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UNIVERSITÉ PARIS-EST CRÉTEIL

FACULTÉ
DE MÉDECINE

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Why don't I treat my patients with mild hepatitis

Pr Christophe Hézode, Hôpital Henri Mondor, Créteil, France

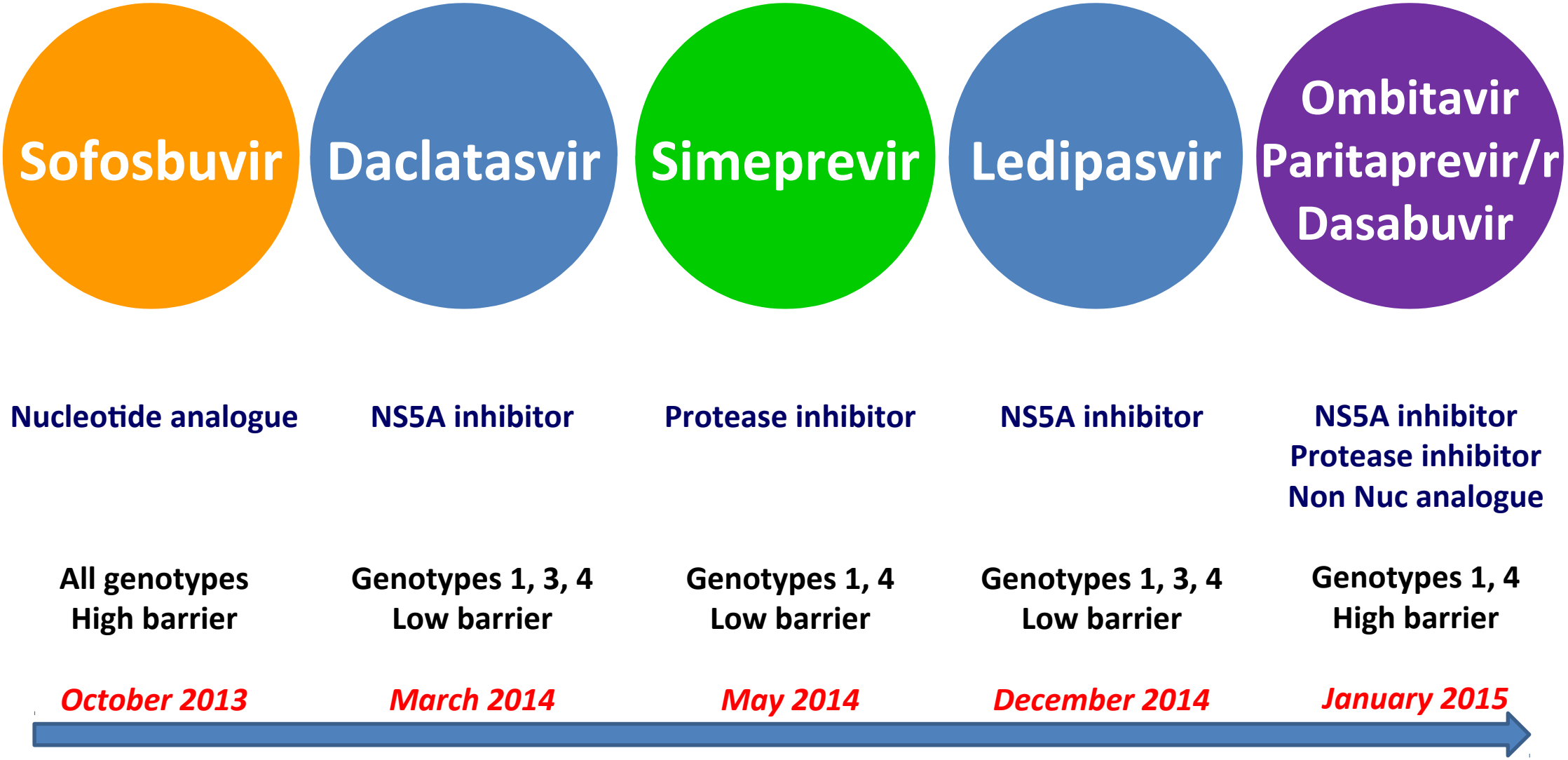
Paris, January 11th 2016

Links of interest

Adviser, speaker, investigator for:

Abbvie, BMS, Gilead, Janssen, MSD

DAAs available in France



EASL recommendations in 2015

« Because not every HCV-infected patient can be treated within the next year or so, prioritization is necessary »

« The timing and the nature of therapy for patients with minimal or no fibrosis (METAVIR score F0-F1) and no severe extra-hepatic manifestation is debatable, and informed deferral can be considered »

EASL recommandations on treatment of chronic hepatitis C. J Hepatol 2015;63:199-236

French guidelines in 2015

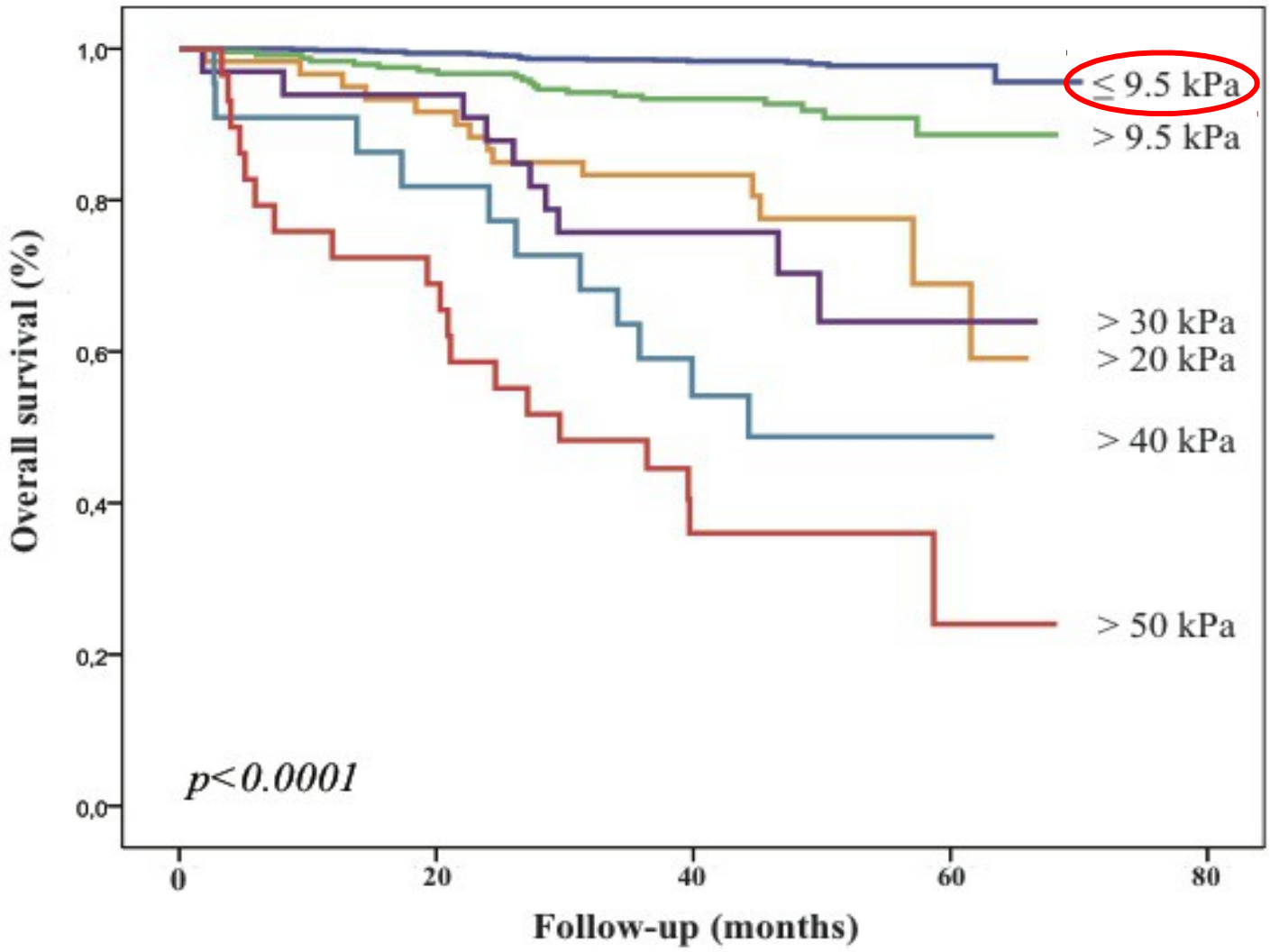
« Based on the prioritisation approach, treatment should be proposed to patients with at least moderate fibrosis (F2 or F3 or F4 according to METAVIR score »

Why is it possible to defer treatment in patients with mild disease?

