

Hep C factsheets

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Pegylated interferon has an altered molecular structure which ensures it remains circulating in the bloodstream for a much longer period of time compared to standard unpegylated interferon. Thus, pegylated combination treatment involves a once-weekly injection as opposed to thrice-weekly injections for standard interferon.

Ribavirin is a drug which helps to cut down the rate of hep C viral replication. With hep C, it has been shown to work best in combination with interferon rather than as a treatment on its own.

What is the cure rate?

Successful response to hep C treatment is related to a person's hep C genotype and how quickly they respond once treatment is started (see *Treatment Response* factsheet).

Hep C genotypes 2 and 3 have been shown to have a higher chance of achieving cure than genotype 1 (approx 80% v. 50%).

"Cure" is defined as a sustained response - ie. where no presence of the virus can be detected immediately after treatment, and for six months afterwards. Research suggests that 99% of these people have cleared the virus from their body.

It is also becoming clear that the majority of people who experience a sustained response will enjoy a reversal of their underlying liver damage, even from the stage of cirrhosis.

People should ask their GP or contact their nearest liver clinic to discuss genotype and likely chance of response to hep C treatment.

What's involved in treatment?

The duration of hep C treatment is generally six months for genotype 2 and 3, and 12 months for genotype 1.

Treatment involves initial consultations with a specialist followed by ongoing monitoring by nurse, GP and specialist during and after treatment.

What does hep C treatment involve?

The current treatment for hep C in Australia consists of pegylated interferon and ribavirin. It is manufactured under the names "Pegatron" and "Pegasys RBV".

How does it work?

Interferon is a natural substance made by the body to help defend itself against infection. Synthetically manufactured interferon in large doses can help to reduce the amount of hep C virus in the body and slow down the disease process.

Side effects

A potentially serious side effect of ribavirin is anaemia caused by haemolysis (destruction of red blood cells and resultant release of haemoglobin). People's blood counts are monitored closely, especially in the first few weeks, and doctors may lower the ribavirin dose if necessary. People who can't tolerate ribavirin and have had no prior hep C treatment may be offered subsidised PegInterferon Alpha-2b if they meet certain criteria, or PegInterferon Alpha-2a through Roche if they meet certain criteria.

Treatment with interferon alpha has been associated with depression and suicide in some people. Those people with a history of suicide ideation or depressive illness should be warned of the risks. Psychiatric status during treatment should be monitored.

Ribavirin is a category X drug and must not be taken by pregnant women. Pregnancy in women undergoing treatment or in the female partners of men undergoing treatment must be avoided during treatment and for 6 months after cessation of treatment.

S100 government subsidised treatment information

Subsidised 'peg combo' treatment for people with chronic hep C is available to those who satisfy all of the following criteria:

1. *Blood tests:* people must have documented chronic hep C infection (repeatedly anti-HCV positive and HCV RNA positive).
2. *Contraception:* women of child-bearing age undergoing treatment must not be pregnant or breast-feeding, and both a woman and her male partner must use effective forms of contraception (one for each partner). Men undergoing treatment and their female partners must use effective forms of contraception (one for each person). Female partners of men undergoing treatment must not be pregnant.

3. *Age:* people must be aged 18 years or older.
4. *Treatment history:* There are two brands of therapy. With one brand, people must not have had prior interferon or peg interferon treatment. With the other brand, people can access re-treatment (phone the *Helpline* for more info on this).

Duration and genotypes

For people with genotype 2 or 3 without cirrhosis or bridging fibrosis, treatment is limited to 24 weeks. For people with genotype 1, 4, 5 or 6, and those genotype 2 or 3 people with cirrhosis or bridging fibrosis, treatment lasts 48 weeks.

Monitoring points

People with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of a PCR quantitative test shows that HCV has become undetectable, or the viral load has decreased by at least a 2 log drop. The baseline and 12-week tests must be performed at the same laboratory using the same type of test kit. PCR quantitative tests at week 12 are unnecessary for people with genotype 2 and 3 because of their higher likelihood of early viral response.

People with genotype 1, 4, 5 or 6 who are PCR positive at week 12 but have attained at least a 2 log drop in viral load, may only continue treatment after 24 weeks if HCV is not detectable by a PCR qualitative test at week 24. Similarly, genotype 2 or 3 people with cirrhosis or bridging fibrosis may only continue treatment after 24 weeks if HCV is not detectable by a PCR qualitative test at week 24. PCR qualitative tests at week 24 are unnecessary for people with genotype 1, 4, 5 or 6 who test PCR negative at week 12.

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Liver biopsy no longer a general requirement for treatment

From 1 April 2006, a biopsy examination is no longer a mandatory pretreatment test for people wanting to access government subsidised S100 hep C pharmaceutical treatment.

Note that some people with genotype 2 or 3 may still require biopsy to determine whether they have cirrhosis or bridging fibrosis — which would have an impact on treatment monitoring. See *'Monitoring Points'*, p54.

For further information on this issue, please speak to your treatment specialist.

Alternative access

People wanting to access Interferon-based therapy outside of the government subsidised S100 scheme can purchase treatment drugs at full price or seek access through industry-sponsored special access programs.

For more information, people should contact their nearest treatment centre. For telephone numbers, please call the *Hep C Helpline*.

NSW treatment centres

Treatment centres are required to have access to the following specialist facilities for the provision of clinical support services for hep C:

- A nurse educator/counsellor for patients
- 24 hour access to medical advice for patients
- An established liver clinic
- Facilities for safe liver biopsy.

Treatment centres exist in most parts of NSW. Phone the *Hep C Helpline* for the contact details of your nearest centre.

NSW Justice Health has nine treatment assessment centres (two within women's prisons) and various clinics for monitoring ongoing treatment.

Further information

To find out more about accessing hep C treatment, people should contact their GP, local liver clinic or specialist. Also call the *Hep C Helpline* on: 9332 1599 (Sydney callers) 1800 803 990 (regional NSW callers).

Also see

PCR availability (factsheet)

Treatment consent (factsheet)

Treatment response (factsheet)

Treatment side effects (factsheet)

Treat Yourself Right (booklet)

Thinking About Treatment (booklet)

I Have Hep C: What could happen to me? (booklet)

What You Need To Know (booklet)

Also contact *The Hep C Helpline* who can provide further information or discuss peer support services:

9332 1599 (Sydney callers)

1800 803 990 (NSW regional callers)

- Information in this factsheet is based on advice provided by the Commonwealth Department of Health.

This factsheet was produced by the Hepatitis C Council of NSW and was last reviewed in March 2009

Hep C Helpline and *HepConnect* (peer support): 02 9332 1599 / 1800 803 990

Web info: www.hepatitisc.org.au Web peer support: www.hepcaustralasia.org

The Hepatitis C Council of NSW Inc is a community-based, non-government organisation, funded by the NSW Health Dept.