



HOW TO FOLLOW TREATMENT GUIDELINES IN DIFFERENT RESOURCE SETTINGS

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COUNTRY	INCOME LEVEL	GDP PER CAPITA (USD, 2015)	POPULATION (million)	LIFE EXPECTANCY AT BIRTH (m/f) 2015.	TOTAL EXPENDITURE ON HEALTH PER CAPITA (INTL \$, 2014)	TOTAL EXPENDITURE ON HEALTH AS % OF GDP (2014)
CROATIA	HIGH	11536	4,2	75/81	1652	7,8
ALBANIA	UPPER MIDDLE	3965	2,9	75/80	615	5,9
BOSNIA AND HERZEGOVINA	UPPER MIDDLE	4198	3,8	75/80	957	9,6
FYR MACEDONIA	UPPER MIDDLE	4852	2,1	74/78	851	6,5
MONTENEGRO	UPPER MIDDLE	6415	0,6	74/78	888	6,4
SERBIA	UPPER MIDDLE	5144	7,1	73/78	1312	10,4
SLOVENIA	HIGH	20713	2,1	78/84	2698	9,2
HUNGARY	HIGH	12259	9,8	73/79	1827	7,4
CZECH REPUBLIC	HIGH	17231	10,6	75/81	2146	7,4
SLOVAKIA	HIGH	15963	5,4	73/80	2179	8,1
POLAND	HIGH	12495	38,0	73/81	1570	6,3
BULGARIA	UPPER MIDDLE	6820	7,2	71/78	1399	8,4
ROMANIA	UPPER MIDDLE	8973	19,8	71/79	1079	5,6
RUSSIA	UPPER MIDDLE	9057	144,1	65/76	1836	7,1
UKRAINE	LOWER MIDDLE	2115	45,2	66/76	584	7,1
MOLDOVA	LOWER MIDDLE	1843	3,6	68/76	514	10,3

EASL Recommendations 2016



- Recommends treatment options for genotypes and liver disease status
- Guidance for on- and post-treatment viral monitoring
- Information on DDIs*

EASL recommendations on treatment of hepatitis C 2016. Available at: <http://www.easl.eu/medias/cpg/HCV2016/English-report.pdf> (accessed September 2016)

*For DDIs please also refer to: <http://www.hep-druginteractions.org>.

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EASL: European Association for the Study of the Liver