This prioritisation approach can be justified because:

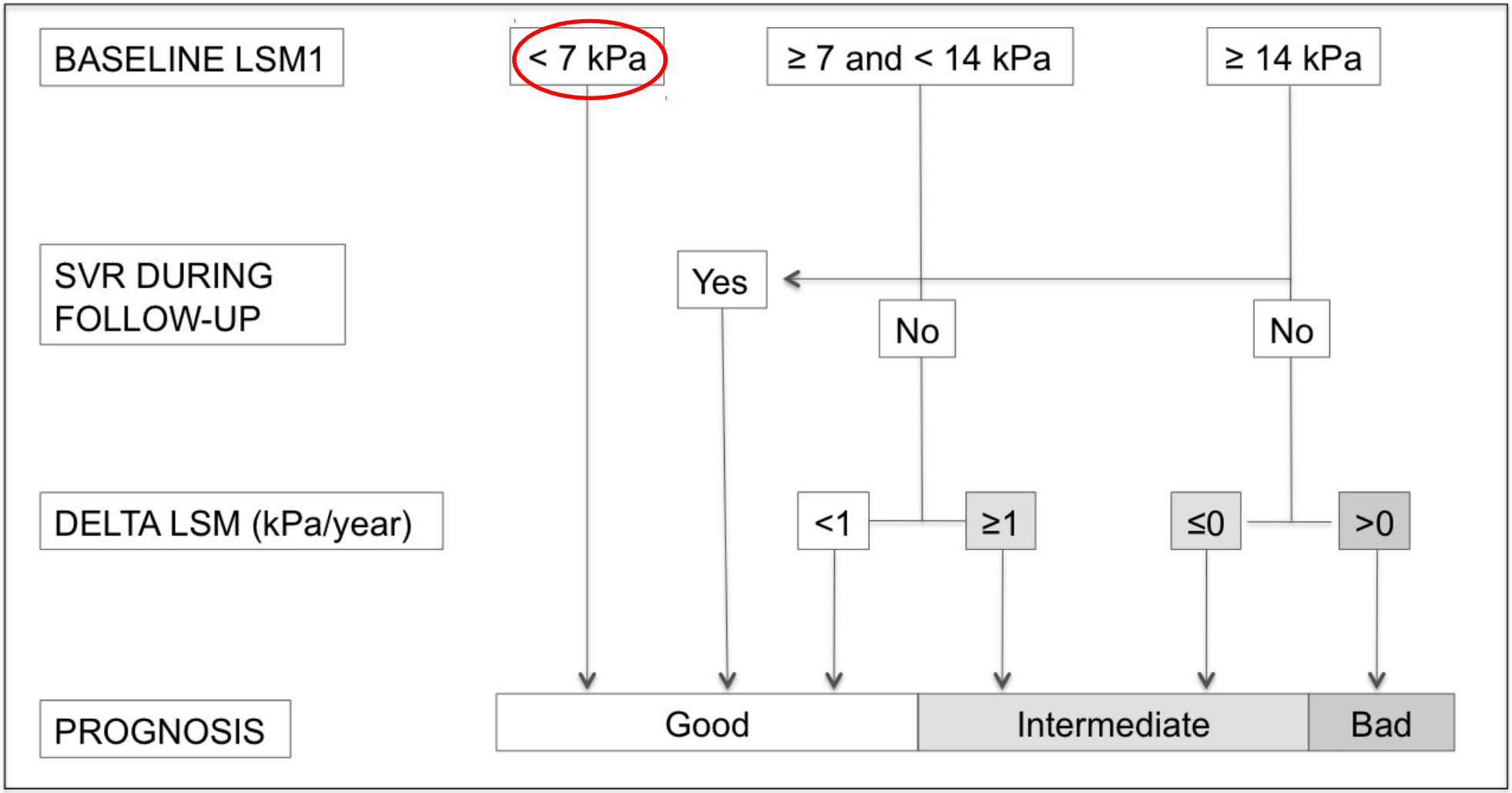
- **The short-term prognosis of the patients with mild disease is good**

The value of liver stiffness measurement predicts survival in HCV patients



Vergniol J, et al. Hepatology 2014;60:65-76

Prognosis according to liver stiffness measurement and SVR in HCV patients

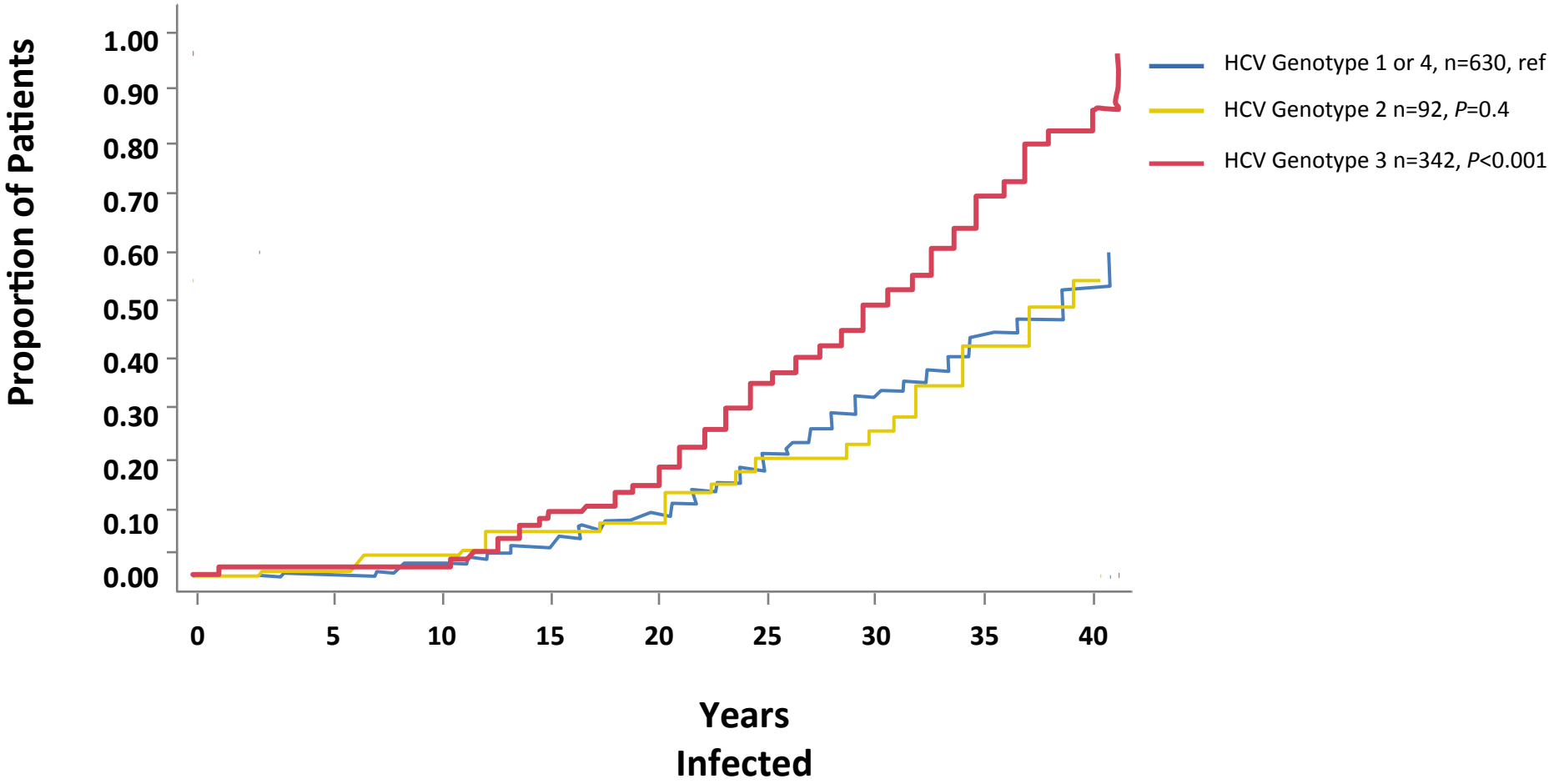


Vergniol J, et al. Hepatology 2014;60:65-76

HCV genotype 3 infection is associated with rapid fibrosis progression

Progression to Fibrosis Stage F3-F4

Markov modeling of biopsies and genotypes in 1189 patients from the Swiss Hepatitis C Cohort Study



