Hepatitis C treatment and follow up – challenges in Albania

Jovan BASHO

Service of Hepatology/Gastroenterology
UHC ”Mother Tereza”, TIRANA
HCV infection: Global prevalence

Albania 0.9 – 1.3 %
Increased Morbidity and Mortality Due to HCV Now and in the Future

Mortality Rates of HBV, HCV and HIV: 1999-2007

- By 2007 hepatitis C-associated deaths had overtaken HIV as a cause of mortality in the United States.
- New policies and commitments to detect and link infected persons to care and successful treatment are needed.

DCC, decompensated cirrhosis
Mortality and Morbidity Reduced with SVR

- 530 adults in Europe prospectively followed for median 8.4 years after HCV treatment
- 192 (36%) achieved SVR

Van der Meer JAMA 2012
Hepatitis C: beyond the liver....

Liver:
- Portal hypertension
- Liver failure
- HCC

Systemic:
- Diabetes
- Cryoglobulinaemia
- Lymphoma
- Fatigue
- Depression
- Cognition
- Atherosclerosis

Utility of HCV Virological Tools

1. Diagnosis of HCV infection
2. Decision to treat
3. Choice of optimal therapy
4. Monitoring of virological response
1. Diagnosis of HCV infection

a. Anti HCV positive:
   - ALT
   - HCV RNA
   - Genotype HCV
   - biopsy of the liver,
     or fibroscan,
     or fibrotest
2. Decision to treat

a. Treat all patients (impossible for Albania)

b. Treat selected patients

Albania in 2015: 1. patients F3 - F4 (g.1)

2. patients with cryoglobulinemia

Proposition for 2017:

1. Treat all patients ≥ F3 (all genotypes)

2. Special groups:
   - pts with co-infection HIV or HCV
   - pts with an indication for organ transplantation
   - pts with clinically significant extra-hepatic manifestation
3. Choice of optimal therapy (1)

Drug in reimbursement list (Albania 2016)
1. Pegylated INF alfa 2 a/b + Ribavirin
2. Sofosbuvir + Pegylated INF alfa 2 a/b + Ribavirin
3. Sofosbuvir + Ledipasvir (Harvoni)
4. Ombitasvir + Paritaprevir + Ritonavir + Dasabuvir
3. Choice of optimal therapy (2)

Treatment with Pegylated INF alfa 2 a/b + Ribavirin

More than 350 pts were treated or are under the treatment (last three yrs.).

(Service of Hepatology/Gastroenterology UHC, Tirana)
Study: PANTERA ML 21634, center 141318
Patients with HCV g1b with elevated or normal ALT (2008-2009)

Dg: chronic hepatitis C, 1b. Period of treatment: 48 w
Treatment with DAAs in Albania (48 pts)

1. Sofosbuvir + Pegylated INF alfa 2 a + Ribavirin
   - 13 pts were treated (12 weeks). 11/13 HCV RNA was negative after 24 weeks of follow-up (relapse in two pts treated with Sofo + RIBA)
   - 15 pts are under the treatment (HCV RNA week 4, negative in all)
   - 9 pts are approved and waiting for treatment

2. Sofosbuvir + Ledipasvir (Harvoni)
   - 9 pts were treated (12 weeks) waiting for HCV RNA after 24 weeks
   - 2 pts are under the treatment

1. Ombitasvir + Paritaprevir + Ritonavir + Dasabuvir
   - 10 pts were treated (12 weeks) waiting for HCV RNA after 24 weeks
4. Monitoring of virological response (1)

- Protocol for which type of treatment:

1. Combined treatment: Peg INF + RIBA
   a. Monitor HCV RNA during treatment (weeks 4, 12, 24, ..... w 24 during FU)
   b. Early diagnosis of side effects and treatment of them in time.
4. Monitoring of virological response (2)

-Protocol for which type of treatment:

1. DAAs with or without RIBA

   HCV RNA during the treatment

   (week 4, 8, ..... w 24 of FU)
Need to treat early/possibilities to treat

The value of liver stiffness measurement predicts survival in HCV patients

We need to treat more patients

a. All DAAs are effective
b. Optimisation of therapy

Huge trial needed to distinguish a real difference

G. Foster  PHC 2016
Choose the best treatment for our patients
a. Naïve pts G1

Sofosbuvir/ledipasvir ± RBV for 8 weeks vs 12 weeks in treatment-naive non-cirrhotic G1 HCV-infected patients

- 8 weeks without RBV not statistically inferior
- Without cirrhosis 8 weeks is the right duration
Choose the best treatment for our patients
b. Experienced pts

TURQUOISE-II: SVR12 rates in GT1 treatment-naive and experienced cirrhotic patients by HCV genotype

Conclusions

• HCV is an curable disease
• For many countries: Peg INF + RIBA
• DAAs
  – Not for all pts (in our country).
  – Optimisation of treatment (Need to treat more pts)
  – Viral resistance (a problem for the future)
  – Know HCV RNA in distance after treatment