

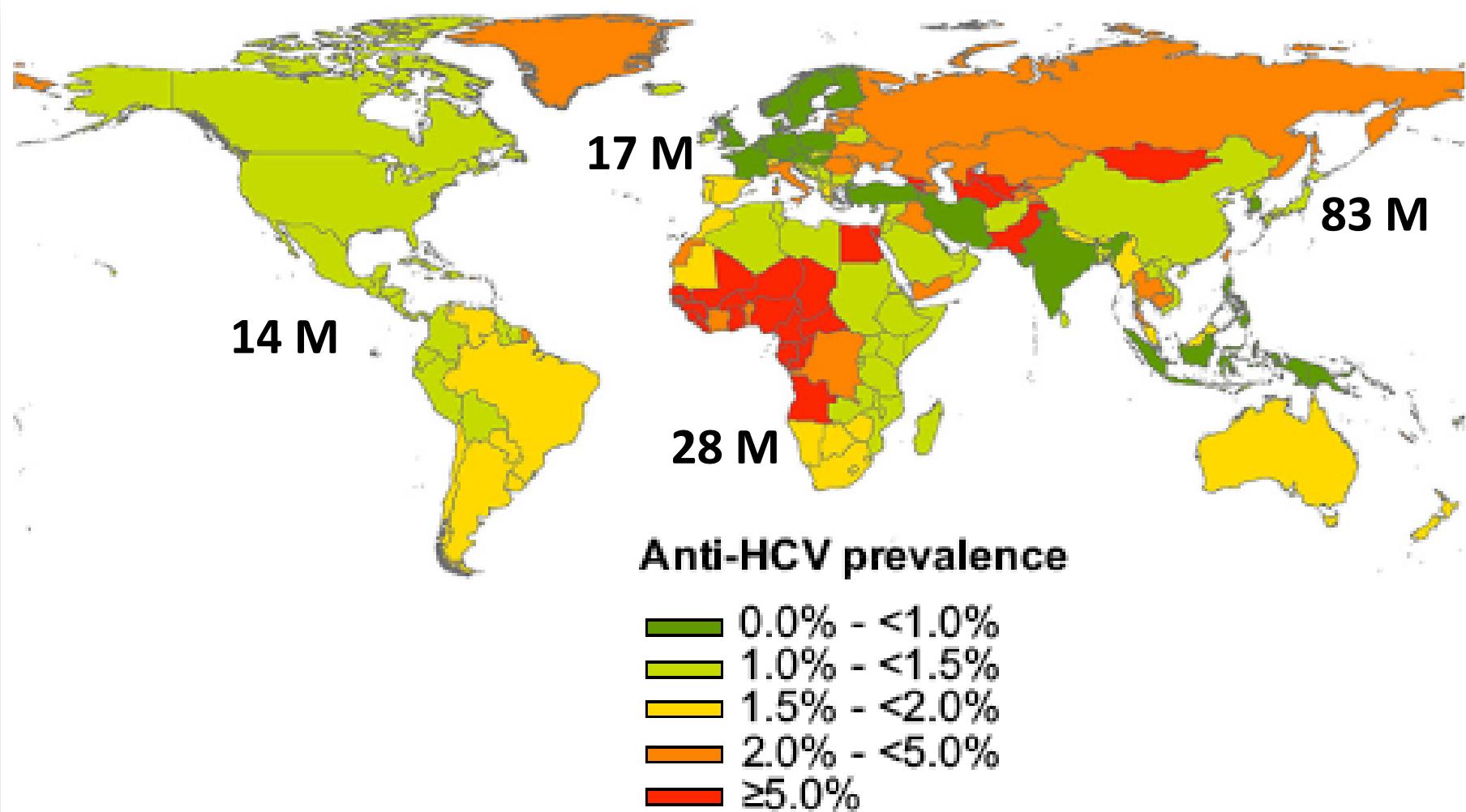


Il governo della spesa farmaceutica per la
sostenibilità del SSN:
focus sui nuovi farmaci per Epatite C
Bologna, 18 settembre 2015