Bochud PY, et al. J Hepatol 2009;51:655

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- **The treatment options can be optimised overtime**

Evolution of patient management with DAAs during the last 2 years in practice

Man
54 years old
HCV GT 1b
Treatment-naïve
Mild disease
FS: 5.8 kPa
HCV RNA: 6.1 log IU/mL

Let's look at how treatment options have ed during this period

Evolution the management of naïve GT1b with mild disease

October 2013

PR + SOF
12 weeks

SVR: 91-100%
but
IFN- and RBV-containing regimen

Lawitz E, et al. N Engl J Med2013;368:1878–87

Evolution the management of naïve GT1b with mild disease

October 2013

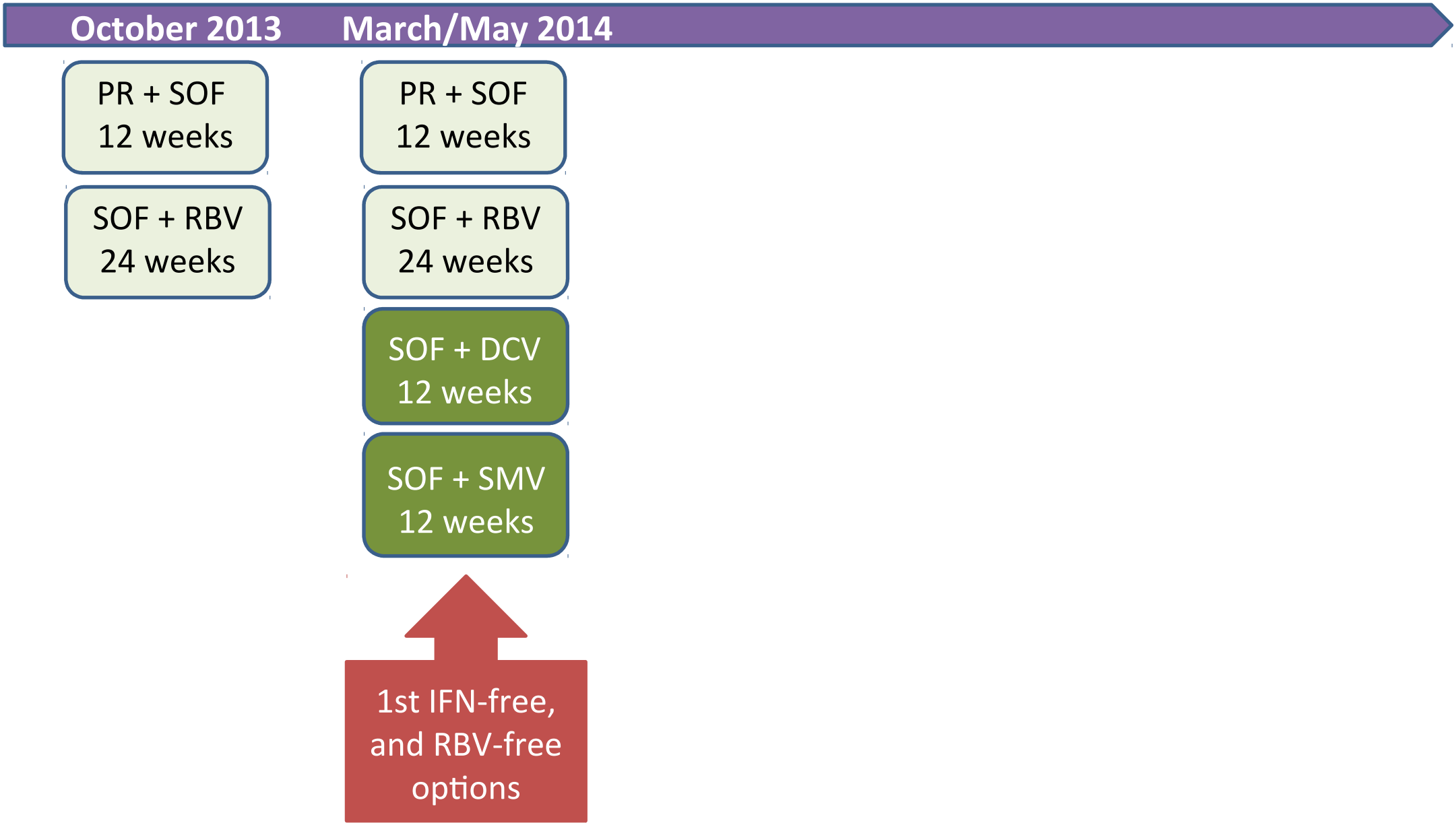
PR + SOF
12 weeks

SOF + RBV
24 weeks

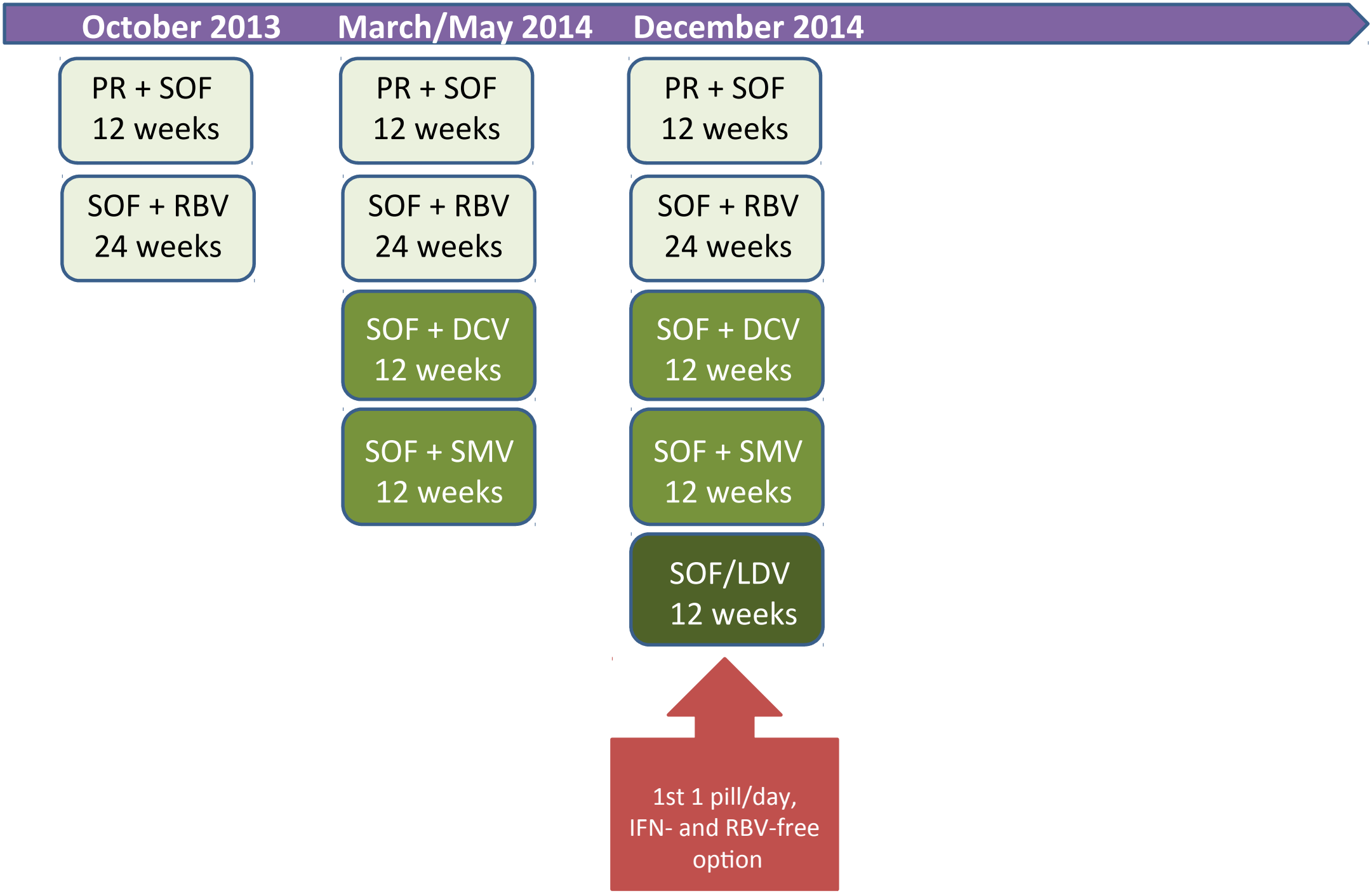
1st IFN-free option
But
SVR: 68%

Gilead Sciences Europe Ltd. Sofosbuvir, Summary of Product Characteristics, June 2014

Evolution the management of naïve GT1b with mild disease



Evolution the management of naïve GT1b with mild disease



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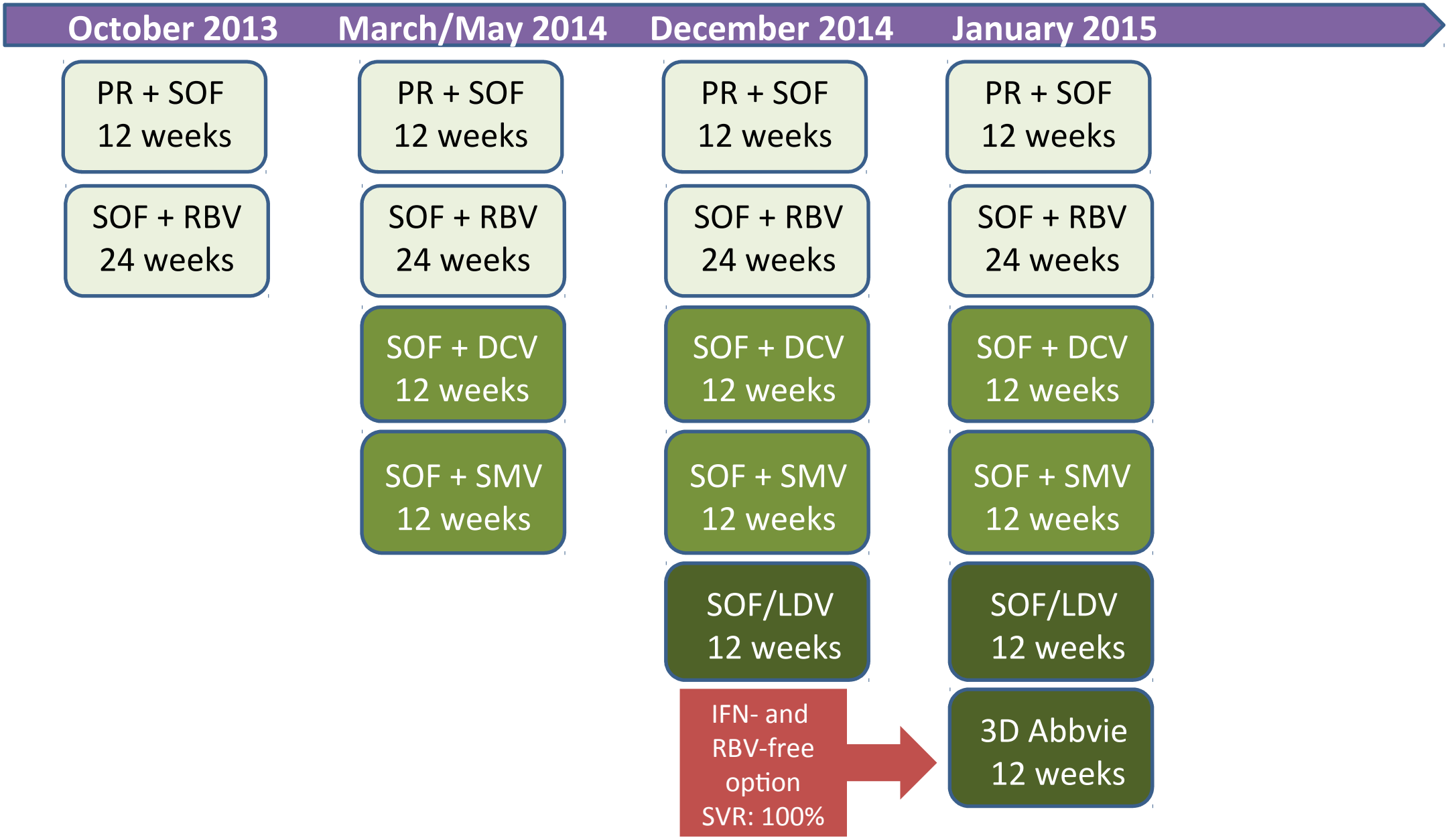
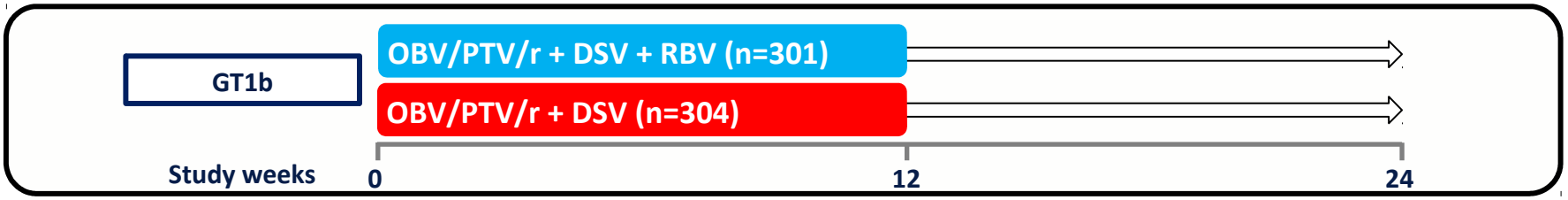
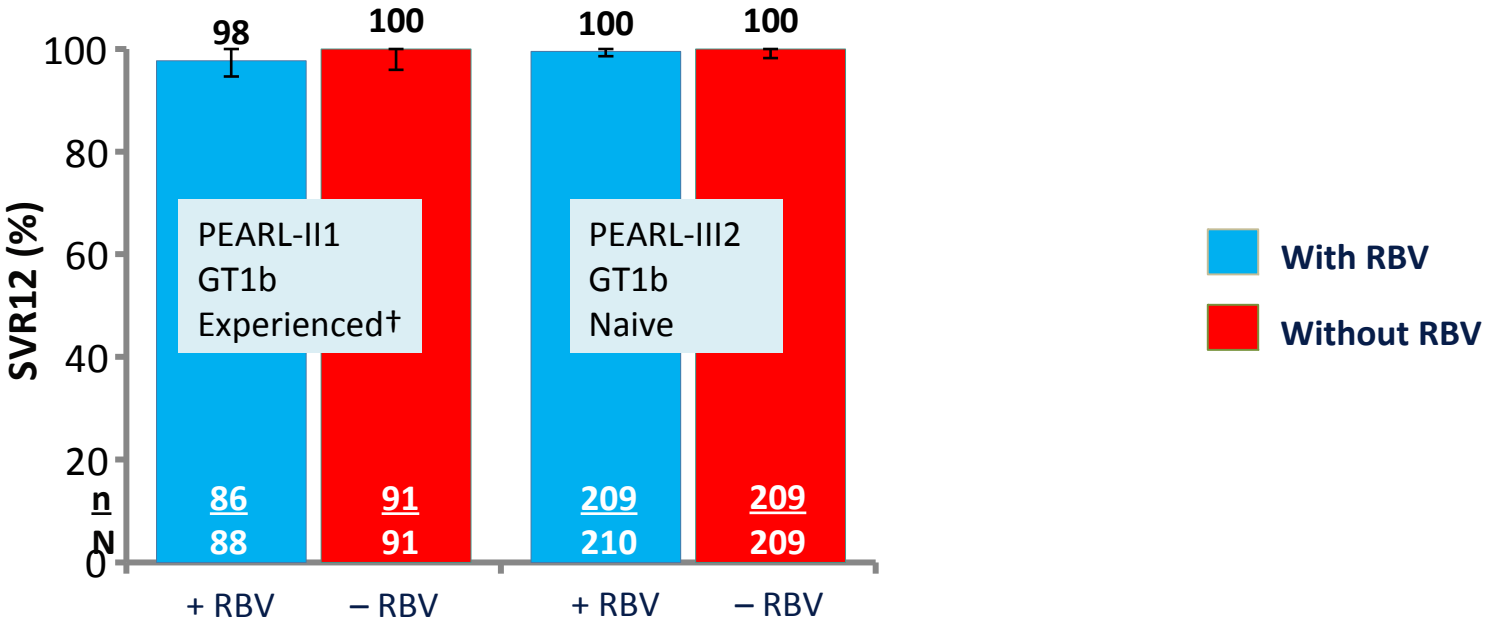


