

2026 Quality ID PIMSH10: Oncology: Hepatitis B Serology Testing and Prophylactic Treatment Prior to Receiving Anti-CD20 Targeting Drugs

--High Priority Type: Yes

--Measure Type: Process/Patient Safety

2026 COLLECTION TYPE:

Practice Insights by McKesson in Collaboration with The US Oncology Network - QCDR

DATA SOURCE USED FOR THE MEASURE:

EHR--Medical record, including problem list, drug lists, and lab reports

DESCRIPTION:

Percentage of patients tested for Hepatitis B prior to receiving anti-CD20 targeting treatment, including rituximab, ofatumumab, and obinutuzumab; patients testing positive for Hepatitis B receive prophylactic treatment.

DENOMINATOR:

All patients 18 years or older who have a qualifying visit during the measurement period and received anti-CD20 therapy during the measurement period.

DENOMINATOR EXCLUSION:

Patients participating in a clinical trial at any time; active Hepatitis B.

DENOMINATOR EXCEPTIONS:

Patient refused screening.

NUMERATOR:

Patients screened for Hepatitis B (including surface antigen and core antibody) prior to treatment; if screening is positive, patient received prophylactic treatment.

NUMERATOR NOTE:

Hepatitis B screening is satisfied by documentation of both hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc) testing. In place of individual tests, a comprehensive hepatitis B panel that includes both HBsAg and anti-HBc components is also acceptable to meet numerator criteria.

NUMERATOR EXCLUSIONS:

None.

TELEHEALTH:

Included

REPORTING OPTIONS:

Traditional MIPS

CLINICAL RECOMMENDATION STATEMENT:

This measure is endorsed by The US Oncology Network Steering Committee. Patients with past or chronic HBV infection who receive high-risk immunosuppression, such as anti-CD20 Ab treatment, are at risk for HBV reactivation, which can result in hepatitis, liver failure, and even death. 2015 ASCO recommendations prior to anti-CD20 Ab treatment include: (1) hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (HBcAb) screening; (2) treating patients with chronic HBV with entecavir or tenofovir during anti-CD20 Ab and 6-12 mo following; and (3) use of either prophylactic or prompt on-demand HBV antivirals for HBV reactivation.

Guidelines:

- Hwang JP, Somerfield MR, Alston-Johnson DE, Cryer DR, Feld JJ, Kramer BS, Sabichi AL, Wong SL, Artz AS. Hepatitis B Virus Screening for Patients With Cancer Before Therapy: American Society of Clinical Oncology Provisional Clinical Opinion Update. J Clin Oncol. 2015;33:2212-2220.
- Centers for Disease Control and Prevention. Epidemiology and prevention of vaccine-preventable diseases. Hepatitis B pink book 2015.
- Terrault NA, Bzowej NH, Chang KM, et al. Practice Guideline: AASLD Guidelines for Treatment of Chronic Hepatitis B. Hepatology. 2015.
- NCCN Treatment Guideline. Prevention and Treatment of Cancer-Related Infections. Version 2.2016.

QCDR MEASURE RATIONALE:

Evidence still exists of suboptimal hepatitis B virus (HBV) screening among patients at high risk for HBV infection or HBV reactivation after chemotherapy. (Hwang JP, Somerfield MR, Alston-Johnson DE, Cryer DR, Feld JJ, Kramer BS, Sabichi AL, Wong SL, Artz AS. Hepatitis B Virus Screening for Patients With Cancer Before Therapy: American Society of Clinical Oncology Provisional Clinical Opinion Update. J Clin Oncol. 2015;33:2212-2220.) Through greater adherence to screening guidelines, appropriate intervention should reduce reactivation rates. Hepatitis B reactivation is an avoidable condition, and through appropriate quality measure monitoring, appropriate patient intervention should help reduce the rate of Hepatitis B reactivation.

These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.

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