From the Editor

January 9, 2012 By Tim Horn

The fight against chronic hepatitis C virus (HCV) has reached a long-awaited turning point. Similar to the arrival of lifesaving protease inhibitors for the treatment of HIV in the mid-1990s, the debut of drugs that cripple HCV's protease enzyme has ushered in a great deal of hope for people living with the liver-damaging disease—including those coinfected with HIV.

The arrival and ongoing exploration of HCV protease inhibitors and other drugs couldn't be happening at a more critical time. The reason? Chronic hepatitis C affects roughly 3.9 million people in the United States, including about 300,000 of the 1.2 million U.S. residents living with HIV. It is also a leading cause of death among people living with HIV, both nationally and globally.

Making matters worse, people coinfected with both viruses are less likely to be treated, or cured, than those who only have hep C. Many health care providers are reluctant to treat the "complex" cases of coinfected people. Their reasons include the fact that people living with both HIV and HCV are more likely to have advanced liver disease (which can be harder to treat), that they are less likely to respond to hep C treatment, and that they have higher rates of other medical and mental-illness problems (which can make the side effects of hep C treatment even more severe).

But the good news continues to arrive as well. Though not yet officially approved for coinfected people, the newest protease inhibitors are expected to increase hep C cure rates in people living with HIV, just as they have in people only infected with HCV. What's more, the research pipeline is filled with new drugs that, like the protease inhibitors, were designed specifically to target HCV. Some may prove so formidable in combination that they'll do away with the need for the toxic, only moderately effective duo of pegylated interferon and ribavirin that's been the standard treatment for hep C.

For people coinfected with HIV and HCV, much remains to be learned about these new HCV drugs, specifically about their safety, efficacy and, just as important, their interactions with meds used to treat HIV—thus far, only a small handful of meds have been suggested to be safe to use with HCV protease inhibitors. But activists such as Jules Levin are pushing for the necessary studies, and researchers and pharmaceutical companies are starting to answer these important questions about coinfection.

With fresh tools to fight HCV, the future looks particularly bright. It won't be long before the high rates of liver failure and cancer, like those of AIDS-related illnesses in the pre-protease inhibitor era, become a thing of the past for people living with HIV and HCV.

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