Efficacy of 3D-Abbvie without RBV for 12 weeks in GT1 patients without cirhosis

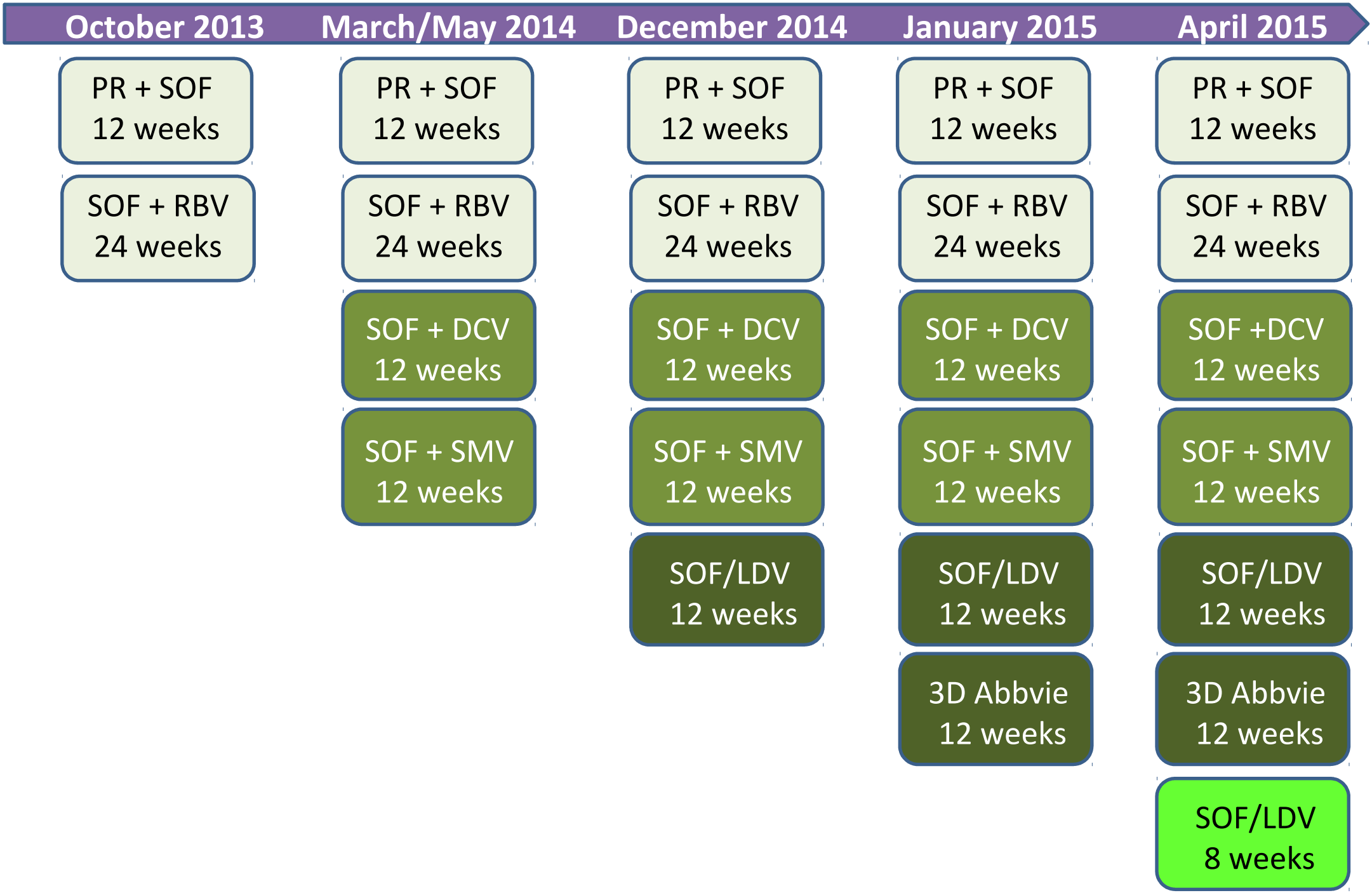




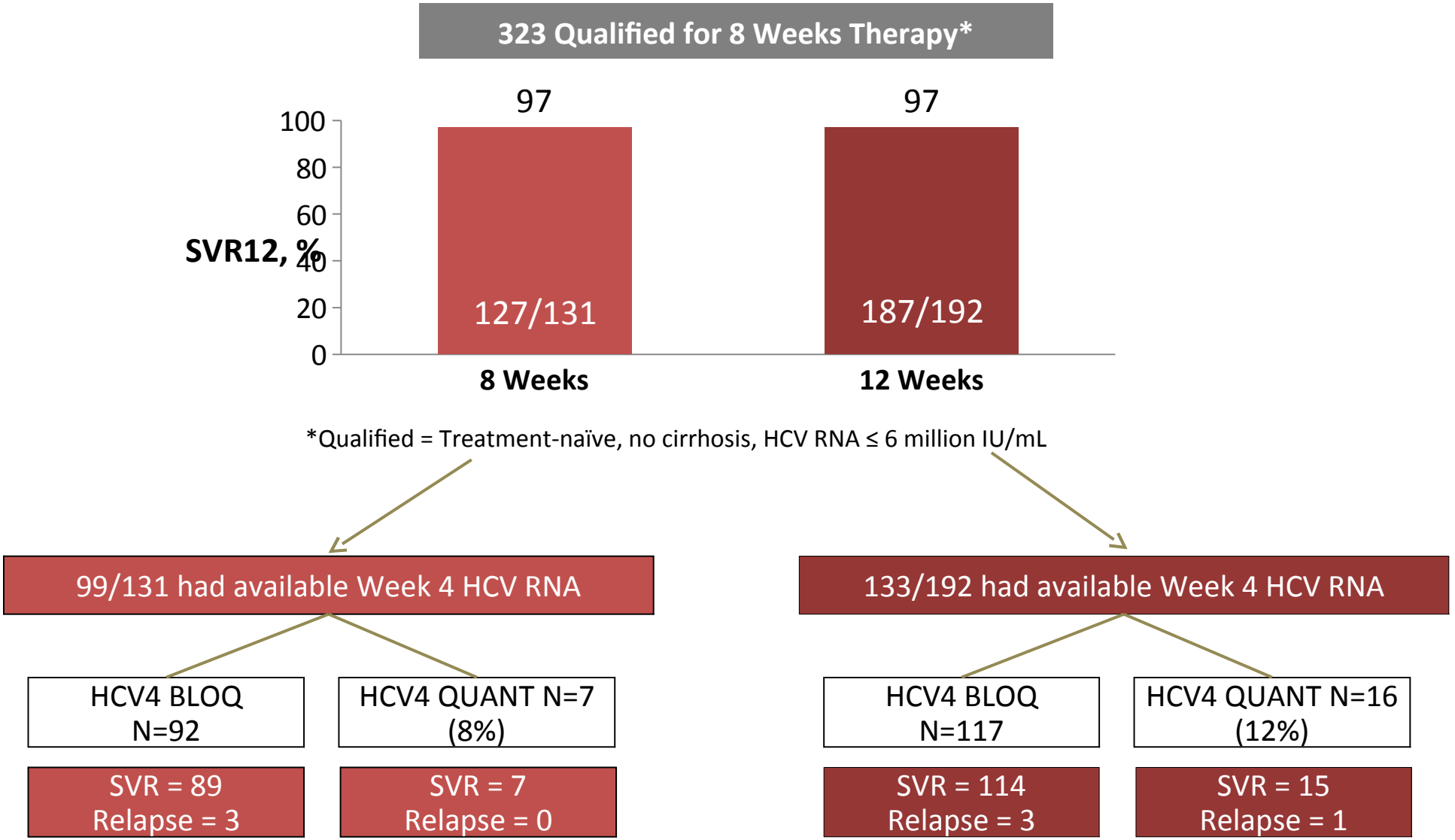
3D without RBV for 12 weeks is recommended for GT1b patients without cirrhosis