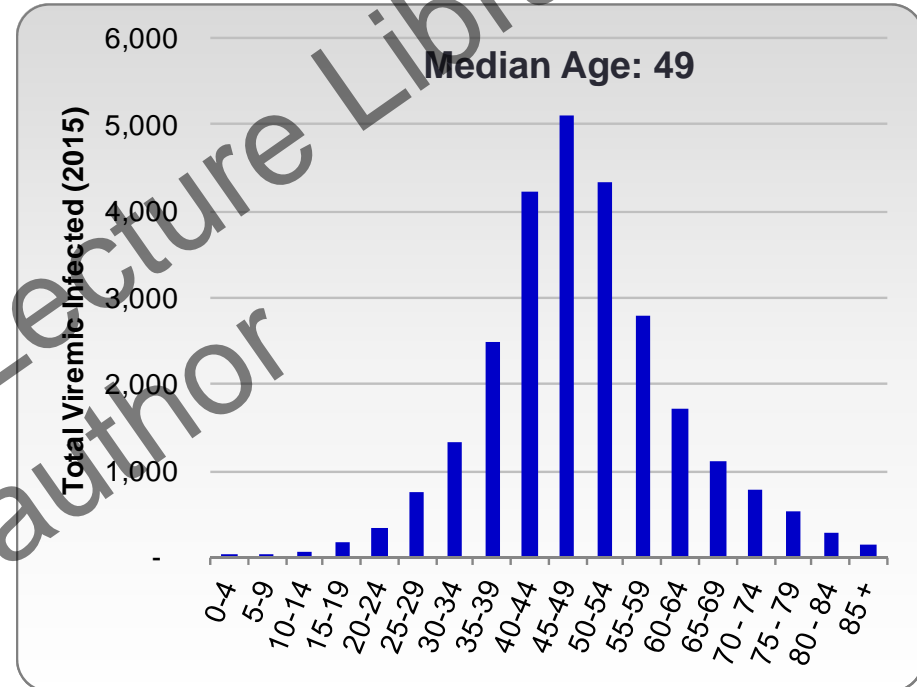
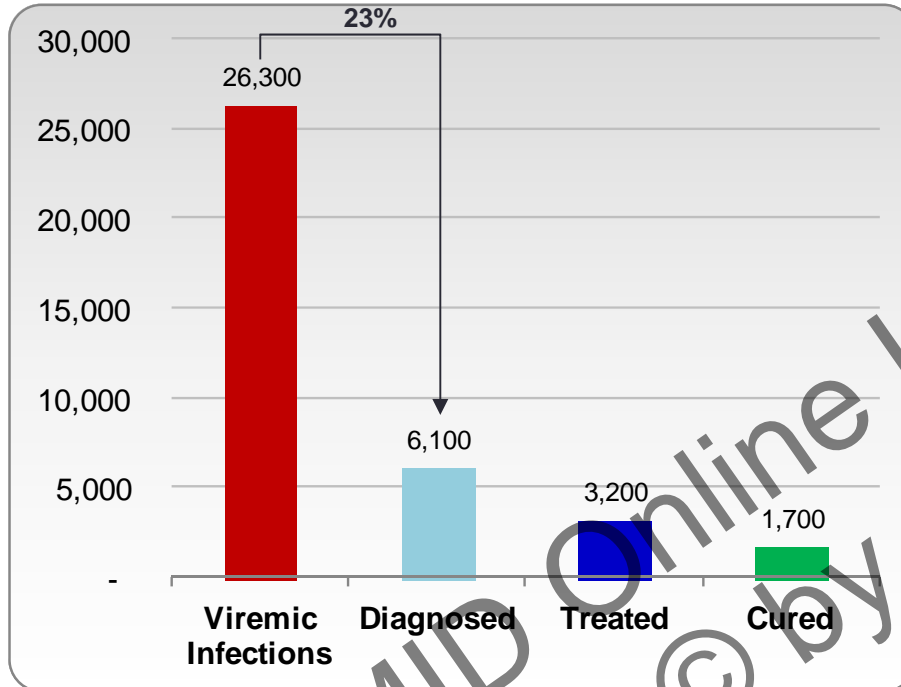
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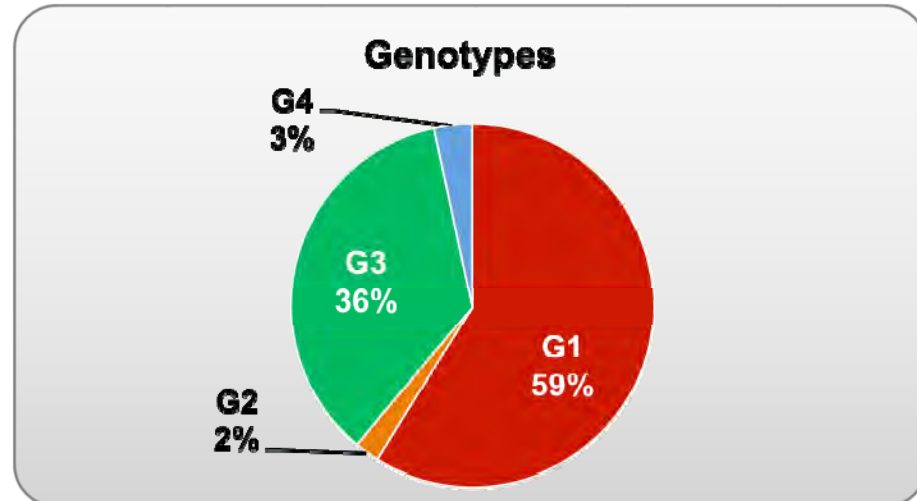


TREATMENT IN CROATIA

Croatia HCV 2015



- The viremic prevalence of HCV in Croatia is 0.6% with one quarter of infections already diagnosed.
- In 2015, an estimated 150 patients (0.7% of total infected) were treated.





General Conditions for Treatment (hep C)

- HCV-RNA+
- 18-70 years
- 12 months of abstinence from iv drugs and alcohol
- Biopsy confirmed necroinflammation or FibroScan >8 kPa (2 x within 3 months)

Treatment



- 1998-2004 Interferon alpha
- >2004 pegylated interferon+ribavirin
- 2013/2014 Boceprevir, telaprevir
- 2015 Simeprevir, 3D, Sofosbuvir, Sofosbuvir/ledipasvir

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Recommendations 2015

(Reference Center for Diagnostics and Treatment of Viral Hepatitis)

- All patients should be considered for treatment.
- Because of the financial restrictions priorities have to be made

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O NAMAMA



Riječ dobrodošlice, Misija i vizija, iz povijesti, ustroj, sestinstvo, kontakt podaci i pravo na pristup informacijama.