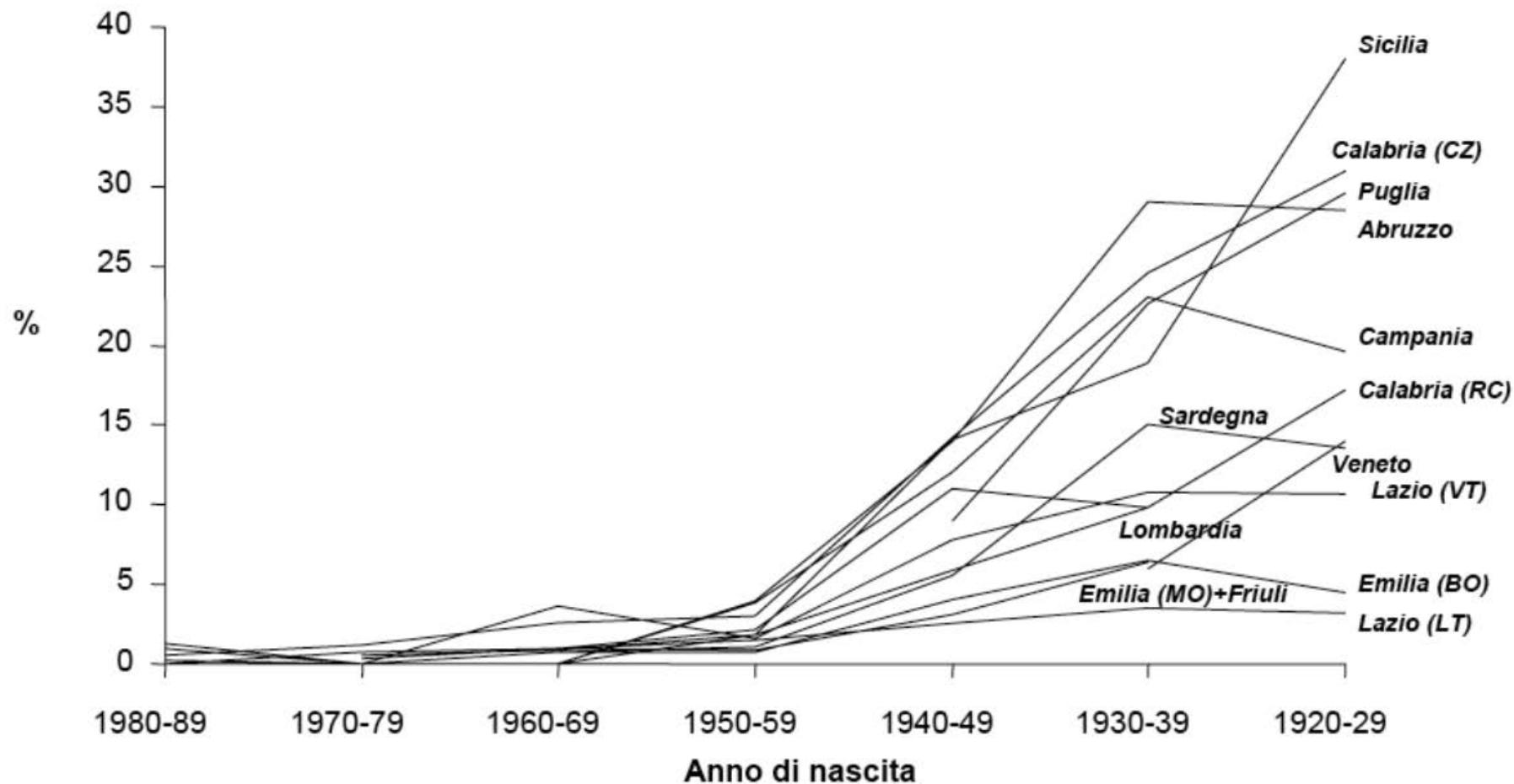
Il Clinico: inquadramento ed
epidemiologia della malattia

Maria Cristina Morelli

HCV is among the most frequent active chronic infection worldwide



Epidemiology of hepatitis C virus infection in Italy:



