The EASL treatment recommendations for Hepatitis C

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EASL's recommendations for the treatment of Hepatitis C were adopted in September 2016 after review by a panel of experts. They have been based on evidence from existing publications and presentations at international meetings, and, if evidence was unavailable, the experts' personal experiences and opinion. The recommendations include currently licensed drugs. They will be updated regularly, following approval of new drug regimens by the European Medicines Agency and other national European agencies.

The goal of therapy is to cure HCV infection to prevent hepatic cirrhosis, decompensation of cirrhosis, HCC, severe extrahepatic manifestations and death.

The endpoint of therapy is undetectable HCV RNA in blood by 12 weeks (SVR12) and/or 24 weeks (SVR24).

The two key recommendations are:

All treatment-naive and treatment-experienced patients … must be considered for therapy

There should be treatment *without delay* in individuals at risk of transmitting HCV (active injection drug users, men who have sex with men with high risk sexual practices, women of child-bearing age who wish to get pregnant, haemodialysis patients, and incarcerated individuals).

This is based on the principle of treatment as prevention. Studies undertaken to date show that where 1000 patients are treated with new DAAs the SVR rates are 95% or more. This means that 950 patients will be cured and, potentially, 95 projected new infections will be prevented.

This is particularly important in the case of men who have sex with men (MSM) with HIV and HCV co-infection who are a high risk group for transmission. The latest data suggests that there is a HCV reinfection incidence of 7.3/100 person years.

There are various treatment options for an interferon free regime depending on the genotype of HCV in question. So far, only Sofosbuvir plus Daclatasvir (2015), Sofosbuvir/Velpatasvir (2016), Glecaprevir/Pibrentasvir and Sofosbuvir/Velpatasvir/Voxilaprevir (which will become available in 2017) can be used to treat all genotypes.

Besides genotype, other factors to take into account when considering which DAA regime to use include:

- The stage of disease (e.g., cirrhosis)
- Previous treatment (especially. DAA failure)
- Comorbidities (e.g., renal disease)
- Drug-drug interactions (especially in HIV coinfection)
- Availability and price

To help healthcare professionals advise patients on the best treatment options for their particular situation, EASL has developed the HCV Advisor App. Users can modify or disable drugs not available in their country to create a fully customizable recommendation based on country regulations. In addition, the app provides a prescription generator in PDF format that is print ready.

The App can be downloaded free of charge via the AppStore and Google play onto Apple and Android smartphones. More information is available here: http://www.easl.eu/research/training-the-liver-study/easl-educational-tools