New HCV Screening Guidelines
For All Adults Aged 18 to 79 Years

U.S. Preventive Services Task Force Recommended Guidelines for Hepatitis C Screening
NEW USPSTF GUIDELINES RECOMMEND SCREENING FOR HEPATITIS C VIRUS (HCV) INFECTION IN ADULTS AGED 18-79 YEARS.\textsuperscript{12}

**HCV Screening Guidelines\textsuperscript{12}**

<table>
<thead>
<tr>
<th><strong>Population</strong></th>
<th>Adults aged 18 to 79 years</th>
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</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.</td>
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<tr>
<td><strong>Grade B</strong></td>
<td>The USPSTF concludes with moderate certainty that screening for HCV infection in adults aged 18-79 years has substantial net benefit.\textsuperscript{13}</td>
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With the availability of new HCV therapies and increased awareness of the need for screening, earlier diagnosis and targeted treatments are expected to reduce HCV progression and the development of HCV-related complications.
HCV IS THE MOST COMMON BLOOD-BORNE ILLNESS IN THE US, WITH AN ESTIMATED 2.7 MILLION TO 3.9 MILLION PEOPLE LIVING WITH THE DISEASE.¹,⁵

Hepatitis C is spread through exposure to contaminated blood, often affecting people who are current or former injection drug users, and people who received blood transfusions or organ transplants prior to 1992 when widespread HCV screening of blood supply and organ donors began.¹,⁴

HCV can also be transferred through sharing of contaminated personal items, such as a razor or toothbrush.¹,⁴

**CDC Recommendation**

The CDC guidelines recommend an initial screen using an FDA-approved antibody test.¹ For any positive antibody result, the CDC recommends using an FDA-approved nucleic acid test (NAT)—also called an HCV RNA test—to identify active HCV infection.¹

LabCorp offers the following NAT tests: 144050-“Hepatitis C Virus (HCV) Antibody With Reflex to Quantitative Real-time PCR” and 144045-“Hepatitis C Virus (HCV) Antibody With Reflex to Qualitative NAA”. These assays support new USPSTF screening recommendations for those individuals aged 18-79 and fulfill CDC guideline recommendations for FDA-approved NAT testing when a positive HCV antibody result occurs. These assays will automatically reflex to NAT testing either quantitatively or qualitatively in the event of a positive HCV antibody screen. HCV RNA quantitative Real-time PCR (graphical 550070 and non-graphical 550080) are also offered as standalone assays as is the HCV RNA qualitative NAA (550713).

**Complications of HCV Infection**

- Approximately 80% of patients with HCV are asymptomatic.² In the remaining 20% of patients who do experience symptoms, the symptoms may include poor appetite, nausea, vomiting, and fever.² These symptoms are not specific to HCV and thus provide no independent indication for HCV testing.²
- Despite delayed onset of symptoms in many patients, HCV persists as a chronic infection in approximately 75% to 85% of patients.⁴,⁵
- It is estimated that up to 20% of HCV-infected persons will develop cirrhosis within the first 20 years of infection.⁴,⁵
- Patients with HCV have an estimated 17-fold increased risk of developing liver cancer.¹
LabCorp’s comprehensive HCV menu includes options for screening, diagnosis, staging, prognosis, and monitoring of patients with HCV including:

### Treatment Guidance Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Number</th>
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<tbody>
<tr>
<td>Hepatitis C Virus (HCV) Genotyping, Nonreflex</td>
<td>550475</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV) FibroSURE®</td>
<td>550123</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV) GenoSure® NS3/4A*</td>
<td>550540</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV) NSSA Drug Resistance Assay*</td>
<td>550325</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV) Genotype 3 NS5A Drug Resistance Assay*</td>
<td>550603</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV) NSSB Drug Resistance Assay*</td>
<td>550505</td>
</tr>
<tr>
<td>Hepatitis C Virus (HCV) GT1a NSSA Profile</td>
<td>550705</td>
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* Viral load reflex test options available.

Furthermore, LabCorp is working with a number of pharmaceutical companies as they move promising new HCV treatments closer to market.

### Effective and Promising Treatments for HCV Infection

- The goal of HCV treatment is to prevent complications such as advanced fibrosis and cirrhosis and to reduce death from HCV-associated liver cancer.
- People who achieve a sustained virologic response (SVR) after treatment have been shown to have a greater than 50% reduction in mortality risk and substantially lower rates of liver-related death and decompensated cirrhosis.1
- Recent advances in therapeutic options and treatment combinations have increased the SVR for hepatitis C. Overall SVR rates for some new options in treatment-naïve patients with genotype 1 have been reported to be as high as 94% to 100%.6,8 SVR rates for other genotypes vary.
- HCV drug resistance testing may help select the optimal treatment option and help guide future treatment decisions.

**Note:** Treatment and management of patients with HCV is complex. The decision to treat should be individualized for each patient based on a number of factors. Refer to national guidelines and prescribing information for important considerations.

### References