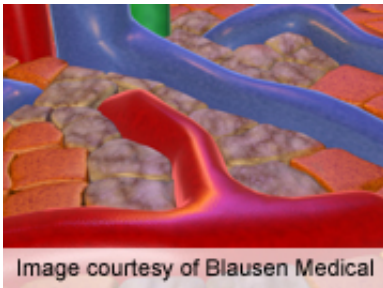


# Hepatitis B screening before chemo deemed cost-effective

June 20 2012

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Universal hepatitis B virus screening before chemotherapy for lymphoma reduces costs in most settings, according to a study published online June 18 in the *Journal of Clinical Oncology*.

(HealthDay) -- Universal hepatitis B virus (HBV) screening before chemotherapy for lymphoma reduces costs in most settings, according to a study published online June 18 in the *Journal of Clinical Oncology*.

Noting that potentially fatal HBV reactivation can be largely prevented with antiviral prophylaxis, Urszula Zurawska, M.D., from the University of Toronto, and colleagues developed a decision model to compare the clinical outcomes, costs, and cost-effectiveness of three HBV screening strategies for patients with lymphoma before [rituximab](#) plus cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP) chemotherapy. The strategies were: screen all patients for [hepatitis B](#) surface antigen (HBsAg; Screen-All), screen patients at high-risk for

HBV infection (Screen-HR), and screen no one (Screen-None). [Antiviral therapy](#) was administered to screened patients who tested positive until six months after completion of chemotherapy. Those not screened were given antiviral therapy only if HBV hepatitis occurred. Costs were given in Canadian dollars and a third-party payer perspective was adopted.

The researchers found that the dominant strategy was Screen-All, costing \$32,589, compared with \$32,598 for Screen-HR and \$32,657 for Screen-None. Screen-All was also associated with the highest one-year survival rate (84.99 percent), compared with Screen-HR and Screen-None (84.96 and 84.86 percent, respectively). The prevalence of HBsAg positivity in the low-risk population influenced analysis; when this value was  $\leq 0.20$  percent the Screen-HR became the least costly.

"In patients receiving R-CHOP for lymphoma, screening all patients for HBV reduces the rate of HBV reactivation (10-fold) and is less costly than screening only high-risk patients or screening no patients," the authors write.

One author disclosed financial ties to Gilead Sciences.

**More information:** [Abstract](#)  
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