Interferon alfa (pegylated and non pegylated) and ribavirin for the treatment of chronic hepatitis C – part review of existing guidance no. 75

Personal Statement

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The decision to treat or not to treat adults with mild chronic hepatitis C (CHC) is complex. The risk of these patients developing cirrhosis and its associated complications is remote.

From the available studies it appears that those with mild histological changes may have a greater likelihood of response than those with advanced fibrosis or cirrhosis. Manns et al (2001) in their publication on pegylated interferon and ribavirin combination therapy in treatment of naïve patients report that sustained virological response (SVR) rates were higher among patients with minimal or no fibrosis than among those with bridging fibrosis or cirrhosis. This suggests that treatment of mild disease is more effective than delaying treatment until after progression to more advanced disease.

An analysis by Wong and Koff (2000) has shown that early treatment is cost-effective, reduces the risk of cirrhosis, and improves quality of life indices compared with watchful waiting. Grieve et al (2005) concluded that antiviral therapy is cost-effective in patients with genotype non-1.

If the patient has mild disease and is infected with genotype 1 of the hepatitis C virus, a decision may be made to defer treatment, since this genotype does not respond well to available treatment. Patient should be educated accordingly and the hope of future advances in antiviral therapy should be discussed

Given that only a small percentage of people with CHC have been diagnosed with this disease in the UK, would centers providing specialist care for this group of patients have enough capacity to cope with the growing demand on this service if it is decided not to treat those with mild disease? It can be argued that patients should be offered the choice to undergo antiviral therapy as appropriate to prevent future service delivery crisis.

Since patients with mild disease are not at immediate risk for cirrhosis and its complications, some health care professionals may choose to defer treatment and monitor the patients periodically.

In view of data showing higher response rates in patients with mild disease than in those with advanced fibrosis or cirrhosis, and that treating patients with genotype non-1 is cost effective, the decision to treat should be made on an individual basis taking into account the following factors:

- Genotype
- Age
- Presence of symptoms and their impact on patient's quality of life

- Patient's wishes
- Patient's motivation for treatment
- Risk of adverse effects
- Co-morbid conditions
- Effects of hepatitis C virus and its treatment on the patient's work
- Social and psychological implications of living with hepatitis C as expressed by patient

References

Manns MP et al (2001) Peginterferon alfa-2b plus ribavirin compared with interferon alfa-2b plus ribavirin for initial treatment of chronic hepatitis C: a randomised trial. Lancet. 358:958-965.

Wong JB & Koff RS (2000) Watchful waiting with periodic liver biopsy versus immediate empirical therapy for histologically mild chronic hepatitis C. A cost-effectiveness analysis. Ann Intern Med. 133:665-675.

Grieve R et al (2005) Cost-effectiveness of interferon alfa or pegylated interferon alfa, with ribavirin for histologically mild chronic hepatitis C. Gut. Jun 30.