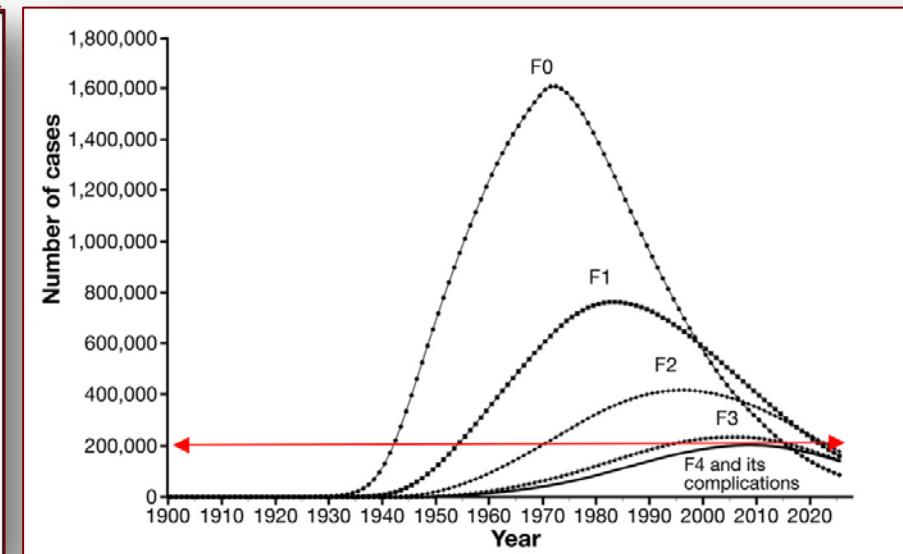
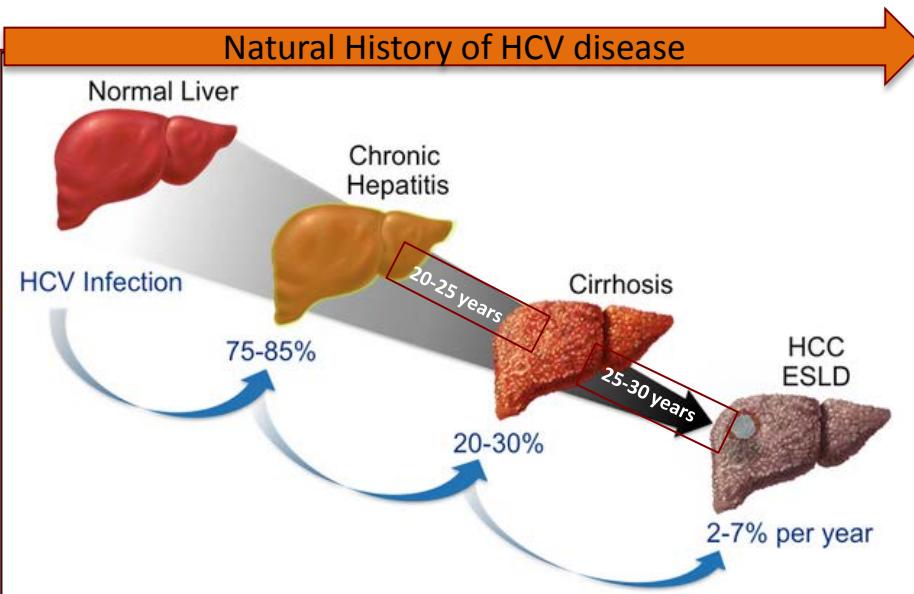
Libro Bianco AISF 2011. Proposta per un piano nazionale
per il controllo delle malattie epatiche

