

## Institute of Cell and Molecular Science

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Professor Graham R Foster

Dear Sir

Thank you for asking me to comment on the NICE review of treatment guidelines for chronic hepatitis C. I write in my capacity as an advisor to a patient group and I shall restrict my comments to my views on patient's perspectives of the existing guidance.

The current guidelines recommend that therapy for hepatitis C is restricted to those with liver biopsy proven moderate/severe disease. A direct consequence of this is that all patients must undergo a liver biopsy before therapy can be considered. This is unpopular and introduces delays in starting treatment. Patients dislike the liver biopsy procedure and many strongly object to 'orders' from clinicians that ignore their particular circumstances, needs and views. It is well recognised that treatment rates for hepatitis C in the UK are significantly less than those in other EU countries and the reluctance of many patients to undergo the liver biopsy, that is deemed essential for therapy, undoubtedly plays a part in the reluctance of many patients to come forward for treatment. Although the liver biopsy is a relatively inexpensive day case procedure it requires resources that are not always readily available and in many areas the wait is prolonged leading to significant anxiety.

The recent improvements in the efficacy of antiviral therapy for patients with chronic hepatitis C have led most patients to reconsider their approach to treatment. Many have decided that they wish to try and eradicate their virus even if it is not harming their liver at the moment. The current guidelines prevent this. I believe that this has a detrimental effect on the doctor/patient relationship and, in my view, the current guidelines have an adverse, restrictive effect that is strongly opposed by patients. In an era of patient choice where over 60% of patients can eliminate an infectious agent with a cost effective therapy it seems perverse to insist that only those with 'bad disease' can receive treatment. I strongly support a change to current guidelines.

Yours sincerely

Graham R Foster FRCP PhD Professor of Hepatology