



Title	Chronic Hepatitis C. Combination Therapy IFN and Ribavirin
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Aim

An estimated 2000 people in Denmark suffer from chronic hepatitis C infection. This study aims to assess combination treatment of chronic hepatitis C using alpha-interferon (IFN) and ribavirin, which was licensed in 1999.

Conclusions and results

Combination treatment with IFN and ribavirin can permanently eliminate the hepatitis C virus (HCV) from the blood and thereby cure and prevent liver disease in about 40% of all treated patients. Combination treatment has numerous side effects, some of which can be serious or permanent, ie, interference with thyroid function. Patients generally perceive that the treatment itself is good, and it is good to be offered the treatment. Patients will recommend this treatment to others, despite its side effects.

Combination treatment for all patients who could potentially benefit from it can be offered within the existing framework of health services. A decision to offer treatment is not considered to require organizational changes within the departments/clinics, among departments, or at the hospital level.

IFN and ribavirin prices are high. Economic analysis using conservative estimates of costs related to the health care of patients with advanced liver disease, shows that combination treatment with IFN and ribavirin will be beneficial (from a health economic perspective) only in the very long term.

Recommendations

Based on all of the stated considerations, the working group will recommend that combination treatment with IFN and ribavirin should be offered to patients with chronic hepatitis C where HCV can be detected for more than 6 months, the liver enzyme ALT has increased (exceeding the upper normal value) at least twice in 6 months, and where a liver biopsy shows inflammation and/or formation of connective tissue or cirrhosis.

Excluded are persons with present drug or alcohol abuse, and cirrhosis with liver failure.

Methods

The effect of treatment with IFN plus ribavirin was compared to treatment with IFN alone. This was carried out as a systematic literature review within the framework of the international Cochrane Collaboration. Patient-related aspects were analyzed by literature studies and interviews. The economic analysis employed a Markov model.