

Management of chronic hepatitis B: Canadian Association for the Study of the Liver consensus guidelines

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Chronic hepatitis B (CHB) is a dynamic disease that is influenced by host and virological factors. The management of CHB has become more complex with the increasing use of long-term oral nucleos(t)ide analogue antiviral therapies and the availability of novel diagnostic assays. Furthermore, there is often a lack of robust data to guide optimal management such as the selection of therapy, duration of treatment, potential antiviral side effects and the treatment of special populations. In November 2011, the Canadian Liver Foundation and the Canadian Association for the Study of the Liver convened a consensus conference to review the literature and analyze published data, including other international expert guidelines on CHB management. The proceedings of the consensus conference are summarized and provide updated clinical practice guidelines to assist Canadian health care providers in the prevention, diagnosis, assessment and treatment of CHB.

Key Words: Antiviral therapy; Canadian; Chronic hepatitis B; Hepatitis B virus infection; Management

Chronic hepatitis B infection remains a major public health burden in Canada. Since the 2007 Canadian Association for the Study of the Liver (CASL) update in the management of chronic hepatitis B virus (HBV) (1), our knowledge of the natural history of chronic hepatitis B, the assessment of infected patients and the treatment of the virus have improved. In November 2011, the CASL and the Canadian Liver Foundation organized the consensus conference to develop a new hepatitis B guideline to assist clinicians and health care providers in providing health services and treatment to chronic hepatitis B patients.

The consensus committee addressed the following questions:

1. What is the epidemiology and public health burden of chronic hepatitis B infection in Canada?
2. What would be an ideal vaccination policy to prevent hepatitis B infection?
3. Who should be screened for chronic hepatitis B infection?
4. What is the natural history of chronic hepatitis B infection?
5. How should chronic hepatitis B infection be assessed?
6. What are the special laboratory tests that may be useful to guide management decision?
7. Who should receive treatment?
8. What are the first-line drugs to treat chronic hepatitis B infection?

La prise en charge de l'hépatite B chronique : les lignes directrices consensuelles de l'Association canadienne pour l'étude du foie

L'hépatite B chronique (HBC) est une maladie dynamique influencée par l'hôte et les facteurs virologiques. La prise en charge de l'HBC s'est compliquée avec l'utilisation accrue des analogues de nucléosides et de nucléotides antiviraux sur une longue période et la disponibilité de méthodes diagnostiques novatrices. De plus, on manque souvent de données solides pour orienter une prise en charge optimale, telle que la sélection de la thérapie, la durée du traitement, les effets secondaires potentiels des antiviraux et le traitement des populations particulières. En novembre 2011, la Fondation canadienne du foie et l'Association canadienne pour l'étude du foie ont organisé une conférence consensuelle pour procéder à une analyse de la bibliographie et des données publiées, y compris d'autres lignes directrices internationales d'experts sur la prise en charge de l'HBC. Les débats de la conférence consensuelle sont résumés et donnent lieu à une mise à jour des lignes directrices cliniques pour aider les dispensateurs de soins canadiens à prévenir, diagnostiquer, évaluer et traiter l'HBC.

9. How should groups with special needs be assessed and treated?

The present report presents the proceeding of the consensus development conference and the update will focus on answering the above questions.

PROCESS

The process used to arrive at consensus was as follows: An Organizing Committee was appointed by the CASL and the Canadian Liver Foundation. This committee invited expert speakers to review the current literature on different topics. After the presentation, questions from the audience were addressed. A Writing Committee, selected by the Organizing Committee, assessed the information from the presentations and from other sources, and prepared a document that was circulated to the speakers for comment. The strength of the recommendations and the evidence supporting the recommendations have been evaluated and graded according to the grading system adapted from the American College of Cardiology and the American Heart Association Practice Guidelines and the Grading of Recommendations Assessment Development and Evaluation (GRADE) system (2-8) (Table 1). The report presents the recommendations representing the best medical practice in the assessment and the management of chronic hepatitis B infection.

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