Time of introduction of the different HCV genotypes in Italy

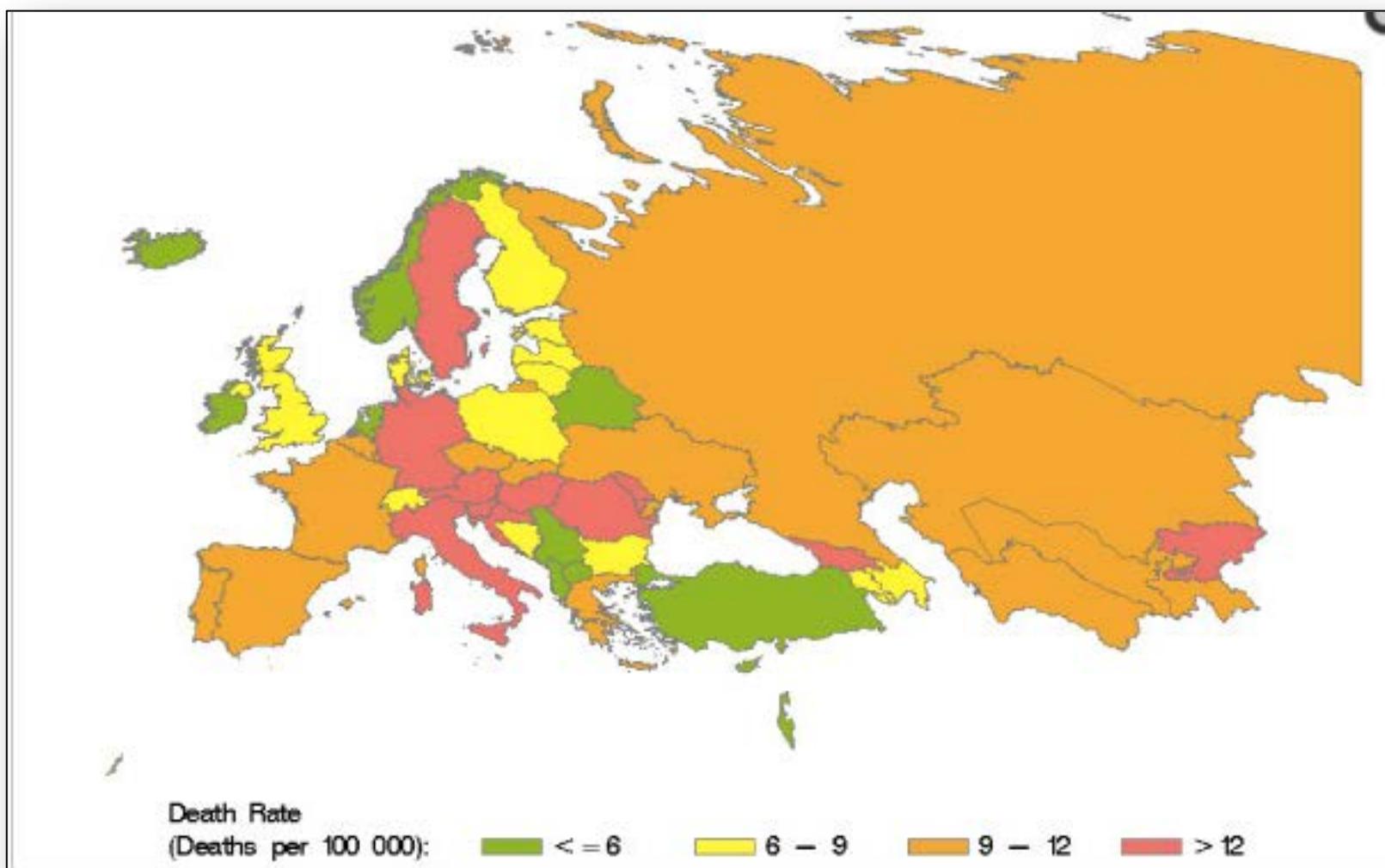
Genotype	years
1b-2a/c	'40- '60
1a-3a	' 70- ' 90 (iv drugs)
4	'90 (immigration, iv drugs)

