

AUSTRALIAN CONSENSUS STATEMENT ON HEPATITIS B MANAGEMENT DURING IMMUNOSUPPRESSION FOR HAEMATOLOGICAL AND SOLID-ORGAN MALIGNANCIES

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Background: Individuals with chronic hepatitis B or past exposure to hepatitis B infection have a substantial risk of reactivation during immunosuppressive cancer therapy. Hepatitis B reactivation can lead to liver failure, cancer treatment interruption or death. Clinical concordance with screening and treatment guidelines is inconsistent in practice and existing international guidelines are not specific to the local Australian context. We developed an Australian consensus statement to inform hepatitis B screening and antiviral management for immunocompromised patients with haematological and solid-organ malignancies in Australia.

Methods: This statement was prepared by an expert panel of medical specialists in infectious diseases, gastroenterology, haematology and oncology and representatives from the Australasian Society for Infectious Diseases, Gastroenterological Society of Australia (Australian Liver Association), the Haematology Society of Australia and New Zealand, the Medical Oncology Group of Australia, and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. Recommendations were developed through a review of existing guidelines and published literature, and tailored to the local Australian context by referring to local epidemiology, testing rules under Medicare, and prescribing rules under the Pharmaceutical Benefits Scheme. Levels of evidence and strength of the recommendations were graded according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system.

Results/Conclusions: The recommendations address four key areas of Hepatitis B management for immunocompromised patients with haematological and solid-organ malignancies: (1) Who to test for hepatitis B infection, (2) When to start antiviral agents, (3) When to stop antiviral agents, and (4) How to monitor patients during cancer therapy (see Figure 1).

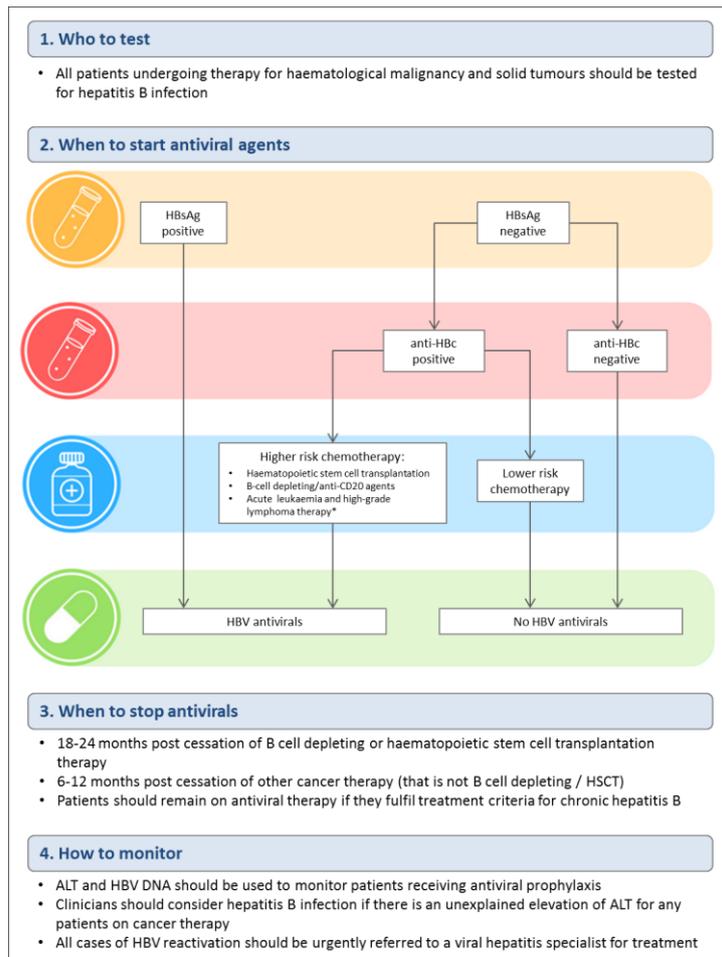


Figure 1: HBV management during cancer therapy summary