

## Hepatitis C Conference Links

### Update on Association for the Study of Liver Disease (AASLD) Conference

The American Association for the Study of Liver Diseases (AASLD) recently held its annual conference in Dallas, Texas. This is one of the most important annual liver conferences held in world. It truly has an international flavor since approximately 50% of participants are from foreign countries. It is also the conference where most of the important medical information on liver disease is discussed. This year, the amount of information on Hep C was phenomenal.

#### Highlights included:

##### Peg-Intron Plus Ribavirin Results for Phase III Clinical Trials-

Schering –Plough reported that in clinical trials Peg-Intron plus ribavirin increased sustained virologic response (SVR) rates for previously untreated HCV+ patients. In a large scaled study of 1,530 patients worldwide, Schering reported an overall SVR rate of 54% in all patients regardless of genotype. SVR for genotype 1 (the most difficult to treat genotype) was 42%. The most optimal dosage of Peg-Intron was 1.5/R and 800 mg/daily. Additionally, Schering believes that if therapy were optimized by weight the response rate would climb to 61%. Schering's Peg-Intron has been approved in Europe and it is expected to be approved by the FDA in the beginning of 2001. The data from this clinical trial was very impressive and could yield very, very high response rates for non-genotype 1 HCV+ individuals as well as a much improved response rate over standard combination therapy of interferon and ribavirin.

##### Pegylated Interferons – Pegasys & Peg-Intron

Clearly, the big buzz at the conference was pegylated interferons. In a session titled “Newly Emerging Data on Pegylated Interferons” a wide variety of issues related to HCV and pegylated interferons was discussed:

Clinical trials have proven that both pegylated interferons are safe and have superior effectiveness than regular interferon.

Schering's Peg-Intron is a linear chained Peg that at high dosage reaches maximum concentrations 8 to 12 hours after injection and remains in the blood for 48 to 72 hours after injection. In clinical trials with Peg-Intron, twenty-five (25%) of all patients obtained SVR and the patients with genotype 1 (the most difficult genotype to treat) obtained fourteen percent (14%) SVR.

Roche's Pegasys interferon is branched chained and reaches maximum concentrations 80 hours after injection of a standard dose of 180 micrograms, remains in the blood for up to 100 hours. About 15 different abstracts were presented on Pegasys at AASLD. In one clinical trial of Pegasys, thirty-nine (39%) of patients received SVR with twenty-eight (28%) SVR for genotype 1 patients. More on these trials in next month's HCV Advocate.

Improved response rates were noted in both pegylated interferons for African-Americans and patients with cirrhosis. Additionally, responders and non-responders both showed improvement in liver fibrosis. Of particular note - a raise in ALT's of up to 3 times the upper limit was reported during treatment with both peg's , but is this is considered normal while on treatment.

Predicting sustained response to therapy - We already know that individuals with a genotype other than 1, low viral load (<2 million copies), female sex, shorter duration of infection and younger age all predict a better response prior to treatment. Now it is believed that once on treatment those with no detectible virus or a 2-log drop in virus after 12 weeks of therapy were more likely to have a superior end of treatment response. However, Dr. Pawlotsky discussed the use of these guidelines to tailor treatment, but not necessarily stop treatment. Dr. Pawlotsky believes stopping treatment based on these

criteria would be unethical since some patients would respond and others (even non-responders) would have improved liver histology if treatment were continued.

Quality of life issues for people with hepatitis C- It was reported that patients with hepatitis C (either on or off treatment) have significant reduction in quality of life. Many people with hepatitis C have been told that their quality of life is not that impaired with hepatitis C especially if their disease is not significant. This belief is finally being debunked and it was reported that symptoms do not correlate with disease progression. It was really good to sit in a large audience of physicians and have these issues discussed. Data on peg's side effects seem to indicate that the side effects of Peg may be less than regular interferon. Furthermore, many pre-treatment symptoms such as low - energy, depression and brain fog improve after treatment and especially for those that achieve a sustained virologic response (SVR.).

It is clear that the future HCV treatment is going in the direction of combining different medications. Some doctors believe that the combination of pegylated interferon and ribavirin may yield close to 90% SRV in non-1 genotype HCV + individuals. Already in clinical trials we have combinations with interferon, ribavirin, Maximine and amantadine as well as many other medications that hold promise.

I came away from this conference feeling very hopeful that we are finally starting to understand HCV in areas such as diagnosis, treatment, disease progression and quality of life issues. Pegylated interferons will provide superior treatment options and are expected to be available within a few months. Although we have a long way to go before we fully understand HCV, it is clear that we are closer to understanding and treating this very complex disease.