Silini, J Hepatol, 1995

Complications are just beginning

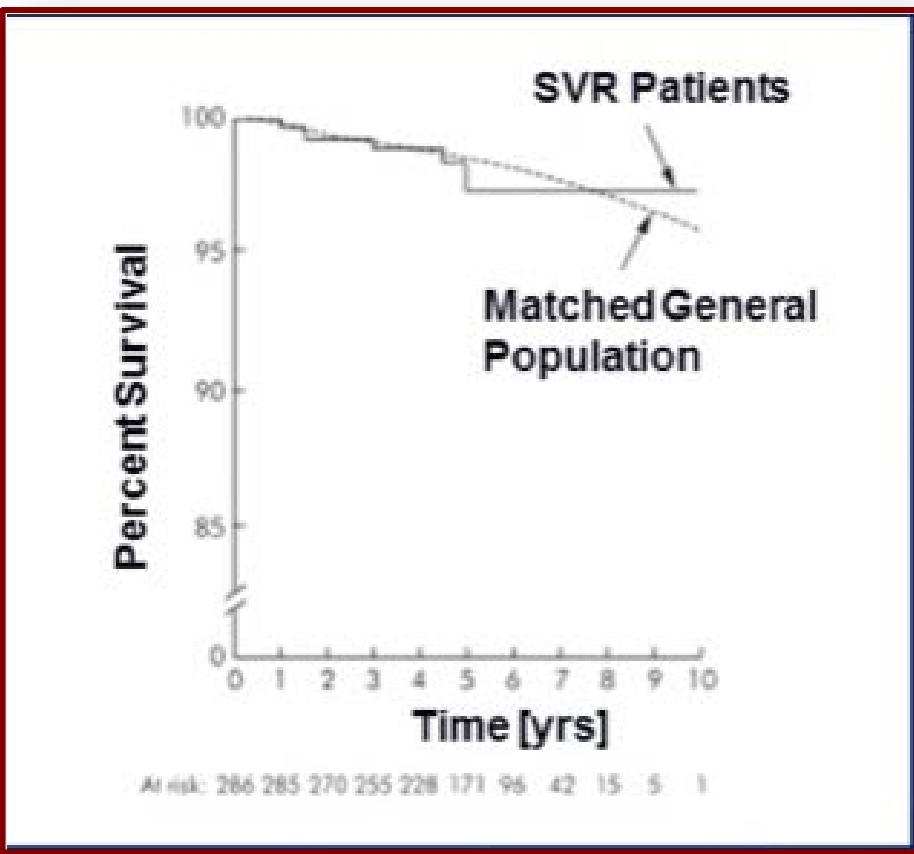


Italy has the highest death rate from hepatocellular carcinoma (HCC) and cirrhosis for HCV in Europe .



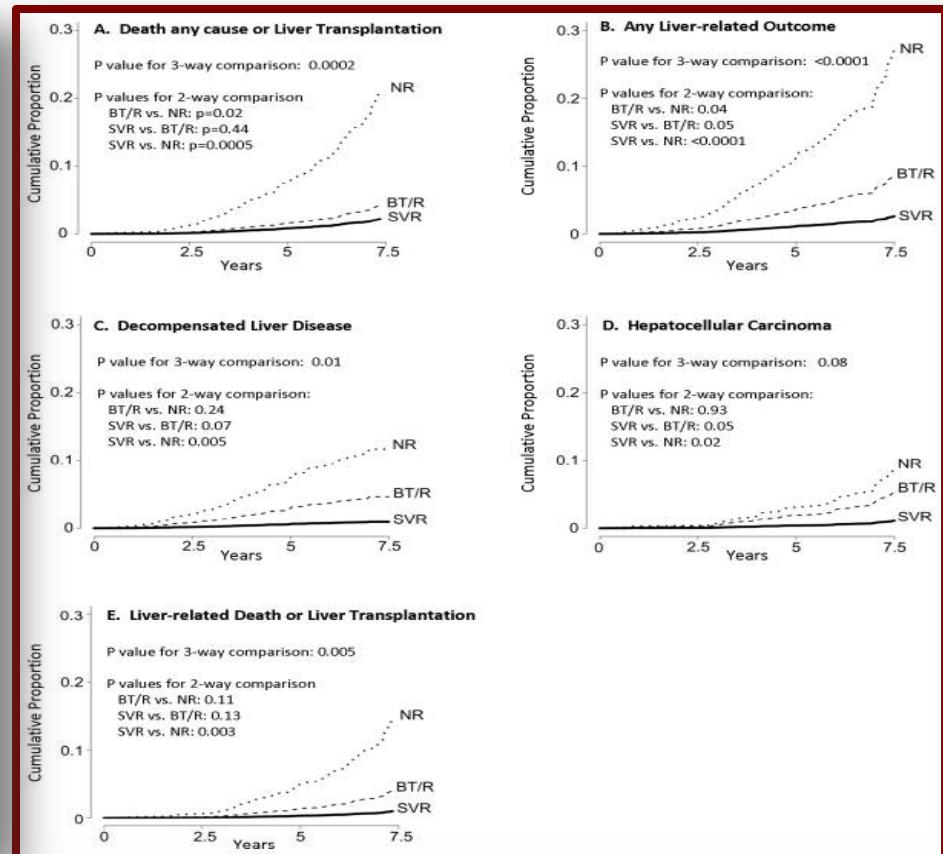
Is SVR a cure ?

