LETTER TO THE EDITOR

Cost-Efffective Treatment of Genotype-3 Chronic Hepatitis C

Sir,

This is with reference to the article “Conventional Interferon Regimen should not be the standard of care for management of Pakistan genotype-3 in chronic hepatitis C” by Muhammad Salim Qureshi, et al.1 The authors have stated that pegylated (peg)-interferon therapy is cost-effective as compared to conventional interferon therapy. Clinical studies including this one show that the conventional interferon therapy is quite effective and efficacious for the treatment of genotype-3 chronic hepatitis C patients and the side effects are nearly the same with both treatments. The number of patients treated in the present study is too small to make valid statistical conclusion, required in evidence based clinical trials. The cost of 6 months duration treatment with conventional interferon is Rs. 15,000 while that of peg interferon is over Rs. 100,000 approximately. In addition, there are expenses of laboratories tests and management of complication etc. About 40% population of Pakistan lives below poverty line meaning lower strata. Even the Armed Forces cannot afford peg-interferon therapy for their patients suffering from Geno-3 Chronic Hepatitis C as the cost adds up to hundreds of millions of Rupees. The conventional interferon therapy provides satisfactory results and is far more cost effective as the outcomes of treatment and prices of interferons shows in a significant number of patients. Likewise, civil healthcare facilities barring few exceptions can afford only the conventional interferon therapy which provides satisfactory outcomes. Affordability is important consideration even for the well-developed wealthy nations, it is much more important for the poor countries surviving on aids and loans.

In view of the satisfactory results achieved, the conventional interferon therapy and the cost of its treatment in Pakistan is nearly 1/7 of peg-interferon therapy. It is obvious that the conventional interferon therapy is affordable and cost effective therapy thereby rational to use in Pakistan.

The new drug “sovaldi” generally “sofosbuvir” costs $ 84000 for a course of 3 months treatment in the USA with much higher rate of cure and lower side-effects. It has been considered by a panel of experts in San Francisco to be providing low value for treating most patients in large part because of its high price.

REFERENCES

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Author’s Reply:

Reference to the above, we would like to differ very emphatically with the objections.

Conventional interferon therapy was no doubt the standard of care for chronic HCV related liver disease but that was in 1990’s and early 2000. The authorities have noted previously as well that the previous optimistic SVR rates of 80 - 85% in western studies was due to wrongly combining the response rates of Genotypes-2 and 3. In case of local studies, it was always due to calculating SVR rates on patients who achieved EOT CR and not on the cohort which started treatment.

Regarding expenses of pegylated interferon viz-a-viz standard interferon and the fact that Pakistan is a poor country on loans, the standard interferon costs around Rs. 30,000 which is 1/3rd and not 1/7th of the current pegylated interferon cost. In addition, regarding the comment on cost effectiveness it is clear that the relapse rates with standard interferon is higher. Even with very optimistic projections, the response rate is not greater than 70%.

Gastroenterology units now have a significant portion of non-responders and relapers to standard interferon, many of whom decompensate and develop portal hypertension and hepatocellular carcinoma. When cost effectiveness is calculated this enormous burden offsets any saving until proven different.

Recent data support the observation that Genotype-3 is a difficult-to-treat genotype. Many local studies have reported 67% end of treatment response and SVR rates of around 50.5% with standard interferon,1 supporting the view that standard interferon is showing a declining response rate. Recently Zuberi et al. has shown very low SVR rates of upto 30% and EOT 70%.2 Case series have shown superiority of pegylated interferon on treating non-responders to standard interferon based combination therapy in our population.3 SVR not only improves morbidity and mortality but also causes reduction of liver fibrosis and hence reduced cases of liver cancer.4 The compromised outcomes in patients receiving standard interferon gives rise to an ever growing pool of non-responders and relapers.
Cost effectiveness of a treatment is determined by taking into account multiple factors like life time health care cost, quality adjusted life expectancy and likelihood of disease progression as recommended by Markov Model. Sullivan concluded that peg IFN plus ribavirin is cost effective as compared with standard IFN when above mentioned factors are taken into account. This observation has been supported by others like Siebert proving that peg IFN along with ribavirin improves histology, decreases progress of liver disease, reduces risk of liver cancer and improves survival rate. The high viral eradication rate as seen with peg interferon and ribavirin will translate into benefits beyond most medical intervention by extending average life span 4 - 5 years along with reduction in other liver-related complications.

REFERENCES

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