1. Andreone P, et al. Gastroenterology 2014; 147:359–365
2. Ferenci P, et al. N Engl J Med 2014; 370:1983–1992

Evolution the management of naïve GT1b with mild disease

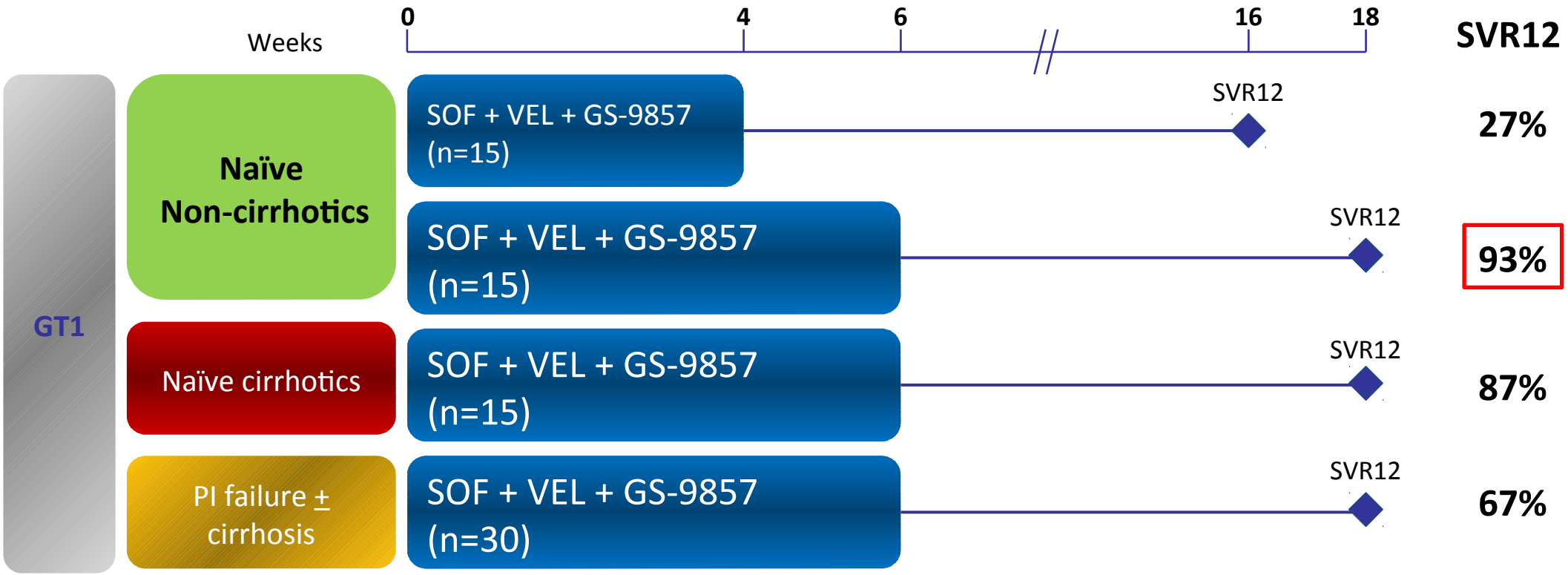


HCV-TARGET real-world cohort: SOF/LDV for 8 or 12 weeks in treatment-naïve, non-cirrhotic GT1 patients



Terrault N, et al. AASLD 2015, Abs. 94

Efficacy of SOF/VEL/GS-9857 for 4 or 6 weeks in GT1 patients



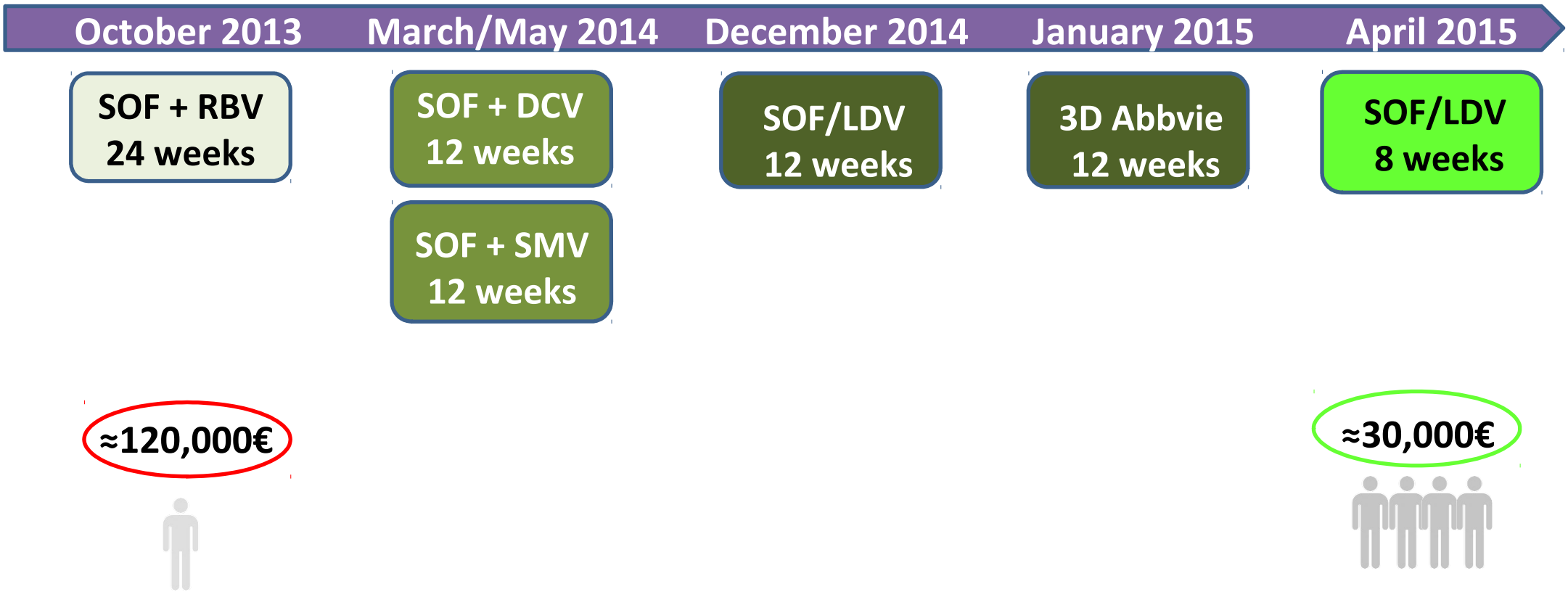
Gane E, et al. EASL 2015, Abs. LB03

Why is it possible to defer treatment in patients with mild disease?

