A Hepatitis C Essential: An Open Mind

March 11, 2014 By Lucinda K. Porter RN

Recently, two hepatitis C patients told me that they were not going to try the new treatments. Both had dramatically different reasons. One person felt that since he had hepatitis C for a long time and was asymptomatic, why bother. The other person had been through hepatitis C treatment before and he just didn't want to go through it again.

Hepatitis C treatment is a decision made between patient and doctor, a decision I respect. However, the new hepatitis C treatments are significantly different from previous drug regimens, and even better medications are around the corner. Perhaps it isn't my "job" to update people, but I've never been one to keep quiet about what I know. Most people are pleasantly surprised by the changes in the new treatments; many don't realize that hepatitis C has a high cure rate; and quite a few do not realize the consequences of living with hepatitis C.

To the person who asked, "Why bother?" I would say that although hepatitis C is not an automatic death sentence, the mortality rate for those with this virus is twelve times higher and death occurs 15 years younger than for those who don't have hepatitis C. Those with hepatitis C have an increased risk of premature death from many health conditions, including stroke, heart disease, diabetes, and cancer. Successful hepatitis C treatment significantly reduces these risks, and in some cases may wipe the slate clean.

Although this person has been asymptomatic for decades, hepatitis C damage often accelerates with age, and the downhill slide can be fast. Our immune function diminishes when we age. Someone may have done very well, with minimal damage for 30 or 40 years, but in their 70's, are confronted with cirrhosis. This may be avoidable if treatment occurs before severe liver damage occurs.

To the person who doesn't want to go through treatment again, I suggest a thorough review of what is ahead, as well as what is currently being prescribed. A few months ago, two new hepatitis C treatments were approved by the FDA--Sovaldi (sofosbuvir) and Olysio (simeprevir). Sovaldi's approval was especially momentous since it was the first all-oral treatment to be approved, in this case for patients who have genotype 2 or 3 or who can't take interferon. Genotype 1 hepatitis C patients who have had no prior treatment, have an 89% sustained virologic response rate (SVR or virologic cure) with 12 weeks of treatment using weekly pegylated interferon, daily sofosbuvir (Sovaldi) and weight-based ribavirin.

However, just ahead are even better treatments, assuming that they approved, which I believe

they will. On February 10, 2014, Gilead submitted an application to the FDA for approval of ledipasvir/sofosbuvir, a combined pill to treat genotype 1 hepatitis C. Patients with genotype 1 hepatitis C had a 93-99% chance of a virologic cure with 8 to 12 weeks of ledipasvir/sofosbuvir, depending on prior treatment history and whether they have cirrhosis. This is WITHOUT interferon or ribavirin. Ledipasvir/sofosbuvir is generally well tolerated with mostly mild side effects (fatigue/headache).

AbbVie is just behind Gilead in getting its hepatitis C drug regimen to market. Also expected to launch at the end of 2014, the AbbVie regimen will also be interferon/ribavirin free, and for genotype 1 patients. The response rates are 99% with similar, tolerable side effects.

And it just keeps getting better. At the recent 2014 Conference on Retroviruses and Opportunistic Infections, results of a small study (SYNGERY) using sofosbuvir, ledipasvir, and a 3rd drug (either GS-9669 or GS-9451) yielded 95% to 100% SVR-12 rates with just SIX WEEKS of treatment and mild to moderate side effects. I don't know when this regimen will available, but I'd start looking for it in 2015.

Anxious to get started but wanting to avoid peginterferon, some doctors are prescribing sofosbuvir plus weight-based ribavirin. These studies used small numbers of subjects, and the data vary dramatically. Adding them together for a total of 211 subjects, SVR for 12 and 24 weeks of treatment for genotype 1 patients ranged from 47% to 90%, with an overall SVR of 72%. Those with cirrhosis had the lowest SVRs.

For those needing immediate treatment, physicians are trying another route--sofosbuvir plus simeprevir. Without ribavirin, preliminary SVR rates for genotype 1, treatment-naive patients were 93% for 12 weeks of treatment.

The bottom line is that hepatitis C is nothing like it used to be--it is gentler and more effective--and it is going to get even better.

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