Chronich Hepatitis



Veldt GUT 2002

Cirrhosis (HALT C study)

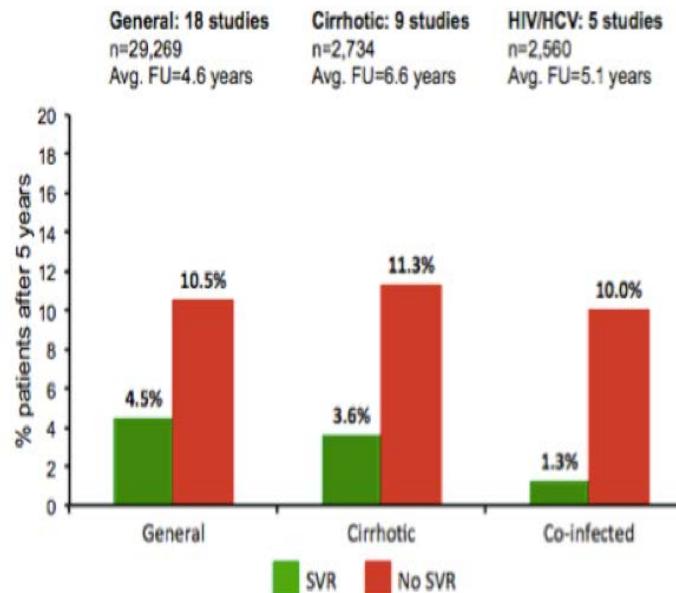


Morgan TR Hepatology 2010

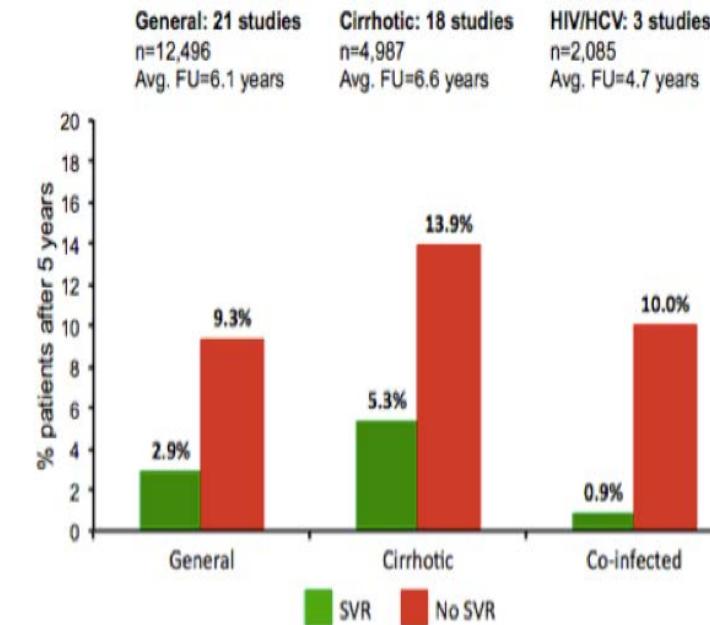
Is SVR a cure?

Meta-analysis of 29 studies in 34,653 patients with HCV infection

5-year risk of death (all-cause) by SVR



5-year risk of hepatocellular carcinoma by SVR



Is SVR a cure?

