

HEPATITIS C TREATMENT SNAPSHOT

HEP C 123

1. Take Control
2. Health Check
3. Know your status

In Australia there have been various versions of hepatitis C antiviral treatment, including interferon monotherapy in the early 1990s and combination interferon and ribavirin treatment which became available in the later 1990s.

CURRENT TREATMENT

Current recommended medical treatment for hepatitis C is pegylated interferon and ribavirin. This treatment has had much better results than earlier hepatitis C treatments. In the general community the number of people with hepatitis C who clear the virus after treatment is:

- Around 50% of people with genotype 1
- Around 80% of people with genotypes 2 or 3.

Overseas studies of people with haemophilia show similar treatment results to these.

A number of people with bleeding disorders around Australia have cleared their hepatitis C with treatment, including people co-infected with hepatitis C and HIV. Treatment success rates for people who are co-infected are not generally as high as for people who only have hepatitis C. This can depend on your current level of liver damage, CD4 count, HCV viral load, HCV genotype and other health issues. If you are co-infected, speak to your HIV physician or your specialist for further advice about this.

EXPERIMENTAL TREATMENTS

There are a few small and experimental clinical trials in Australia investigating how well other types of hepatitis C treatment might work for people whose treatment with interferon and ribavirin failed. These are in very early stages of testing and results are not yet known.

- **Hepaconda** – a combination of bezafibrate and chenodeoxycholic acid, being trialled at Centre for Digestive Diseases in Sydney with people who have HCV genotype 1 and whose previous treatment has failed. On their own, both of these drugs have shown that they can reduce or eliminate hepatitis C virus (HCV). This trial is to test how well the drugs act together.
- **Oglufanide disodium** – being trialled at the Princess Alexandra Hospital in Brisbane and Southern Health in Melbourne with people whose conventional hepatitis C treatment was unsuccessful or who refused to have this treatment. This drug has been used for severe infectious diseases in Russia and cancer clinical trials in the US.
- **Dendritic cell therapy** (specialised white blood cells) – being trialled at The Alfred in collaboration with the Burnet Institute in Melbourne with people whose treatment with interferon was unsuccessful. This treatment aims to stimulate the person's immune system to act against HCV.

Clinical trials overseas are testing new types of drugs to work in combination with interferon, and in some cases with interferon and ribavirin. These types of drugs target particular parts of the HCV life cycle to prevent the virus from reproducing itself and include:

- **Protease inhibitors** (development of the drug *telaprevir* is the most advanced of these)
- **Polymerase inhibitors.**

If the trials are successful, these new treatments would be available in the clinic some time after 2010. For more information on clinical trials, contact your local hepatitis clinic.

TREATMENT EXPERIENCES OF PEOPLE WITH BLEEDING DISORDERS

I've had hepatitis C treatment for 6 months and it didn't affect me. I just went straight through it.

I had flu-like symptoms, particularly during the first 4 weeks, a lot of nausea, a lot of fatigue. I needed to rest a lot to deal with those things. Certainly there were personality changes for the whole duration of the treatment and probably for several years afterwards. You become less tolerant, certainly harder to live with, moody.

I've been on two courses of treatment now and both times I've relapsed as well. I'm at a loss now where to go.

- Some have already had successful treatment
- For others, treatment has failed or they relapsed after treatment, particularly if they had interferon monotherapy in the early 1990s
- Some have chosen not to have treatment again until the success rates improve
- Some do not currently have treatment options, as available treatments had not been successful or their liver disease is too advanced
- Some have had no or few side-effects
- Others have had moderate to severe side-effects, including depression and fatigue.

If it's less effective, then depending on the side-effects it had, I might not do it because it would be too much of a burden to carry. Already on my [haemophilia] prophylaxis I have to do that every 2 days, plus whatever else.

But then you have to weigh up the options of what's going to happen in the future. Am I going to be for a year and a half or two years Depressed In the Corner Dad then maybe clear the virus, or am I going to be Thirty Years Dead Dad.

IMPROVING THE TREATMENT EXPERIENCE

People in the focus groups for the HFA Hepatitis C needs assessment (“A Double Whammy”) were asked about hepatitis C care that would work best for them and others in their situation. These are some of their thoughts:

- Prepare for treatment with family or carers: get the latest advice on the specific treatment, likely side-effects and how to manage them
- Make sure you have a support person/team
- Be put in touch with someone else who has had the treatment
- Involve partners/families/support person in consultations with doctors and nurses
- Keep copies of pathology results and have them explained to you so that you can monitor your progress
- Lower your expectations.

If my son is contemplating treatment, it's going to have an impact on his life and my life and the family, then we would want to be some party to the discussions about all those impacts, what the complications are so we can help, we can prepare ourselves, or respond. [parent]

I would advise people to be prepared before treatment starts to make very big changes in their lifestyle during the treatment period. Don't expect for example to be able to cope with your current daily routine, such as work and family commitments and social commitments. Be prepared if necessary to stop work - my advice would be to plan for it. If you then feel you can continue on, that's a bonus.

FOR MORE INFORMATION ON

- *Hepatitis C treatment*, contact your local hepatitis clinic. High quality information is also available from hepatitis councils – see www.hepatitisaustralia.com for details
- *Services for people with bleeding disorders and hepatitis C*, contact your Haemophilia Centre, state/territory Haemophilia Foundation or Haemophilia Foundation Australia.

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Important Note: This fact sheet was developed by Haemophilia Foundation Australia for education and information purposes only and does not replace advice from a treating health professional. Always see your health care provider for assessment and advice about your individual health before taking action or relying on published information.