dose is not needed.

Reference: Hepatitis B vaccine: results of a 30-year follow-up study and response to a booster dose. J Infect Dis. 2016; 214 (1): 16-22.