

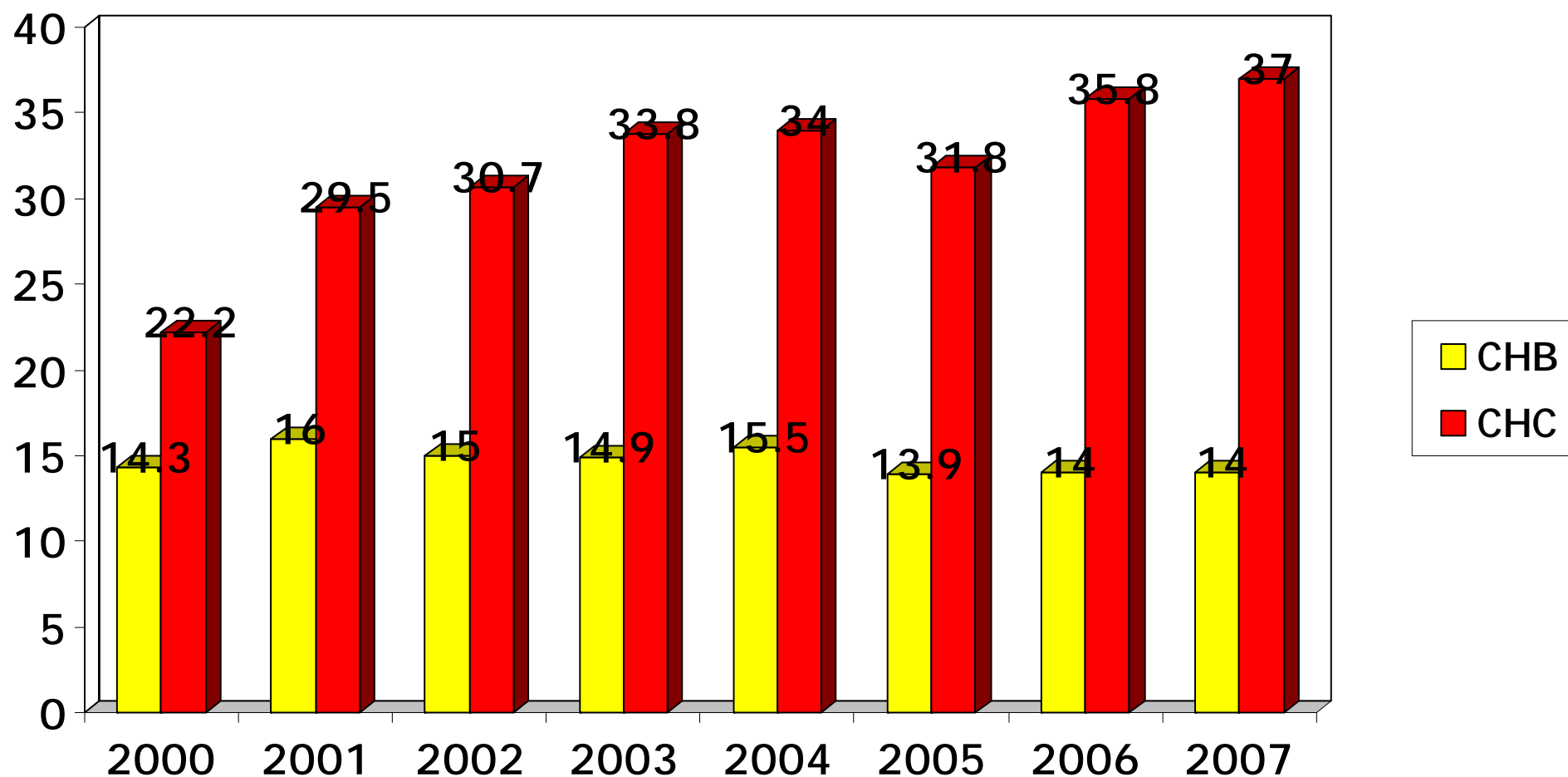
HCV chronic hepatitis treatment algorithm

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Key Questions

1. What are the goals of the therapy?
2. Who should be treated?
3. How to treat by and how long to treat?
4. What are the principles of antiviral therapy and patient monitoring?