This prioritisation approach can be justified because:

- The short-term prognosis of the patients with mild disease is good
- The treatment options can be optimised overtime
- **Not all patients with HCV infection can have immediate access to antiviral treatment, owing to:**
  - **Budgetary constraints**

Impact of the decrease of the price of DAAs and the optimization of regimen on the cost of IFN-free therapy



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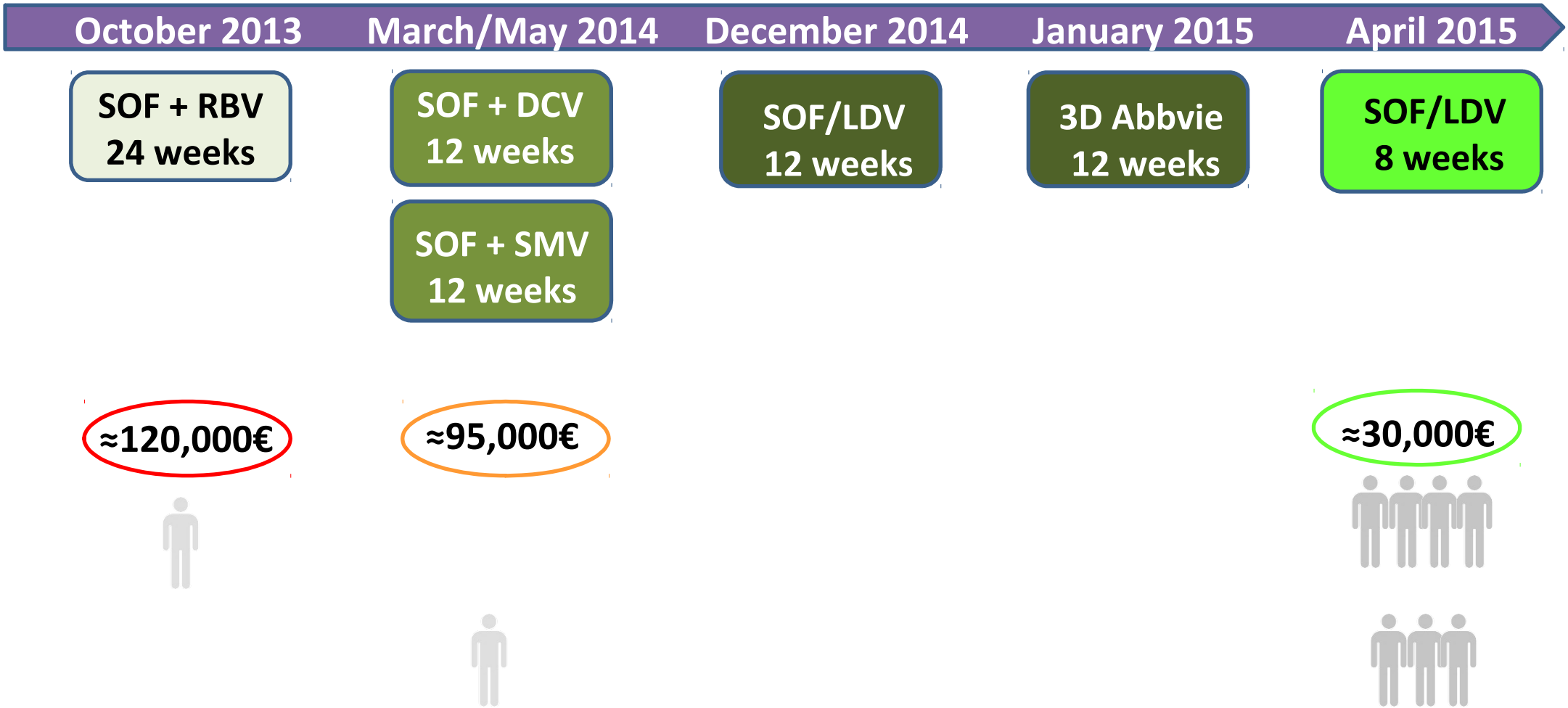

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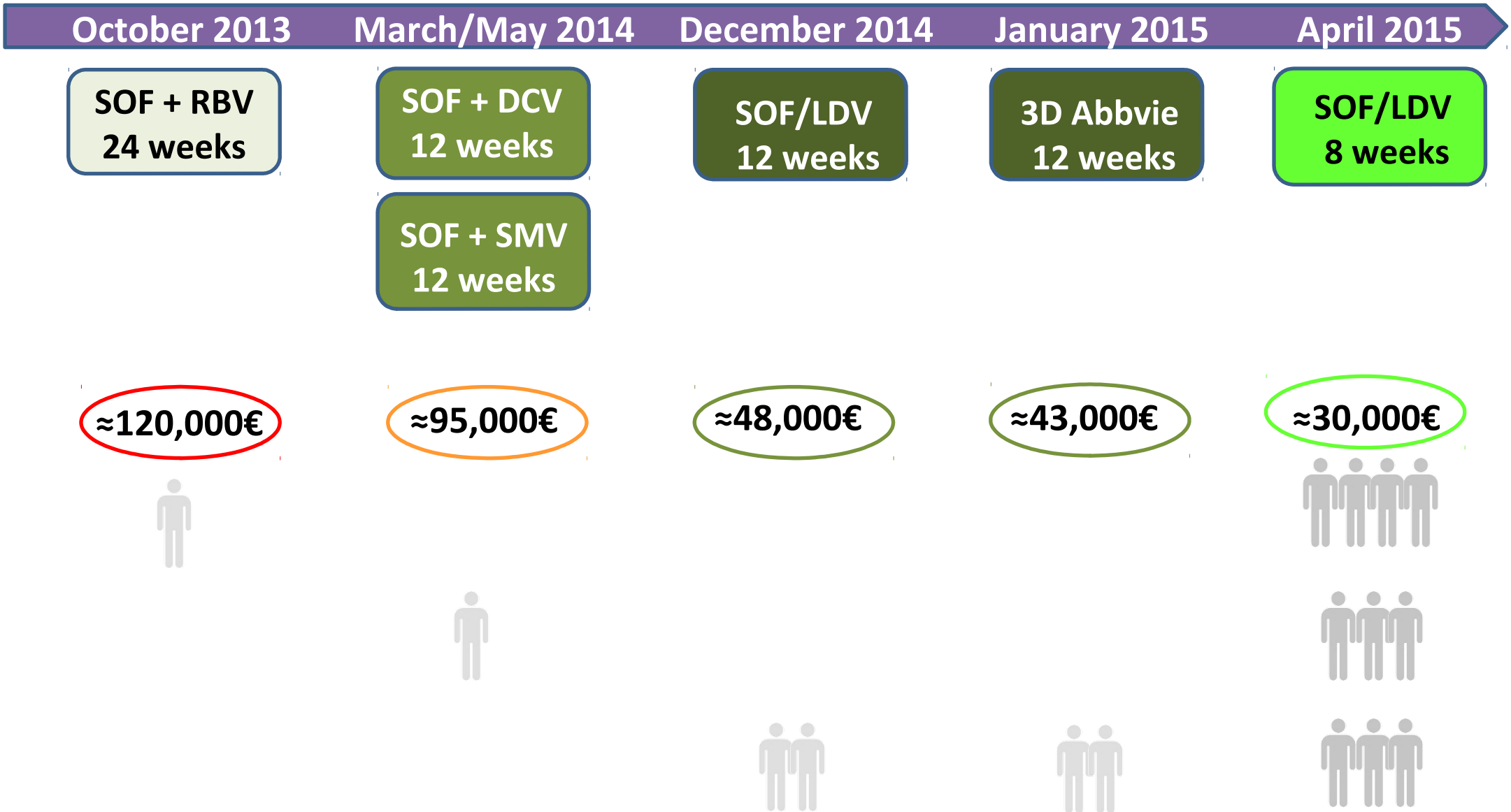