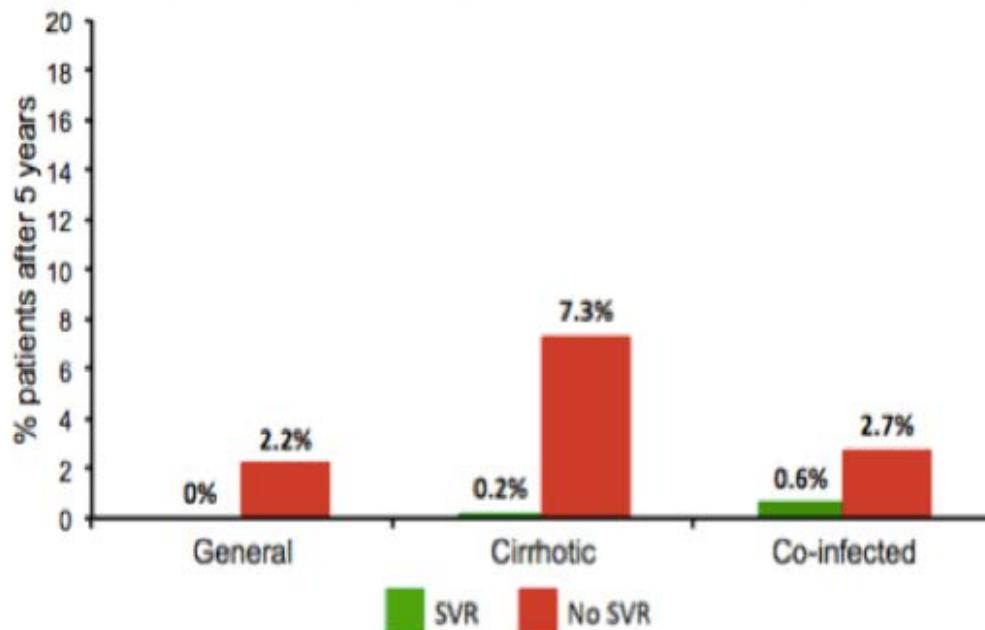
Meta-analysis of 29 studies in 34,653 patients with HCV infection

5-year risk of liver transplant by SVR

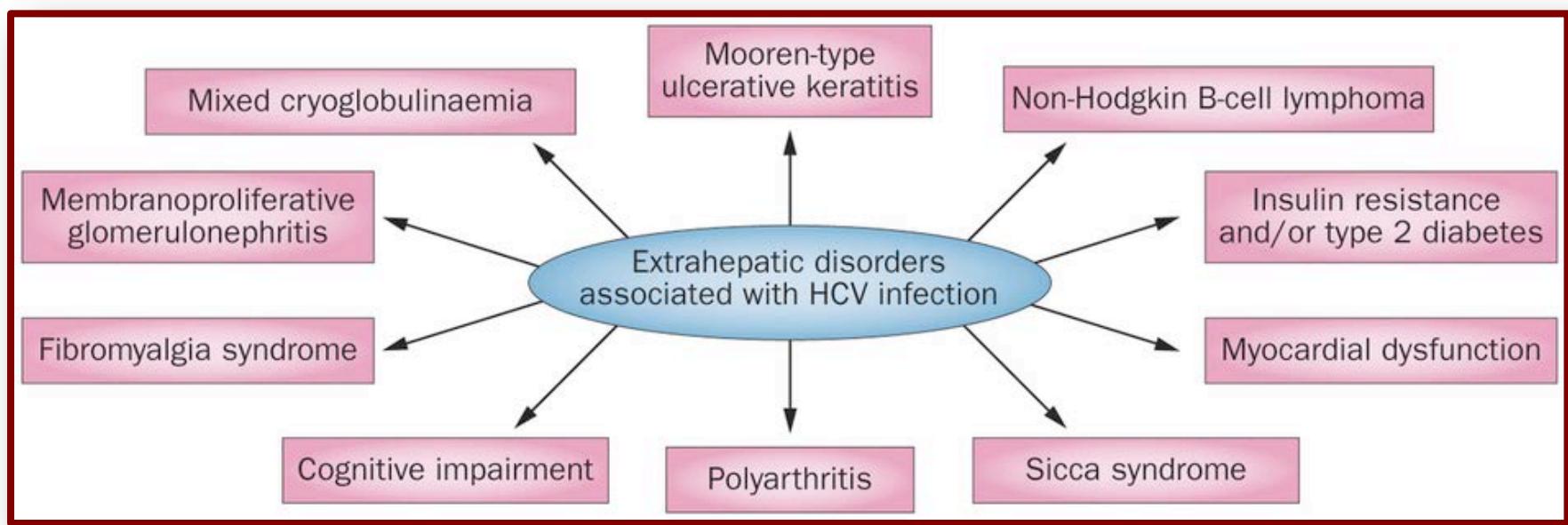
General: 1 study
n=108
Avg. FU=4.2 years