INFORMACIJE ZA BOLESNIKE



Ukoliko nas želite posjetiti, naručiti se za pregled ili saznati neke od korisnih informacija onda je ovo rubrika za Vas.

INFORMACIJE ZA
ZDRAVSTVENE DJELATNIKE



Naše usluge, izdavaštvo, preporuke, smjernice, stručna društva H.Z-a, suradnje ustanove

Novosti iz Klinike

Domaći skupovi

Croatian indications for treatment of chronic HCV

2015: who should be treated and when?



Treatment is indicated:

- All treatment-naïve and treatment-experienced patients with compensated and decompensated liver disease

Treatment should be prioritised:

- Patients with significant fibrosis (F3 by METAVIR) or cirrhosis (F4), including decompensated cirrhosis
- Patients with HBV or HIV co-infection
- Patients with an indication for liver transplantation
- Patients with HCV recurrence after liver transplantation
- Patients with HCV infection before and after solid organ transplantation
- Patients with clinically significant extrahepatic manifestations

Treatment is justified:

- Patients with moderate fibrosis (F2 by METAVIR)
- Patients with long duration of disease (>20 years), regardless of fibrosis stage
- Individuals at risk of transmitting HCV (women of child-bearing age who wish to get pregnant, haemodialysis patients, and other high risk situations)

Treatment can be deferred:

- Patients with no or mild disease (F0–F1 by METAVIR) and none of the above mentioned extrahepatic manifestations

F: fibrosis stage

EASL recommendations for HCV therapy 2016 Croatia **reimbursement**



IFN free		GT	GT
Sofosbuvir + ribavirin	2, * 3*	2, 3 (F4)	
Ledipasvir/sofosbuvir (± ribavirin)	1, 4, 5, 6	1, 4 (F4)	
Sofosbuvir/velpatasvir (± ribavirin)	All		
Ombitasvir/paritaprevir/ritonavir + dasabuvir (± ribavirin)	1	1 (F4)	
Ombitasvir/paritaprevir/ritonavir (± ribavirin)	4	4 (F4)	
Grazoprevir/elbasvir (± ribavirin)	1,4		
Sofosbuvir + simeprevir (± ribavirin)	1, * 4		
Sofosbuvir + daclatasvir (± ribavirin)	All		
IFN-based			
PEG-IFN α + ribavirin + sofosbuvir	No longer recommended	3 (F4)	
PEG-IFN α + ribavirin + simeprevir		1, 4 (naïve F3, relapses F1–F3)	
PEG-IFN α + ribavirin		G2, 3 (F1–F3), G1, 4 (F1–F2, IL28B CC)	

Hepatitis C treatment initiation with DAAs





University Hospital for Infectious Diseases Zagreb (*Croatian Reference Centre for viral hepatitis*)

Department for Viral Hepatitis

Outpatient Clinic:

- 4 ID specialists
- 5,500pts visits/yr.
- 100 new hep C pts/yr.
- 75 pts PEG-IFN α +RBV /yr.



University Hospital of Infectious Diseases 2015/2016 (SVR12)



Regimen	Genotype	No of pts	ETR	SVR12
Simeprevir/peg/ribavirin	1b (73%)	15	14 (93%)	13 (87%)
3D+/-ribavirin	1b (80%)	26	26 (100%)	25 (96%)
Sofosbuvir/peg/ribavirin	3a (100%)	5	5	4 (80%)
Ledipasvir/sofosbuvir	1b (50%)	6	6 (100%)	6 (100%)

