CHRONIC HEPATITIS C TREATMENT IN 2015

Aziz Ahmad

On a national level over 5% of the population is estimated to be infected with the hepatitis C virus (HCV), which corresponds to a prevalent population of >70 million people with chronic infection. For many patients who become chronically infected, HCV causes slow, progressive damage to the liver and represents one of the leading causes of cirrhosis and hepatocellular carcinoma (HCC). Moreover, the slow insidious nature of disease progression means that many patients are unaware of their status until the later stages of disease. Since discovery of hepatitis C virus in 1979 and its clear pathogenic role in causation of chronic liver disease, researchers have always focused on finding the curative treatment. The evolution of treatment for this deadly virus is amongst the remarkable success stories of scientists in finding cure for human diseases. It all began with the use of immunomodulator Interferon alone; Although the short courses of standard IFN monotherapy introduced in the 1980s by Hoofnagle et al, Davis et al, and Di Bisceglie et al led to sustained improvement in liver disease and loss of virus in less than 10% of patients, these therapies were the first to cure chronic viral hepatitis providing ray of hope. It was the addition of antiviral drug Ribavirin which made a big difference to the response rate increasing from 20% to more than 50% in different genotypes. With turn of century, the introduction of pegylated Interferon (peginterferon) proved another major breakthrough and a new era as the response rates in terms of sustained virological response (SVR) approached to 70-90% in genotype 2 and 3. The benefits of combination therapy were documented in three landmark trials: Manns et al in 2001, Fried et al in 2002, and Hadziyannis et al in 2004. Since then the standard of care for patients with chronic Hepatitis is peg interferon and Ribavirin as per standard guidelines by all the international societies of hepatology, also adopted by our national societies of Gastroenterology and Hepatology. However in our setup its use is limited and is still kept as a second line drug for non responders or relapse cases of conventional

interferon. The last couple of years have now witnessed yet a new era where 100% cure rate seem to be achieved. The development of directly acting antiviral drugs DAAs initially proved disappointing to but the newer preparations and combinations proved to be what the clinicians were looking for. These directly acting antiviral drugs have been subjected to large randomized trials in the last few years and late-phase studies confirm that DAAs combinations are capable of bridging most of the performance gap between more conventional populations of previously untreated patients and populations that have historically been difficult to treat, including patients with cirrhosis, HIV-coinfected persons, and patients who have not had a response to conventional interferon-based therapies. With all these new studies and development, we are about to witness a whole new era of complete cure for all patients suffering from chronic hepatitis C but off course, with a significant financial implication, for beyond the reach of developing countries. The sad side of story is that in our country majority of patients are either having no access to screening programs nor standard diagnostic and therapeutic facilities. Majority of these patients are still offered the conventional interferon treatment with a lesser response rate, numerous side effects and a high relapse rate. It is urged upon all government and nongovernmental organizations that the routine use of Peg Interferon and Ribavirin must be the standard of care for all patients in Pakistan in year 2015. Effective screening program and nationwide intensive campaign regarding awareness must be initiated before it takes the form of a national epidemic.

Professor Aziz Ahmad, FRCP

Chief Editor, JSMC, Swat