

## Treating people for HCV infection in a barrier free low threshold setting



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This was the title I was given to debate in a round table discussion at the Correlation network meeting recently, to which I added “how low can you go?” generating images of limbo dancing physicians as opposed to high hurdling people affected by HCV who have to be very good hurdlers to get in to HCV therapy.

Historically, and when we talk about HCV treatment history is last month and 3 or 4 years ago is almost archaeology, HCV treatment was dangerous, arduous for those that had to endure it and not very effective in some patients. Hence there were many tests and investigations required by many different specialists before getting on to treatment, usually sited in multiple hospitals or in very different parts of the same institutions. All of which was very daunting for anybody brave enough to try to undertake treatment. Once over those hurdles and on treatment there were multiple visits to hospital and frequent blood tests. It is little wonder that so few people have been successfully treated.

So, leaving the dark ages of interferon based treatment behind and coming into the bright sunlit uplands of direct acting antivirals it gives us the opportunity to ask what should the treatment pathway for HCV look like. Firstly, what does a person with HCV want from treatment. It is likely a high chance of safe cure the first time they undertake treatment, preferably for the treatment be carried out near where they live in familiar surroundings and with minimal additional investigations and tests, so as little fuss as possible. That treatment must be paid for and provided by someone which varies country by country but let's call them the payer. The payer wants these expensive drugs, (we will leave aside the discussion about how much lifesaving curative drugs such HCV treatment should cost to another time), to be used reliably so that they are cost effective, so they will want some assurance about the use of the drug and therefore will want put in place some steps to ensure the tablets are taken reliably, such as regular visits to pick up tablets during treatment or some kind of electronic reminder system because we all forget things. The other issue is safety, but by and large these new drugs are very safe, so there is little need for monitoring because of the drugs. The only safety issue is to assess the amount of damage that HCV has done to the liver, how much scarring is there and does it carry any risks for the future, to decide if any further follow up is needed after the HCV has been cured.

So, what do you really need to cure HCV, a spot of blood to make the diagnosis, some test to decide how much scarring there is, the tablets to cure the virus and a spot of blood to show that the virus has been cured. So, with a pathway of care that simple, how many more sites and situations can we delivery HCV therapy in? reach all of the people affected by HCV where ever they may be and how ever affected they are by other problems so that we can take the problem of HCV off their back and move to world in which no one is affected by HCV because it has become a historical myth or legend that some people say use to exist!!



## Characteristics of an ideal service

### Patient

- High chance of cure
- Near patient
- Familiar surroundings
- Minimal additional activities/ requirements

### Payer and Physician

- Reliable delivery
- Cost effective
- Assurance of use of drug
- Safety
  - Follow up for complications

What do you really need to cure HCV