Incidence of chronic viral hepatitis in Russia (1 in 100 000)



State report «Epidemiological environment in Russia in 2007».
– M.: Russian Federal Centre of Hygiene and Epidemiology, 2008.

1. What are the goals of the antiviral therapy?

The goals of the HCV therapy

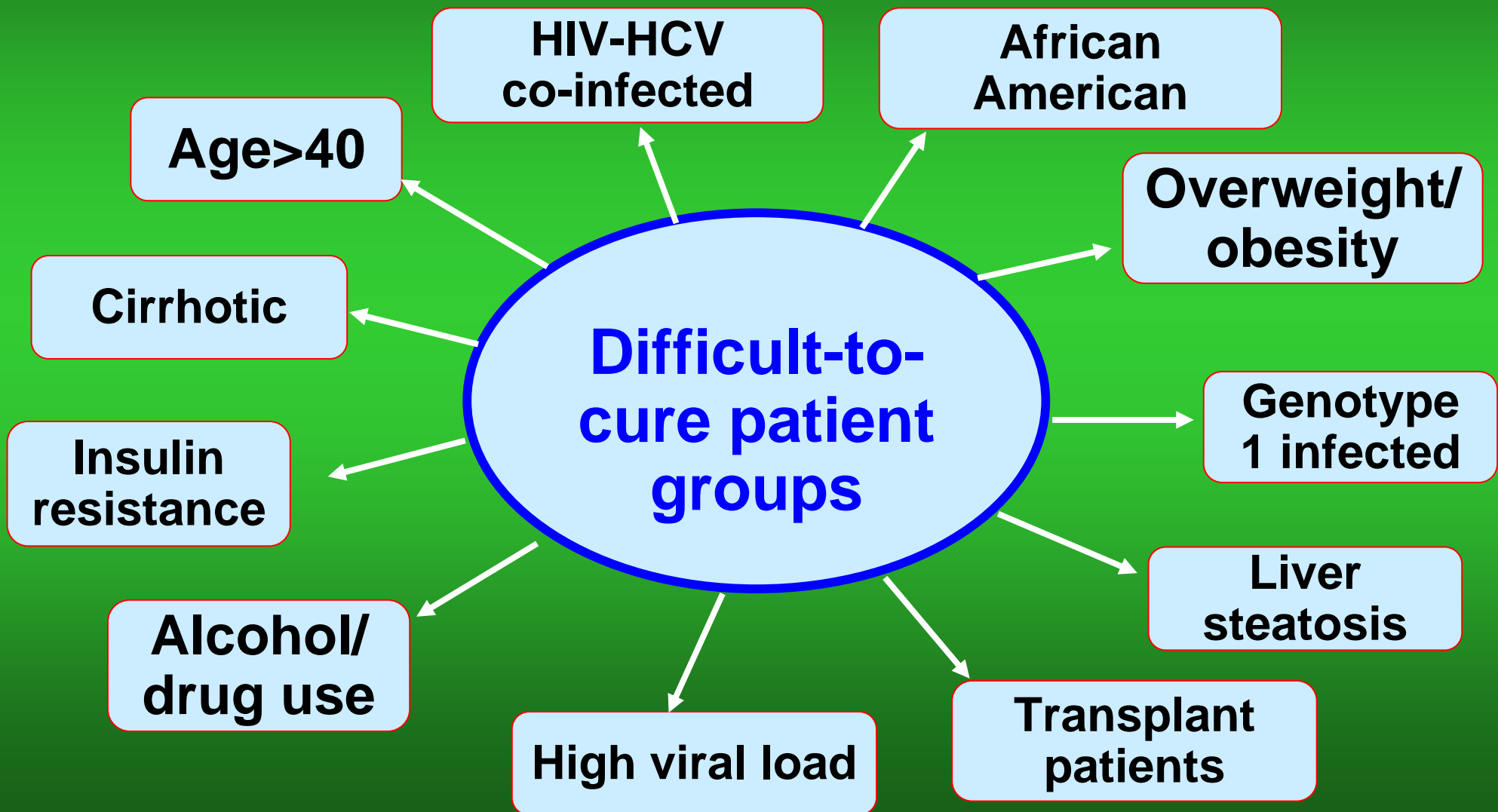
- The primary goal is to achieve a sustained virologic response (SVR)
- *Criteria of the efficacy:*
 - HCV RNA (-);
 - improving histological data.

