

S174

2-hour Symposium

Management of chronic viral hepatitis

Is the "lead-in" with PEG-interferon/ribavirin still reasonable?

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Combination therapy with PEG-interferon (PEG-IFN), and ribavirin (RBV) has been the standard of care for genotype 1 CHC patients for 12 years. Many patients with different genotypes have been cured despite the well known side-effects.

However the era of new direct acting antivirals that offer >90% efficacy, less side-effects and shorter duration of treatment has arrived. The main drawback is the extremely high-cost of those drugs. The 48-weeks treatment course with PEG-IFN+ribavirin is on average 5-8x cheaper than the cost of 12 weeks treatment with new direct acting antivirals without PEG-IFN (Sofosbuvir, ledipasvir, 3D combination). Shortening the treatment course with PEG-IFN+ribavirin to 24 weeks this difference becomes even bigger.

So, in lower-resource settings seems reasonable to look for interferon responders in naive patients.