

The Medical Case for Curing All Hepatitis C Patients

Until 2013, hepatitis C treatments were painful and effective only about half the time, leaving many people living with the disease without hope or options. That has changed, as multiple new treatments are now available that offer nearly 100 percent cure rates with minimal side effects. With such powerful medications on the market and more in the research pipeline, we can actually envision a day where hepatitis C is eliminated in the United States. However, many insurers are limiting access to new hepatitis C treatments to only the “sickest” patients and those with advanced liver disease.

All patients living with hepatitis C need access to effective treatment.

- **Hepatitis C treatment that leads to a cure is the only evidence-based intervention to prevent liver disease progression.** A significant proportion of people living with hepatitis C who have no or mild fibrosis (commonly described as F0-F2) will progress to cirrhosis in the absence of treatment. Currently, there is no way to predict who will develop advanced liver disease. While various predictors of liver disease progression have been identified or proposed, some (such as male gender, older age at initial infection, HIV co-infection, and potential genetic factors) are not modifiable.
- **“Watchful waiting” can harm patients.** Hepatitis C has been linked to many causes of death, such as cancer and kidney problems. Delaying treatment for patients until they develop advanced liver disease means that painful and costly conditions, such as liver cancer and/or the need for a liver transplant is not avoided, which is a highly ineffective use of new curative treatments. In addition, hepatitis C patients whose providers recommend deferring treatment in favor of watchful waiting have been found to be at high risk for anxiety, illness uncertainty (the inability to determine the meaning of illness-related events), and depressive symptoms, regardless of fibrosis stage.^{1,2,3} Patients who are cured of hepatitis C report a tremendous improvement in their mental well-being.^{4,5,6}
- **Between 40-74 percent of hepatitis C patients develop at least one extrahepatic (non-liver), multi-organ condition.** And 17-37 percent of all people living with hepatitis C suffer from hepatitis C-associated heart disease. Chronic hepatitis C infection is an independent risk predictor of heart disease-related deaths. There is a frequent association between hepatitis C infection and lymphatic cancers, particularly non-Hodgkin Lymphoma. Hepatitis C frequently damages the kidney in many patients and 35-60 percent of patients have evidence of this immune related disease when tested for rheumatoid factors. Studies show that hepatitis C infection increases the risk of insulin resistance and diabetes by almost four times.⁷ Diabetes increases the risk of liver cancer in people living with hepatitis C.
- **Providing all hepatitis C patients with access to a cure is the most effective way to eliminate the virus at a population level.** Currently, injection drug use is the primary mode of hepatitis C transmission in the U.S. The Department of Health and Human Services (HHS) has identified an “emerging epidemic of hepatitis C infection among young persons who inject drugs.”⁸ Providing treatment to active injection drug users is crucial to reducing the hepatitis C burden within injector networks and preventing new transmissions.⁹ Further, curing hepatitis C is the best way to ensure that health care providers are not exposed to the virus, and guarantee that women of childbearing potential do not transmit the virus to their developing fetus if they become pregnant.
- **Medical experts recommend treating all hepatitis C patients as the standard of care.** The American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA) recommend early treatment of chronic hepatitis C infection before the development of severe liver disease and other complications to improve overall survival rates.¹⁰ Studies demonstrate that new treatments cure more than 99 percent of patients followed for five years.^{11, 12}

www.nvhr.org/program

¹ Colagreco, J. P., D. E. Bailey, J. J. Fitzpatrick, C. M. Musil, N. H. Afdhal, and M. Lai. "Watchful waiting: role of disease progression on uncertainty and depressive symptoms in patients with chronic Hepatitis C." *Journal of viral hepatitis* 21, no. 10 (2014): 727-733.

² Kraus, Michael R., Arne Schäfer, Herbert Csef, Michael Scheurle, and Hermann Fallner. "Emotional state, coping styles, and somatic variables in patients with chronic hepatitis C." *Psychosomatics* 41, no. 5 (2000): 377-384.

³ Fontana, Robert J., Khozema B. Hussain, Steven M. Schwartz, Cheryl A. Moyer, Grace L. Su, and Anna SF Lok. "Emotional distress in chronic hepatitis C patients not receiving antiviral therapy." *Journal of Hepatology* 36, no. 3 (2002): 401-407.

⁴ Perry, William, Robin C. Hilsabeck, and Tarek I. Hassanein. "Cognitive dysfunction in chronic hepatitis C: a review." *Digestive diseases and sciences* 53, no. 2 (2008): 307-321.

⁵ Senzolo, Marco, Sami Schiffl, Cristina Maria D'Aloiso, Chiara Crivellini, Evangelos Cholongitas, Patrizia Burra, and Sara Montagnese. "Neuropsychological alterations in hepatitis C infection: the role of inflammation." *World journal of gastroenterology: WJG* 17, no. 29 (2011): 3369.

⁶ Alsop, David, Zobair Younossi, Maria Stepanova, and Nezam H. Afdhal. "Cerebral MR spectroscopy and patient-reported mental health outcomes in hepatitis C genotype 1 naive patients treated with ledipasvir and sofosbuvir." *Journal of Hepatology*, 60 (2014): 221A-221A.

⁷ Hui, Jason M., Archana Sud, Geoffrey C. Farrell, Priyanka Bandara, Karen Byth, James G. Kench, Geoffrey W. McCaughan, and Jacob George. "Insulin resistance is associated with chronic hepatitis C and virus infection fibrosis progression." *Gastroenterology* 125, no. 6 (2003): 1695-1704.

⁸ U.S. Department of Health and Human Services (HHS). *Hepatitis C Virus Infection in Young Persons Who Inject Drugs*, by Howard K. Koh, Ronald O. Valdiserri, (Washington, DC: The Altarum Institute, 2013)

⁹ Smith, Daniel J., Joan Combelleck, Ashly E. Jordan, and Holly Hagan. "Hepatitis C virus (HCV) disease progression in people who inject drugs (PWID): A systematic review and meta-analysis." *International Journal of Drug Policy* (2015).

¹⁰ Jezequel C, Bardou-Jacquet E, Desille Y et al. "Survival of patients infected by chronic hepatitis C and F0F1 fibrosis at baseline after a 15 year follow-up." Paper presented at the 50th Annual Meeting of the European Association for the Study of the Liver (EASL), Vienna, April 2015.

¹¹ Swain, Mark G., Ming-Yang Lai, Mitchell L. Shiffman, W. Graham E. Cooksley, Stefan Zeuzem, Douglas T. Dieterich, Armand Abergel et al. "A sustained virologic response is durable in patients with chronic hepatitis C treated with peginterferon alfa-2a and ribavirin." *Gastroenterology* 139, no. 5 (2010): 1593-1601.

¹² Manns MP, Pockros PJ, Norrkans G, et al. Long-term clearance of hepatitis C virus following interferon alpha-2b or peginterferon alpha-2b, alone or in combination with ribavirin. *J Viral Hepat.* 2013;20(8):524-529.