Rezultati liječenja u Hrvatskoj

Paritaprevir/ombitasvir/dasabuvir+/-ribavirin

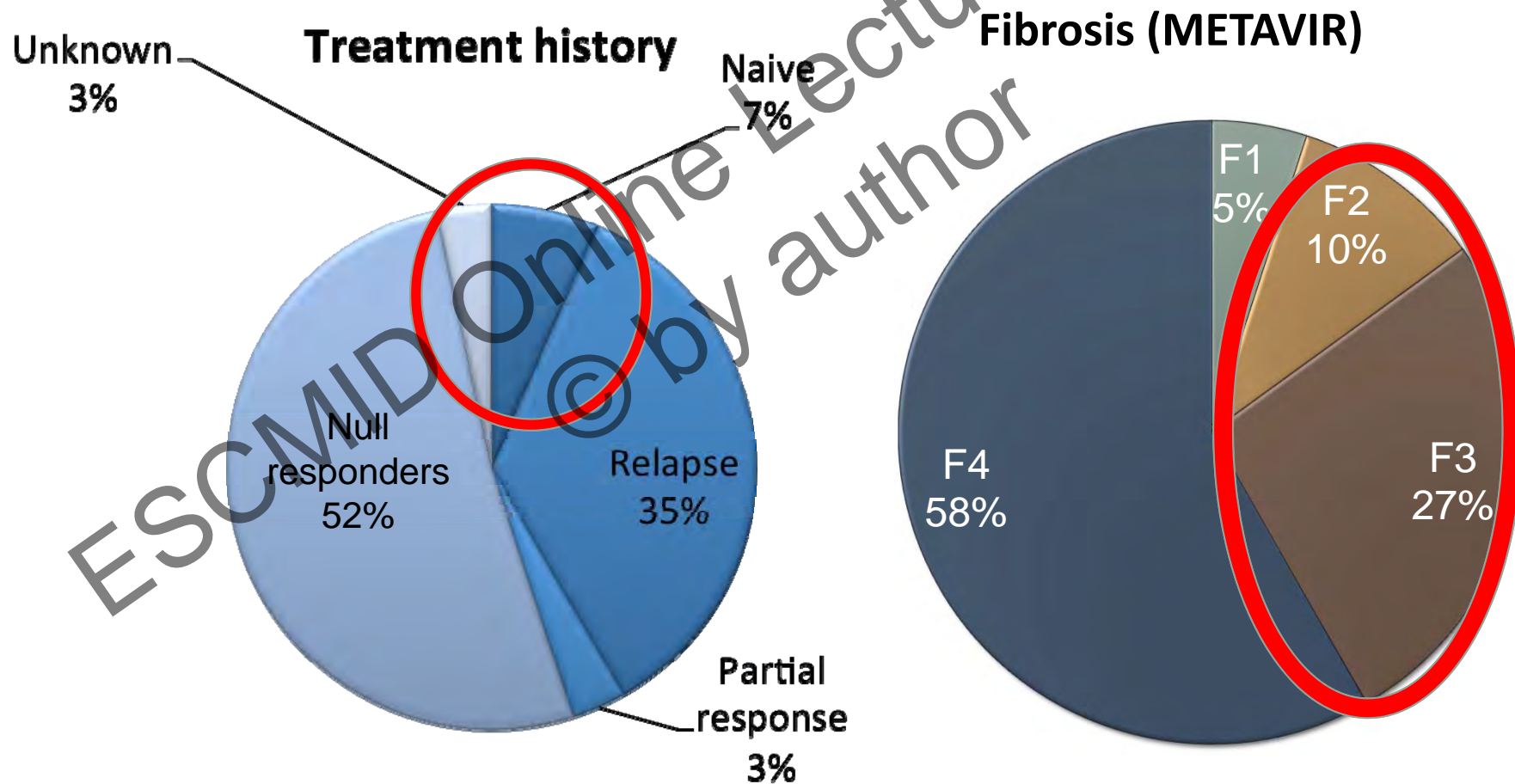


Patient demographics	(N=60)
Age, years (Median)	54.9
Male, n (%)	33 (55%)
Female, n (%)	27 (45%)
GT 1, n (%)	1 (1.66%)
GT 1a, n (%)	14 (23.33%)
GT 1b, n (%)	43 (71.66%)
GT 4, n (%)	2 (3.33%)
Compensated cirrhosis, n (%)	35 (58.33%)
Post Liver transplantation, n	2

Patients treated with Paritaprevir/ombitasvir/dasabuvir+/-ribavirin



n=60



PLAN FOR 2017!



- **TREAT MORE PATIENTS WITHOUT INCREASING THE BUDGET**
- NEW DRUGS COMING ON THE LIST
- ZEPATIER, EPCLUSA
- PRICES ↓

Climbing slowly but persistently