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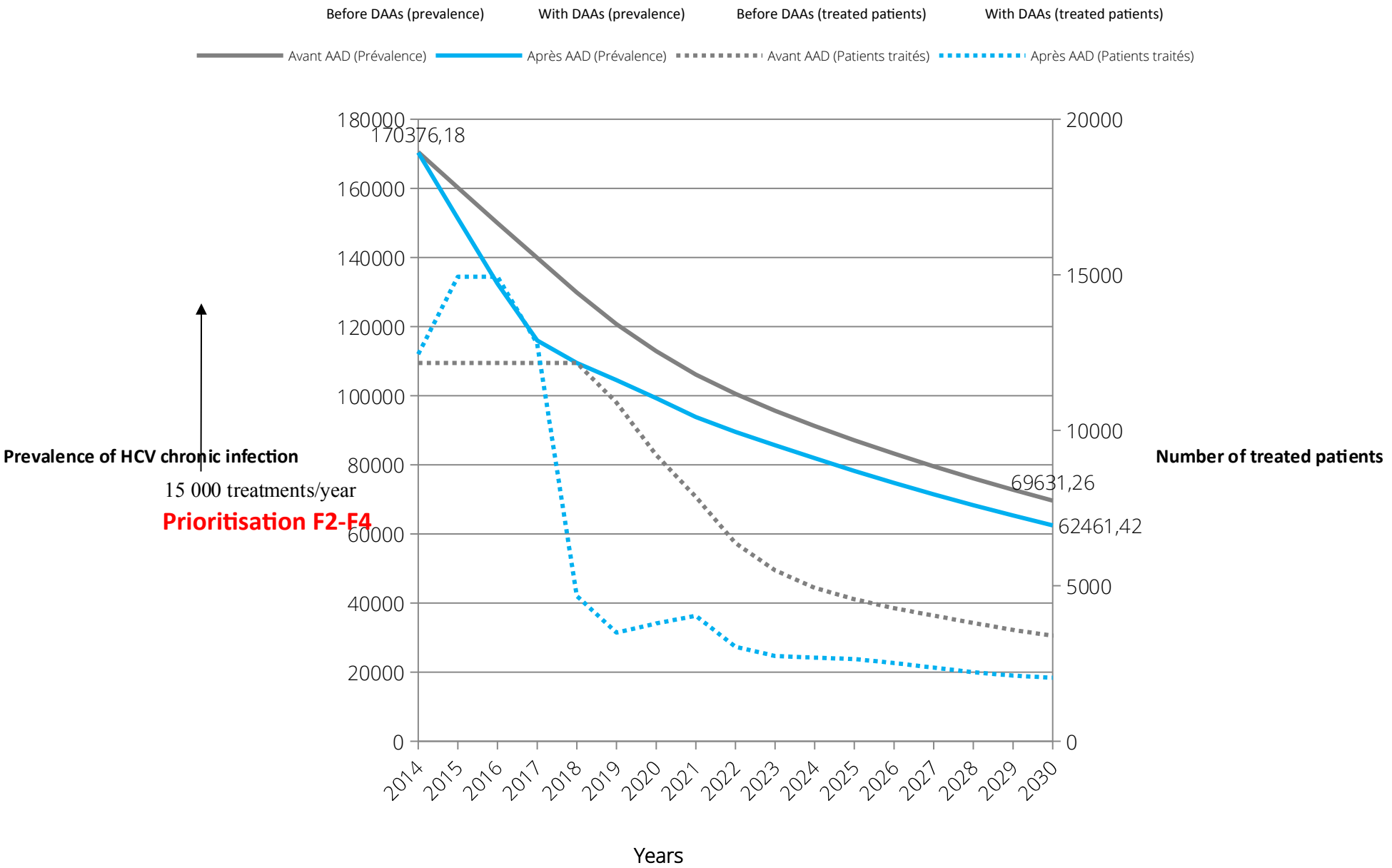
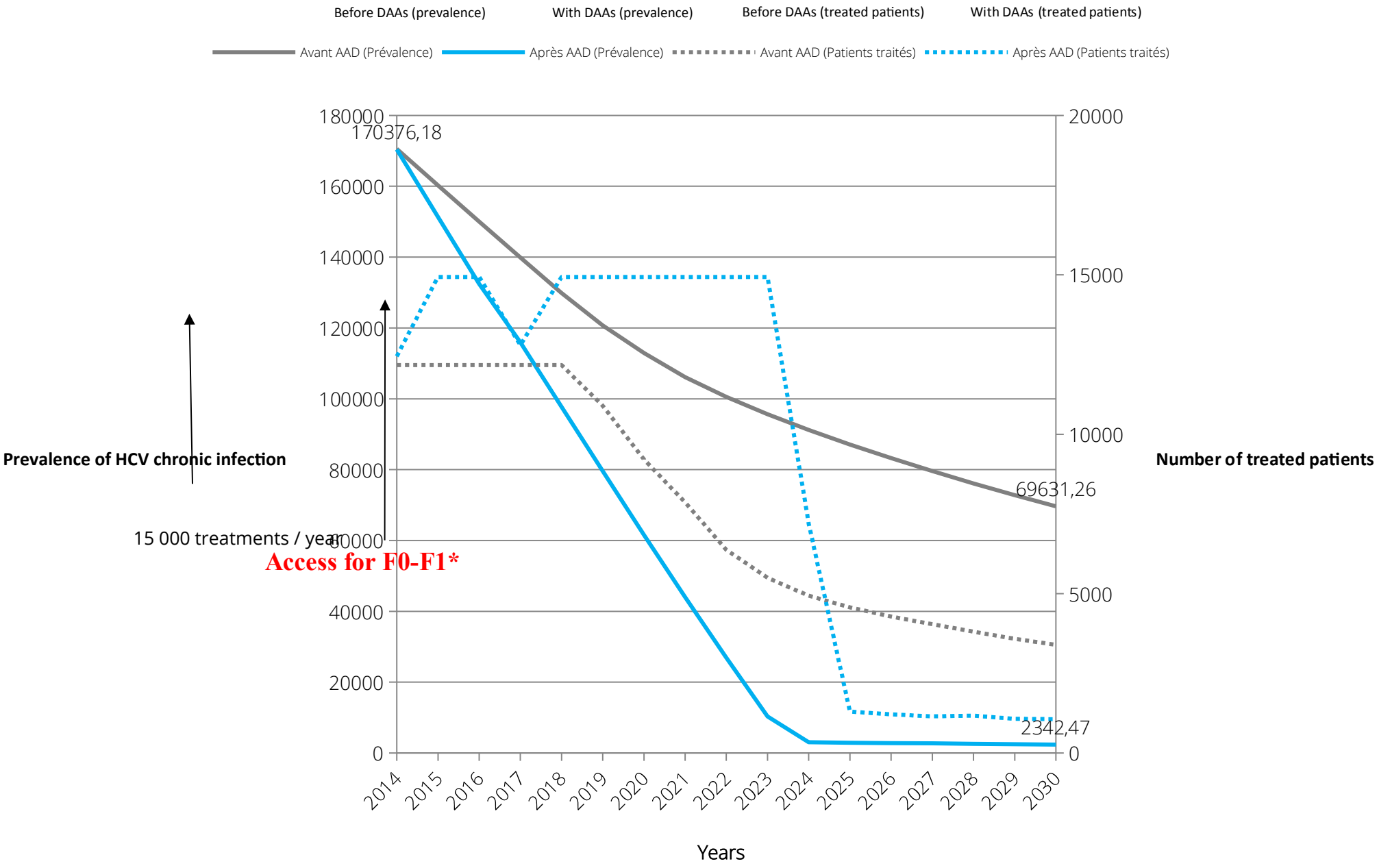
  - **Human, organisation constraints**

Modeling of the prevalence of HCV infection in France



By courtesy of Françoise Roudot-Thoraval

Modeling of the prevalence of HCV infection in France



*Requested by French national report Daniel Dhumeaux

By courtesy of Françoise Roudot-Thoraval

In summary

- The first step is to prioritise access to antiviral treatment according to severity of fibrosis, the risk of progression to more advanced disease and the presence of severe extra-hepatic manifestations related to HCV

- Antiviral treatment can be deferred in patients with mild disease, except in genotype 3 patients

  - Excellent short-term prognosis

  - Optimisation of the antiviral regimen (short duration, simplification, etc…)

  - Sequential decrease of the cost of the therapy (save money, more patients treated)

- However, universal access to treatment is a short-term objective with the aim of eradicating the hepatitis C epidemic in the next future