2. Who should be treated?

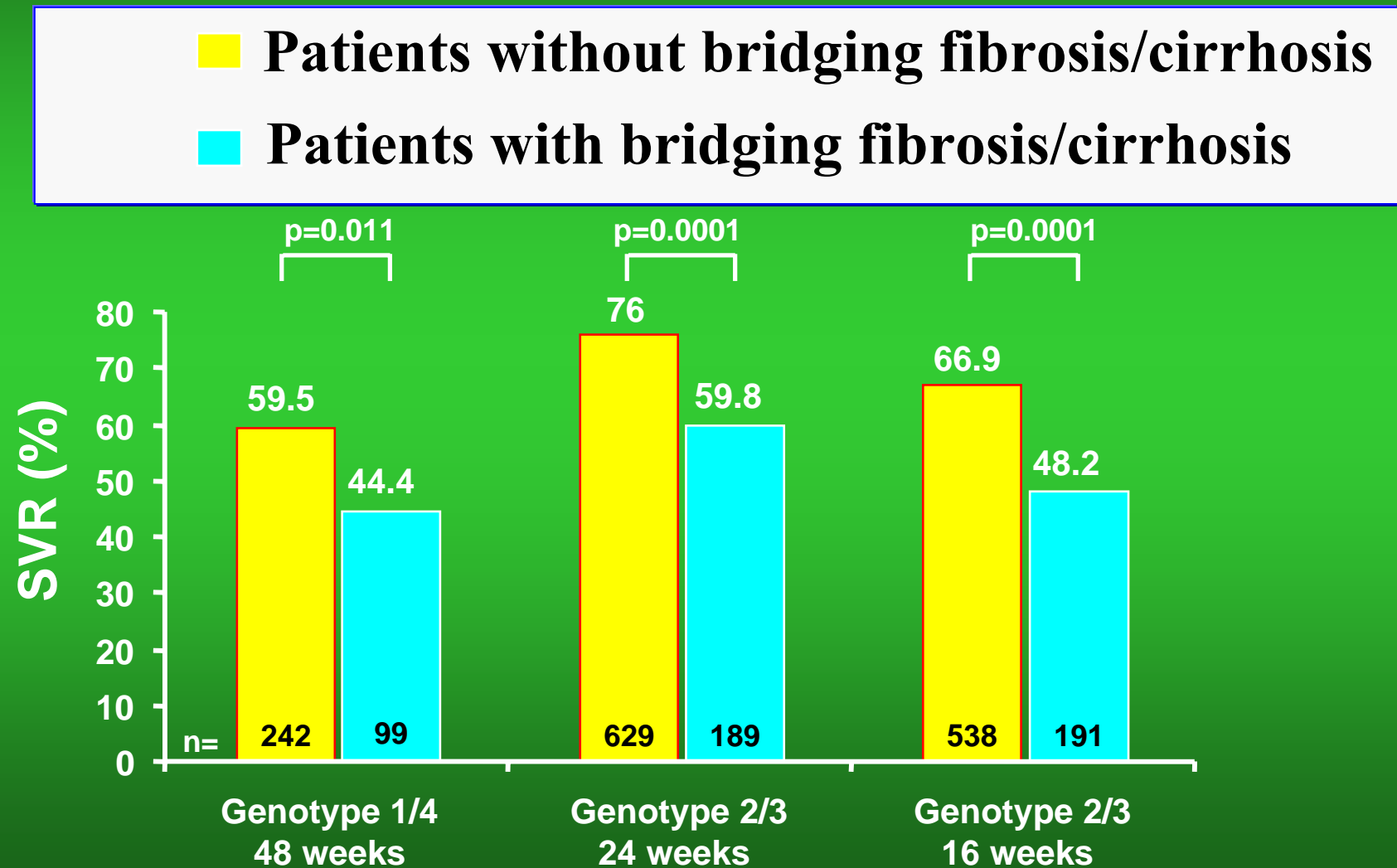
Diagnostic algorithm for patients with HCV

