

Current status of hepatitis C care cascade for patients undergoing surgery in a tertiary center

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Background/Aims: Chronic hepatitis C virus (HCV) infection is usually asymptomatic and can silently cause cirrhosis and hepatocellular carcinoma. Physicians can conveniently cure HCV infection using pan-genotypic direct-acting antivirals (DAAs). Korean National Health Insurance System (KNHIS) reimburses the anti-HCV antibody testing before surgery to reduce the risk of infection. Therefore, patients undergoing surgery have a chance of early diagnosis and treatment of asymptomatic HCV infection. We investigated the current status of the HCV care cascade in patients who underwent surgery.

Methods: For this retrospective study, we recruited 96,894 patients who underwent surgery under general anesthesia in a tertiary academic center between 2019 and 2021.

Results: Among patients (median age: 55.0 years), 83,920 (86.6%) had the anti-HCV antibody test. Anti-HCV antibody testing was positive in 576 patients (0.69%) with significantly older ages and a higher prevalence of diabetes mellitus, hypertension, and liver cirrhosis. Among 576 patients, 215 (37.3%) underwent an HCV RNA test with a 20.5% (n=44) positivity rate. Of 361 patients who did not test for HCV RNA, 266 (73.7%) patients who had not experienced previous HCV RNA tests nor successful treatment for HCV infection required an HCV RNA test. Among 44 patients with diagnosed HCV infection, 42 patients (95.5%) were referred to hepatologists, and 29 patients (69.0%) initiated DAA treatment who could be treated within a KNHIS reimbursement and were willing to receive DAA treatment. HCV RNA confirmation rates were higher in the hepatobiliary and transplant surgery departments (76.6%) than in the other surgical departments (25.0–33.5%) ($P<0.001$).

Conclusions: Many patients with positive anti-HCV antibody testing failed to be linked to the care cascade after surgery. For the surgical departments with little experience in the diagnosis and treatment cascade of hepatitis C, enhancing awareness of HCV infection among surgeons should be required.