Time for Treatment?

The good news: Not everyone living with chronic hep C needs to be treated for the virus. Even more encouraging: When treatment is necessary, the odds of curing the virus are now better than ever.

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This is not to say that hep C treatment is easy. There's a risk of side effects—including flu-like symptoms, fatigue and depression—throughout the six to 12 months of treatment. In turn, treatment decisions—including when to start, which meds to use and whether or not therapy should be stopped—depend on several issues, including

Liver Health

Up to one in five people with chronic hep C will develop cirrhosis of the liver—severe scarring that can ultimately cause the liver to fail completely. Maintaining a healthy weight and cutting out alcohol consumption can help. So can curing the virus with available treatments. To avoid treating people with hep C who may never develop cirrhosis—or who are progressing slowly and might be safe waiting until meds with fewer side effects are available—doctors look for early signs of liver scarring (fibrosis) and other clues that the disease is likely to worsen.

This requires a biopsy, usually performed by a liver specialist. The site of the biopsy is numbed with a local anesthetic. Next, a needle passes through the skin, then in and out of the liver. "It's not a big deal," says Brian Edlin, MD, of the Center for the Study of Hepatitis C in New York. "The whole procedure takes about 30 minutes, and most people do fine. I generally recommend biopsies every three to five years."

Viral genes

There are at least six types of the hepatitis C virus, called "genotypes" because they differ in genetic structure. In the United States, there are three main genotypes: 1, 2 and 3. Knowing your genotype, which requires a simple blood test, is important because it will determine which medications you'll use—and for how long.

People with hep C genotypes 2 or 3, the easiest to cure, take one of the pegylated interferon drugs (Pegasys or Pegintron), which must be injected once a week, plus ribavirin, an oral medication taken twice a day. Treatment generally lasts for six months, and cure rates among those taking these meds for the first time can be as high as 90 percent for genotype 2 and 65 percent or more for genotype 3.

For people with hep C genotype 1, which is the most common and hardest to cure, one of the two newly approved protease inhibitors, Victrelis or Incivek, may be added. Adding either of these important new oral meds has boosted genotype 1 cure rates from five in 10 to seven in 10.

Human genes

Cure rates are highest among people of Asian descent (75 percent), worst among people of African descent (20 percent to 30 percent) and somewhere in the middle among people of European descent (50 percent). This is partly because of variations in a human gene known as interleukin-28B (IL-28B) that affects how the interferon drugs work in the body.

Knowing a person's IL-28B type can be useful, Edlin says. "If someone has minimal liver disease and we learn that they have an IL-28B type that may reduce interferon effectiveness, I may recommend waiting for [drug combos that don't require interferon] to come along."

Are you experienced?

For those with progressive hep C, treatment is a cure-or-bust situation. If therapy doesn't cure the virus—750,000 U.S. residents alone have been treated without success—liver failure or cancer remain a risk. Fortunately for those with genotype 1 hep C who weren't cured with peg-interferon and ribavirin alone, adding a protease inhibitor the second (or third) time around can make a difference. The new drugs have lifted cure rates up to 90 percent, depending on how a person's virus responded to previous treatment and how healthy the liver is before the additional round of therapy.

Viral load

Health care providers keep a close eye on the amount of hep C virus in blood samples during treatment. For example, if the amount of virus—the "viral load"—is too low to be detected after 12 weeks of treatment for genotype 1 hep C, the drug combo will be continued for a year, as the undetectable viral load shows that the virus is on the way to being cured. If, however, the virus is detectable at 12 weeks, that's a sign that treatment is unlikely to work and should be stopped. Fortunately for these people, many new drugs are in development.

Are you ready?

Hep C treatment demands a lot of commitment and preparation. For the best chance of curing the virus, you must take the medications exactly as prescribed—no missing doses. And the side effects of treatment can be debilitating, which can affect your responsibilities at home and at work.

"I always tell patients to consider their support system," Edlin says. "Do you have family and friends you can call upon during treatment? It's import

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