- Hematology;
- Clinical Chemistry (ALT, AST, insulin + glucose, Fe + ferritin);
- Immunology (HBsAg, anti-HCV, anti-HIV, ANA, ASMA, anti-LKM1, AMA, ceruloplasmin, a1-antitrypsin);
- Virology (HCV RNA titer, HCV genotype);
- TSH;
- Abdominal Ultrasound;
- Fibrosis and histological activity (liver biopsy; non-invasive methods – serum markers, elastography).

What are difficult-to-cure patient groups?



Higher SVR rates are achieved in patients without cirrhosis



3. How to treat and how long to treat?

What are the choices when treating CHC today?

The current standard treatment
for CHC

Peg-IFN α + Ribavirin

What are the choices when treating CHC today?



Genotype 2/3

Peg-IFN-a2a 180 mkg/week +
ribavirin 800 mg/d

or

Peg-IFN-a2b 1,5 mkg/kg/week +
ribavirin 13-15 mg/kg/d

24 weeks

Genotype 1/4

Peg-IFN-a2a 180 mkg/week +
ribavirin 1000-1200 mg/d

or

Peg-IFN-a2b 1,5 mkg/kg/week
+ **ribavirin** 13-15 mg/kg/d

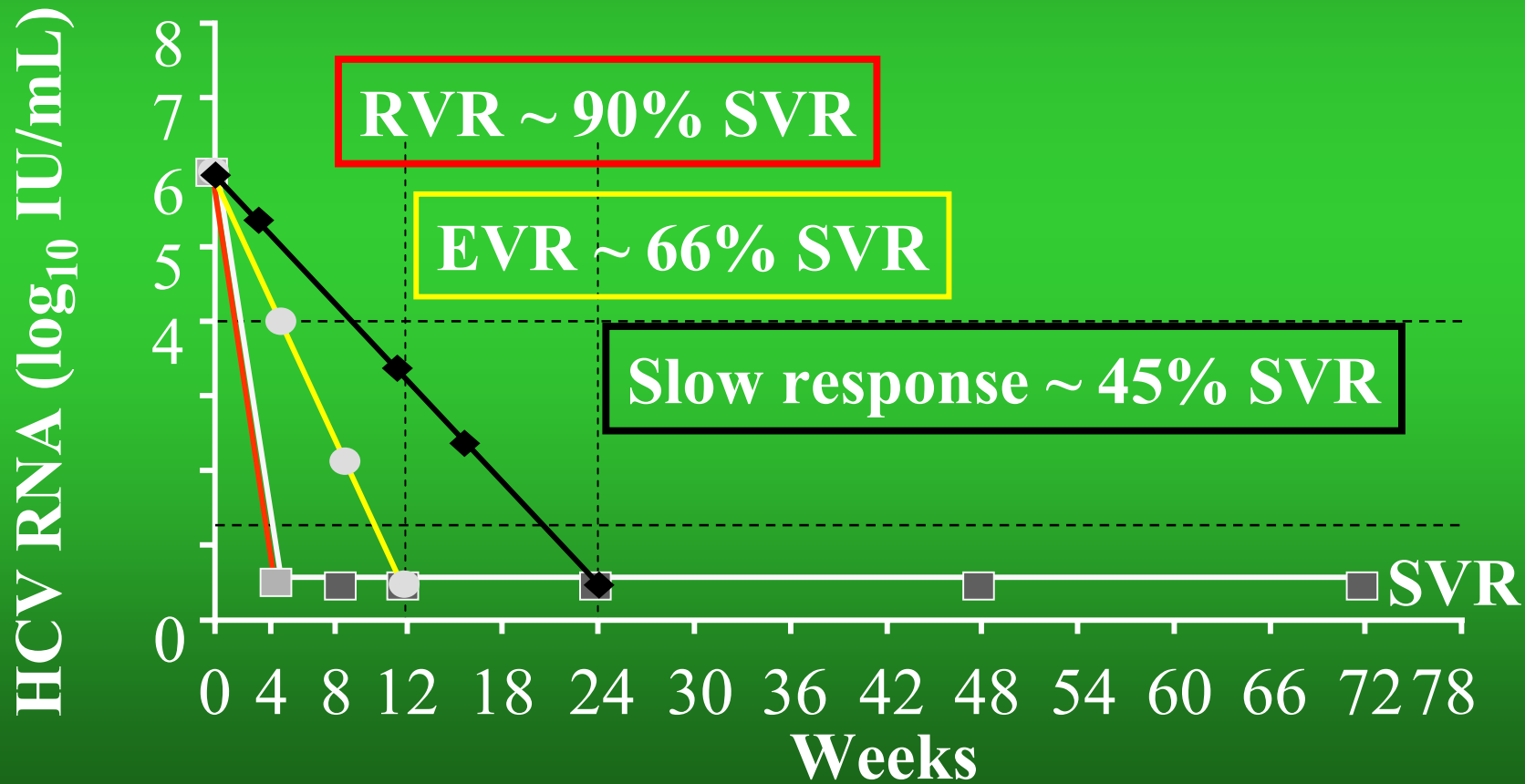
48 weeks

*Fried M.W. et al., 2002.
NIH Consensus Development Conference Statement:
Management of Hepatitis C. Hepatology 2002.
Hadziyannis S.J. et al., 2004; Zeuzem S. et al., 2004.
Jacobson IM, et al., 2005.*

