

PRESS RELEASE

UEGW: New treatment options raise hope for hepatitis C patients

STAT-C drugs poised to improve the outlook for some of the most treatment-resistant patients

(Barcelona, 26 October 2010) Novel treatment approaches and new drug combinations are bringing new hope for better treatment outcomes in individuals infected with hepatitis C virus (HCV). Experts and patients alike are pinning their expectations on a new class of antiviral agents, called STAT-C drugs, which are currently in development for the treatment of chronic HCV infection. According to Prof. Marina Berenguer from Valencia University in Spain, speaking at the 18th United European Gastroenterology Week (UEGW) in Barcelona, initial studies in which STAT-C drugs have been added to the current standard of care have yielded promising results in HCV patients who have not responded to, or relapsed after, standard therapy.

Worldwide, approximately 170 million individuals have been exposed to HCV, and around 130 million are considered to be chronically infected. The virus is transmitted primarily in blood, with most transmission today occurring through injection drug use, sex with an infected partner, and occupational exposure.

The clinical course of HCV infection varies greatly. Most people with chronic HCV infection have no symptoms or, if they do, they are usually mild and non-specific and may include diarrhoea, abnormal fatigue, headaches and aching limbs. “At the other end of the spectrum are those patients with severe hepatitis C who develop symptoms, and who ultimately go on to develop cirrhosis of the liver, liver failure, and even liver cancer,” said Prof. Berenguer.

Detect and treat HCV infection to protect the liver

Researchers estimate that at least 1 in 5 patients with chronic HCV infection develop liver cirrhosis – a process that takes around 10 to 20 years. After 20 to 40 years, a small percentage of individuals develop liver cancer. “Early detection and effective elimination of the virus is critical if we are to protect the liver and prevent these potentially life-threatening complications”, explained Prof. Berenguer. “A simple blood test is all that it takes to establish whether the hepatitis C virus is present.”

The aim of HCV treatment is to eradicate the virus (this is called a "sustained virological response" or SVR) and prevent hepatitis C complications. Current antiviral therapies produce sustained eradication of infection in about 50% of cases, however, response to treatment depends on a variety of factors including genetic pre-disposition, the genotype of the HCV, the age and weight of the patient, the extent of any liver damage, and the presence of other chronic conditions such as diabetes.

“We know that patients with HCV genotypes 2 or 3 have a good chance of responding well to low-dose ribavirin over just 24 weeks of treatment, with 70 to 80% of patients achieving an SVR,” said Prof. Berenguer. “However, HCV

genotype 1 is far less amenable to treatment, with SVR rates of only 40%. For these patients, combination therapy over longer periods of time is usually required.”

Combination treatment is current standard of care

The combination of pegylated interferon alfa with ribavirin is the current standard of care for individuals with chronic HCV infection. The long-term benefits of this approach have been well established in clinical trials, with a reduction in fibrosis and improvement in survival among those achieving an SVR or eradication. Approximately 50% of patients with chronic HCV can be “cured” using this combination of treatments, although those with genotype 1 infections may require up to 72 weeks of treatment, and many will still fail to respond adequately.

STAT-C antivirals: improving outcomes in genotype 1 patients

“We are very excited by the prospect of new antiviral agents that are currently in development and undergoing clinical trials,” explained Prof. Berenguer at the UEGW press conference. “These include new and more potent types of interferon with a longer duration of action, and a new class of antivirals called STAT-C compounds.”

STAT-C (“**S**pecifically **T**argeted **A**ntiviral **T**herapy for Hepatitis **C**”) compounds directly target enzymes required for the reproduction of HCV. Protease inhibitors and polymerase inhibitors are in the most advanced stages of clinical testing, with initial studies yielding promising results in patients with HCV genotype 1. “The addition of protease inhibitors to pegylated interferon alfa and ribavirin appears to markedly increase the chances of achieving an SVR in these patients,” Prof. Berenguer said. “We have seen SVR rates of up to 75% in genotype 1 patients with this new combination of drugs, which is unprecedented and very exciting.”

Prof. Berenguer is hopeful that these new treatment options will soon be available for those HCV patients who are currently failing to respond to treatment or have relapsed after showing an initial response. “This triple combination approach appears to improve the chances of achieving a cure, at least in genotype 1 patients,” she said. “We hope that STAT-C treatments will eventually be included in the recommendations and guidelines of national and international professional associations.”

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