

Screening and Treatment for Hepatitis C

Demand a Balanced Perspective

Philippa C Matthews¹, Katie Jeffery²,
Paul Klenerman³, Eleanor Barnes⁴, Graham Cooke⁵

¹ Nuffield Department of Medicine, University of Oxford, Peter Medawar
Building for Pathogen Research, South Parks Road,
Oxford, OX1 3SY, UK

² Department of Infectious Diseases and Microbiology, Oxford University
Hospitals NHS Trust, John Radcliffe Hospital, Headley Way,
Oxford OX3 9DU, UK

³ NIHR Biomedical Research Unit, John Radcliffe Hospital, Headley Way,
Oxford OX3 9DU, UK

⁴ STOP-HCV Consortium, Peter Medawar Building for Pathogen Research,
South Parks Road, Oxford, OX1 3SY, UK
(<http://www.stop-hcv.ox.ac.uk/home>)

⁵ Wright-Fleming Institute, Imperial College, London, UK

Professor Koretz and colleagues have recently written an ‘analysis’ concerning screening for hepatitis C virus (HCV) infection.¹ We were surprised by the selective review of the literature presented to justify their proposed randomised trial of HCV screening, and feel compelled to offer a contrasting view.

1. What is the optimum data set required to understand the natural history of HCV?

Koretz states that ‘natural course is best determined by following an entire cohort determined at the time of infection’. This is an aspirational approach, but establishing the point of acute HCV infection is rarely attainable. In many countries, a substantial burden of infection occurs early in life from poorly defined exposures.² We strongly challenge the view that this should delay access to HCV diagnosis and treatment.

2. Do current data give us confidence that Directing Acting Antivirals (DAAs) are safe and successful?

Koretz appears to overlook the compelling health benefits documented in association with HCV treatment. These are summarized by a meta-analysis of clinical trial data,³ including substantial reductions in all cause mortality, liver transplant and hepatocellular carcinoma. Data are now emerging that support DAA efficacy, safety and tolerability.⁴

3. What trials should be proposed to ascertain the success of DAA treatment?

Long-term follow up and ascertainment of clinical outcomes of DAA therapy is essential. However, as we enter a new era of potentially life-changing therapy for HCV, we do not believe it is ethically permissible to allocate individuals to the trial of screening proposed by Koretz.

4. What are the cost implications of screening?

Koretz's article did not raise any concerns over economic cost. However, implementing screening increase the pool of patients for whom treatment should be offered. This is currently beyond the reach of most healthcare budgets.

In conclusion, although there are many questions still to be answered, we do not believe that a randomized trial of screening is ethically sound, logistically possible, or of benefit to the world's 150 million HCV-infected individuals.

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