4. What are the principles of antiviral therapy and patients monitoring?

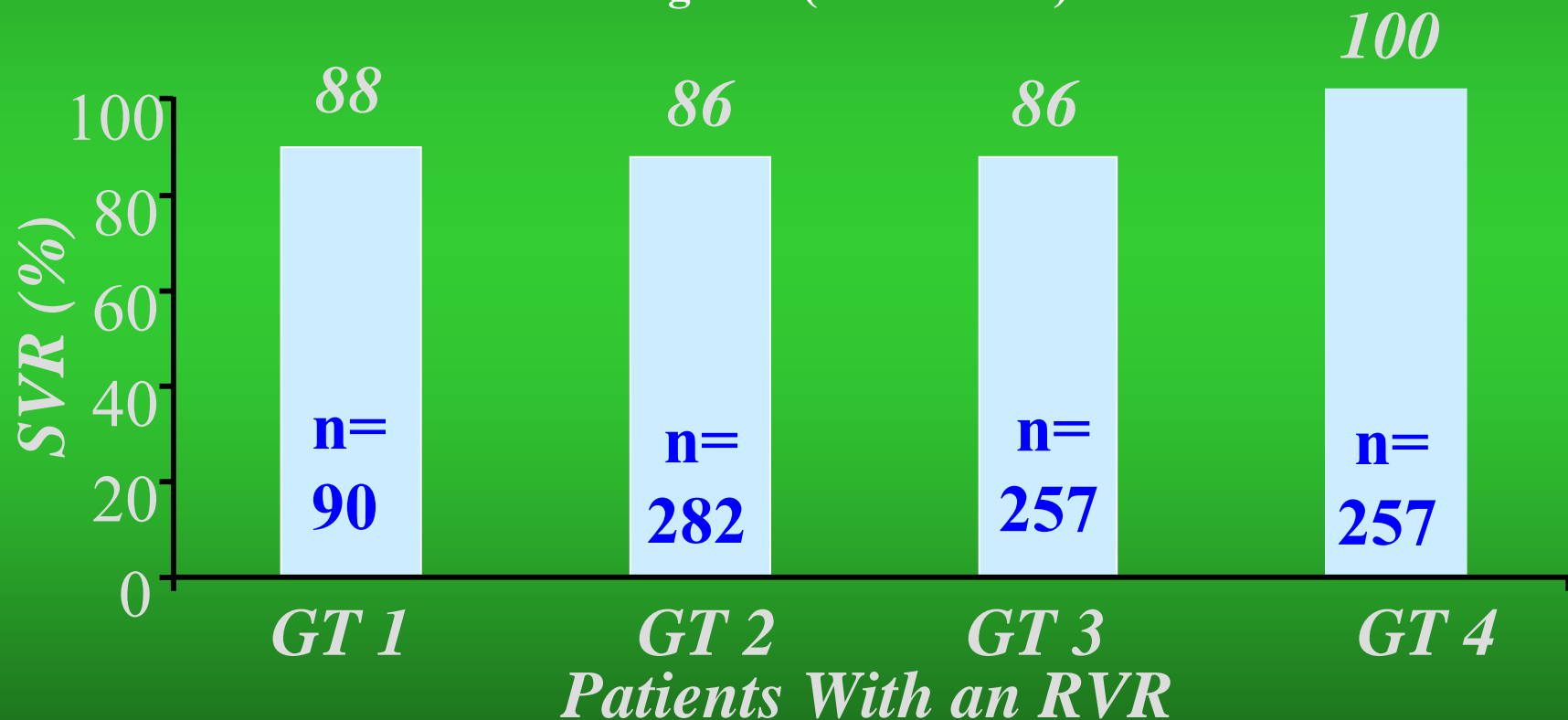
Virologic responses

HCV treatment



SVR in Patients Who Achieved an RVR

RVR: HCV RNA negative (< 50 IU/mL) at Wk 4



Fried MW, et al. EASL 2008. Abstract 7.

