



ALT Flare Resolution (Adult)

Patient ID ___ - ___ - ___

This information is to be completed by the physician investigator immediately following resolution of an ALT flare. The information is to reflect the opinion of the physician investigator based on information available at the time of resolution.

SECTION I: ETIOLOGY OF FLARE

1. Estimate date of onset (mm/dd/yy): ___ / ___ / ___
2. Date of diagnosis (mm/dd/yy): ___ / ___ / ___
3. Date of resolution (mm/dd/yy): ___ / ___ / ___
4. Did patient develop symptoms of hepatitis B (fatigue, nausea, anorexia, etc.) during the flare ?
 Yes No Unknown
5. Did patient become jaundiced (total bilirubin \geq 2.5 mg/dL or visible jaundice) during the flare ?
 Yes No Unknown
6. Did patient develop any evidence of hepatic decompensation (ascites, encephalopathy, variceal bleeding, INR > 1.5, albumin < 3.0 g/dL, etc.) during the flare ? Yes No Unknown
7. Probable etiology of the ALT flare: ___ if specify required: _____

Probable etiology of flare

Reactivation of hepatitis B

1. Spontaneous
2. Upon withdrawal of antiviral therapy
3. Associated with immunosuppressive therapy (including DAAs)
4. Progression of immunodeficiency
5. Transition from IT to IA phase

Immune clearance of hepatitis B

9. Unsuccessful attempt at immune clearance
10. Spontaneous
11. Antiviral therapy induced
12. Immune reconstitution
13. Withdrawal of antiviral therapy with flare and seroconversion

ALT Flare with no change in HBV DNA

16. No change in HBV DNA

Drug-induced liver disease

20. Idiosyncratic reaction, **specify** drug
21. Direct toxic reaction, **specify** drug
22. Alcohol
23. Acetaminophen

Superimposed liver disease or infection:

30. Hepatitis A
31. Hepatitis D
32. Hepatitis C
33. Hepatitis E
34. Autoimmune hepatitis
35. Other, **specify**
40. Other, **specify**
41. Unknown
42. Acute HBV
43. HBV related but inadequate information to determine a specific etiology

SECTION II: CLINICAL DECISIONS

1. Clinical decisions made **in response to the flare** (check all that apply):
 Continue to follow, without starting on antiviral therapy
 Continue to follow, already on antiviral therapy
 Hospitalization
 Start on antiviral therapy
 List for liver transplant
 Other, specify _____

Physician investigator initials: ___ ___

Date form completed (mm/dd/yyyy): ___ / ___ / ___