### A. ARE THE RESULTS VALID?

**Sample of Patients?**

Was there a representative and well-defined sample of patients at a similar point in the course of the disease?

- **Article:**
  - University of Verona, Italy. Prospectively followed 595 patients from June 1990-July 1997 (405 men / 190 women) with histological evidence of hep B or hep C. Patients were ‘all’ patients followed at that institution for at least 18 months.
  - 432—Hep C (antibody and RNA)
  - 163—Hep B Sag + Hep B DNA in serum
  - Comparison Cohort: 191 consecutive patients with acute hep A who were negative for hep C or hep B and NO underlying liver disease
  - All 595 patients had staging liver bx between June 89 and May 90
  - Table 1: p 287 shows considerable variability of hep B and hep C disease, however ALL patients are naïve to hep A.
  - Note: Inception Cohort: early and uniform—not necessarily in this group

**Follow-up**

Was follow-up sufficiently long and complete?

- **Article:** All patients followed for a minimum of 18 months. They do not appear to have lost anyone.

**Outcome criteria:**

Were objective and unbiased outcome criteria used?

- **Article:** It seems that all patients had liver bx at the start of the study and also following hep A (if they survived)

**Prognostic factors:**

Was there adjustment for important prognostic factors?

- **Article:** They did not really adjust for other prognostic factors, but they did report several including:
  1. They did have liver bx prior to onset of hep A, thus they could account for pre-existing liver disease.
  2. They also measured HLA phenotypes, levels of serum autoimmune studies such as ANA, anti-smooth muscle antibodies and anti-asialoglycoprotein receptor antibodies.

### B. WHAT ARE THE RESULTS?

How large is the likelihood of the outcome event(s) in a specified period of time?

- **Article:**
  - hep B and HAV 10 / 163; fulminant hepatitis in 0/10; single pt with marked cholestasis.
  - hep C and HAV 17/ 432; fulminant hepatitis in 7/17; 6/7 patients died
<table>
<thead>
<tr>
<th><strong>How precise are the estimates of likelihood?</strong></th>
<th>There is no estimate of precision given. However, the numbers are very small for each individual group, thus the confidence limits would be wide.</th>
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<tbody>
<tr>
<td><strong>C. WILL THE RESULTS HELP ME IN CARING FOR MY PATIENTS? Were the study patients similar to my own?</strong></td>
<td>We can not easily tell from the text which patients came down with hep A and what was their extent of liver disease prior. These patients, followed in a liver clinic, may be sicker than our population.</td>
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<td><strong>Will the results lead directly to selecting or avoiding therapy?</strong></td>
<td>The issue at hand is prevention of hep A with vaccination. The suggestion in this paper does support vaccination in patients with hepatitis C infection.</td>
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<td><strong>Are the results useful for reassuring or counseling patients?</strong></td>
<td>Yes. They will be useful in counseling patients to obtain vaccination.</td>
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