Treatment duration with response-guided therapy

Genotype 2/3

**Low viral
load +
RVR**

16 weeks

**High viral
load**

24 weeks

Genotype 1/4

**Low viral
load +
RVR**

**24 weeks
???**

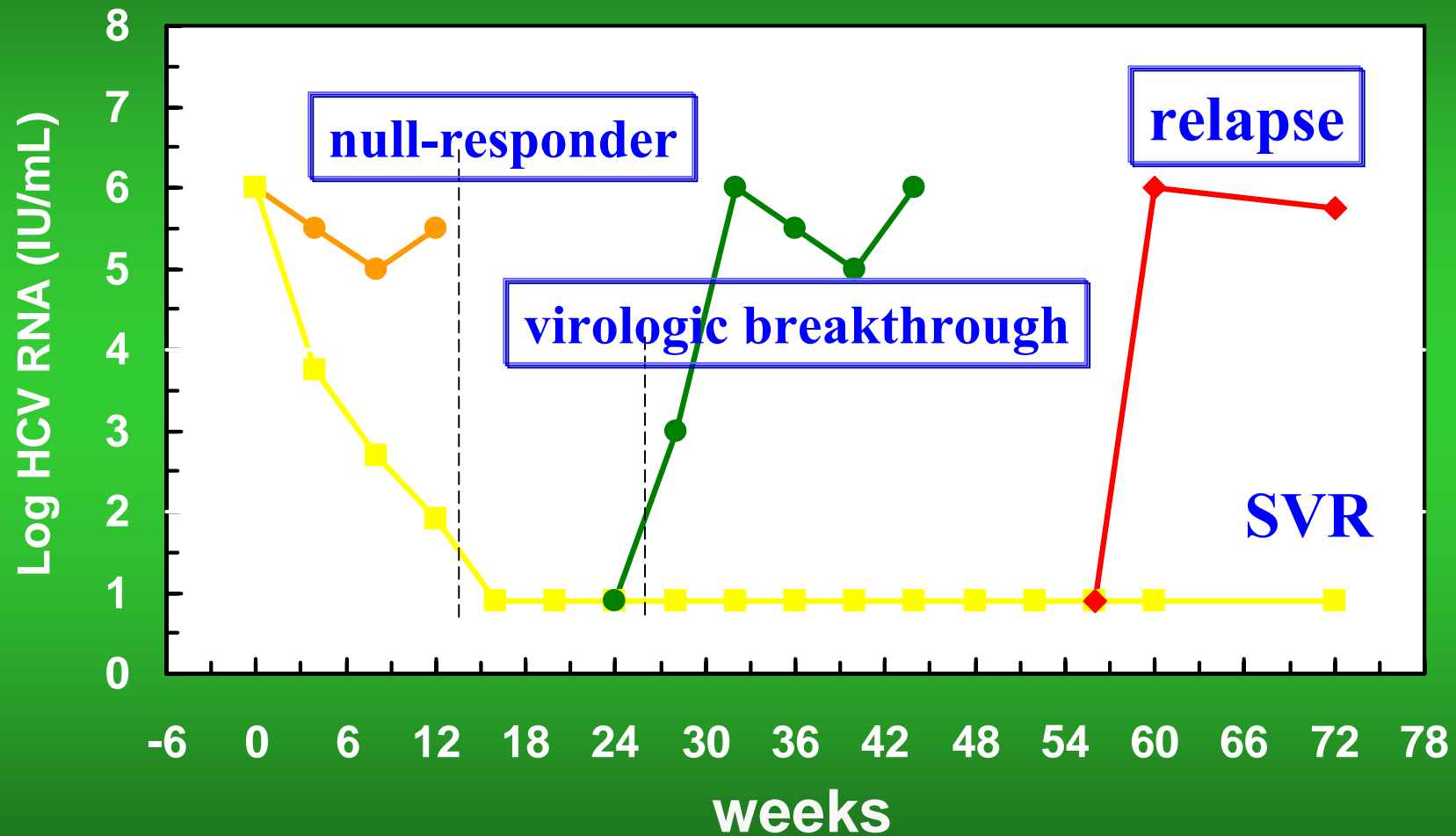
EVR

48 weeks

**Slow
response**

72 weeks

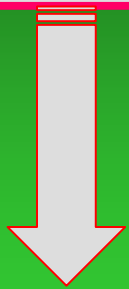
Classifications of nonresponders



Sethi A, Shiffman ML. Clin Liver Dis. 2005;9:453-471.

*Do we need to reduce dose of
antiviral agents when
hematological AEs develop?*

Hematologic abnormalities: therapeutic approaches



Anemia
(Hb<100 g/l)



- **Epoetin- α**
- **Darbepoietin- α**



Neutropenia (<750 / mkl)
Leucopenia(<1500 / mkl)



**Recombinant human
granulocyte colony-
stimulating factor
(G-CSF) - Filgrastim**



Thrombocytopenia
(< 50 000 /mkl)



**Megakariocyte
colony
stimulating factor**

Summary

- A majority of patients of CHC should be treated and can be cured.
- The combination of Peg-INFa / RBV is the current standard treatment for chronic HCV infection.

Summary

- The principles of modern approach to the HCV therapy include:
 - The assessment of indications, contraindications for administration of HCV treatment;
 - The assessment of predictors of the efficacy of antiviral therapy;
 - Choose of the antiviral agents and adequate therapy duration;
 - Adequate monitoring of treatment and prophylaxis and/or management of adverse events.

*Thank you for
your attention!*