Dr Ed Wilkins
North Manchester General Hospital
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<table>
<thead>
<tr>
<th>Speaker Name</th>
<th>Statement</th>
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<tbody>
<tr>
<td>Dr Ed Wilkins</td>
<td>I have received honoraria for giving sponsored lectures and attending advisory boards as well as sponsorship to attend international conferences from AbbVie, BMS, Gilead, Janssen, MSD, and ViiV.</td>
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</tbody>
</table>

| Date | October 2014 |
BHIVA hepatitis guidelines update for HCV treatment

Ed Wilkins
What do you believe should be the current backbone of HCV treatment?

1. PEG-IF and ribavirin  32%
2. Sofosbuvir  51%
3. Simeprevir  7%
4. Ribavirin  10%

PEG-IF tolerant
Naïve/relapse GT1 – which treatment would you like to be able to give?

1. PEG-IF/ribavirin/telaprevir for 24-48w: RGT
   - 3%
   - 60-74%
2. PEG-IF/ribavirin/sofosbuvir for 12w
   - 25%
   - 89-92%
3. PEG-IF/ribavirin/simeprevir for 24-48w: RGT
   - 2%
   - 80-81%
4. Sofosbuvir/ribavirin for 24w
   - 20%
   - 76-85%
5. Sofosbuvir/simeprevir for 12w
   - 32%
   - 92-94%
6. Sofosbuvir/daclatasvir for 12w
   - 19%
   - 98%

SVR rates

RGT = response guided treatment
Naïve/relapse GT2 – which treatment would you like to be able to give?

1. PEG-IF/ribavirin for 24-48w: RGT
   - 4%

2. PEG-IF/ribavirin/sofosbuvir for 12w
   - 21%

3. Sofosbuvir/ribavirin for 12w
   - 50%

4. Sofosbuvir/daclatasvir for 24w
   - 25%

RGT = response guided treatment

PEG-IF tolerant

SVR rates

67%

89%

88-97%

92%
Naïve/relapse GT3 – which treatment would you like to be able to give?

1. PEG-IF/ribavirin for 24-48w: RGT 67%
   0%
2. PEG-IF/ribavirin/sofosbuvir for 12w 89-97%
   19%
3. Sofosbuvir/ribavirin for 24w 67-91%
   60%
4. Sofosbuvir/daclatasvir for 24w 89%
   21%

RGT = response guided treatment

SVR rates
Naïve/relapse GT4 – which treatment would you like to be able to give?

1. PEG-IF/ribavirin for 48w
   - 1%  
   - SVR rates 50-69%

2. PEG-IF/ribavirin/simeprevir for 24-48w: RGT
   - 21%  
   - SVR rates 88-90%

3. PEG-IF/ribavirin/daclatasvir for 24-48w: RGT
   - 8%  
   - SVR rates 100%

4. Sofosbuvir/ribavirin for 24w
   - 32%  
   - SVR rates 84%

5. PEG-IF/ribavirin/sofosbuvir for 12w
   - 38%  
   - SVR rates 96%

RGT = response guided treatment

SVR rates
### Recommended first line options

<table>
<thead>
<tr>
<th>First line options for treatment</th>
<th>Naïve/relapse</th>
<th>Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GT1</strong> Sofosbuvir</td>
<td>PEG-IF and ribavirin#</td>
<td>12w</td>
</tr>
<tr>
<td></td>
<td>Ribavirin</td>
<td>24w</td>
</tr>
<tr>
<td></td>
<td>Daclatasvir</td>
<td>12w</td>
</tr>
<tr>
<td></td>
<td>Simeprevir</td>
<td>12w</td>
</tr>
<tr>
<td><strong>GT2</strong> Sofosbuvir</td>
<td>Ribavirin</td>
<td>12w</td>
</tr>
<tr>
<td><strong>GT3</strong> Sofosbuvir</td>
<td>PEG-IF and ribavirin#</td>
<td>12w</td>
</tr>
<tr>
<td></td>
<td>Ribavirin</td>
<td>24w</td>
</tr>
<tr>
<td><strong>GT4</strong> Sofosbuvir</td>
<td>PEG-IF and ribavirin#</td>
<td>12w</td>
</tr>
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</table>

# PEG-IF tolerant only
* Consider 24 weeks with cirrhosis and/or prior null response to PEG-IFN/R +/- NS3/4 PI
Recommended second line options

<table>
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<tr>
<th>First line options for treatment</th>
<th>Naïve/relapse</th>
<th>Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>GT1 Simeprevir&lt; PEG-IF and ribavirin#</td>
<td>24-48w &amp;</td>
<td>NR</td>
</tr>
<tr>
<td>GT3 Sofosbuvir Daclatasvir</td>
<td>24w</td>
<td>24w</td>
</tr>
<tr>
<td>GT4 Daclatasvir PEG-IF and ribavirin#</td>
<td>24-48w &amp;</td>
<td>NR</td>
</tr>
<tr>
<td>Sofosbuvir Ribavirin</td>
<td>24w</td>
<td>24w</td>
</tr>
<tr>
<td>Simeprevir PEG-IF and ribavirin#</td>
<td>24-48w &amp;</td>
<td>NR</td>
</tr>
</tbody>
</table>

# PEG-IF tolerant only
< Only GT1b or GT1a/Q80k negative & RGT (response guided treatment)
Position statement

• The writing committee recognise that availability of drugs and national or local directives may restrict the choice of options

• All patients with HCV/HIV co-infection should be seen in a specialist joint clinic by experienced physicians with a knowledge of HIV and hepatitis C

• Patients with Child-Pugh B and C should be cared for in a transplant networked centre

• All patients should be considered for therapy irrespective of their fibrosis stage

• No patient should receive PEG-IF if ineligible

• Only patients who have relapsed from PEG/RBV therapy should be considered for retreatment with a PEG-IFN containing regimen
Position statement (contd.)

- Patients with cirrhosis on therapy should be carefully monitored for decompensation irrespective of whether they are receiving PEG-IF

- **DAA(s) should form the backbone of all treatment options irrespective of GT, fibrosis stage, or past treatment status**

- All patients receiving DAA-based therapy or with GT5 or GT6 should be referred to, or be part of a formalised clinical network with, a specialist centre

- All patients should be considered for and have access to clinical trials of DAA-based regimens

- The options for treatment of acute hepatitis C should be discussed with all patients and should cover the benefits of immediate vs. deferred therapy
References