Cirrhotic: 2 studies
n=1,046
Avg. FU=7.7 years

HIV/HCV: 2 studies
n=2,039
Avg. FU=4.9 years



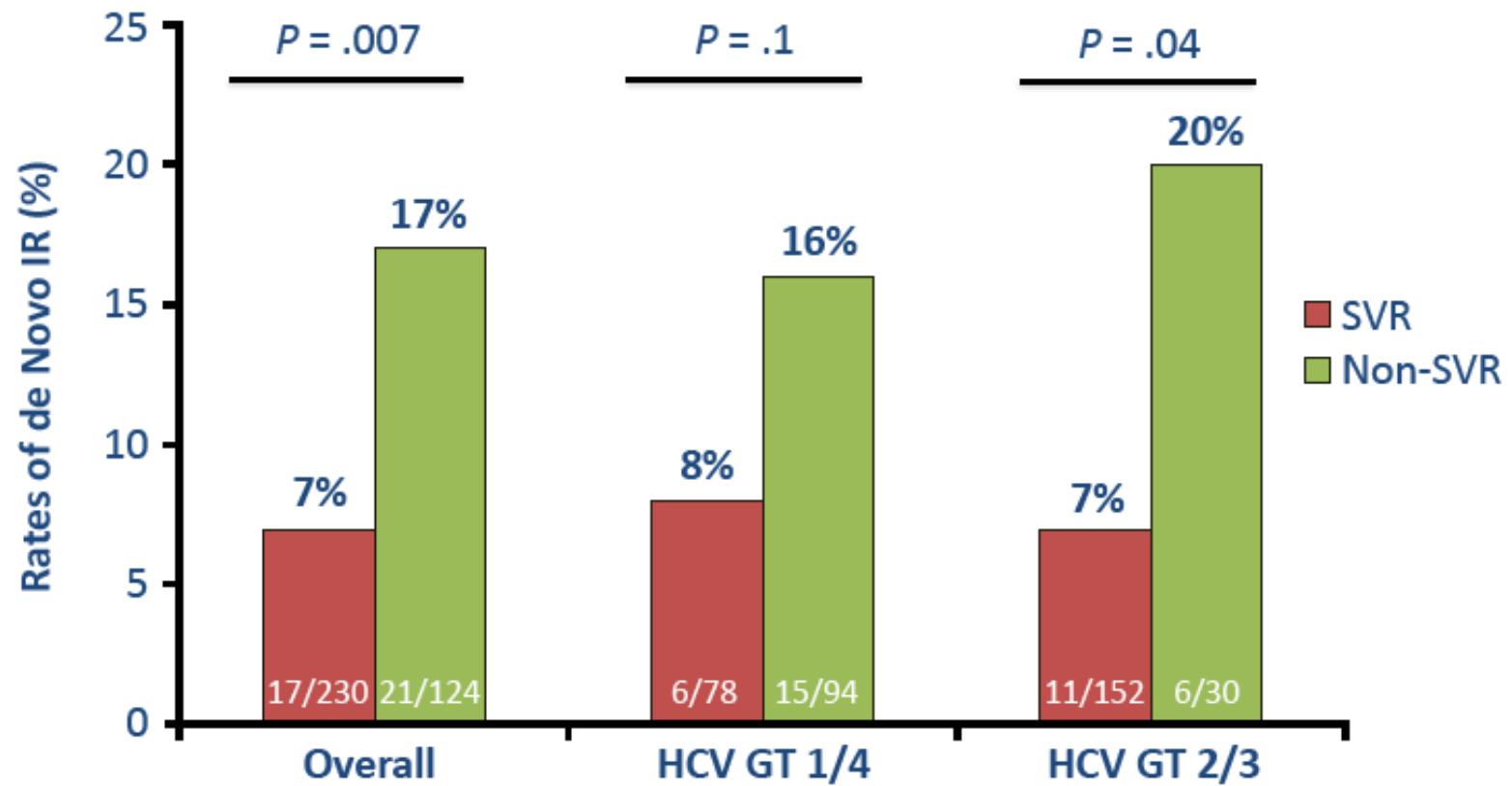
HCV syndrome



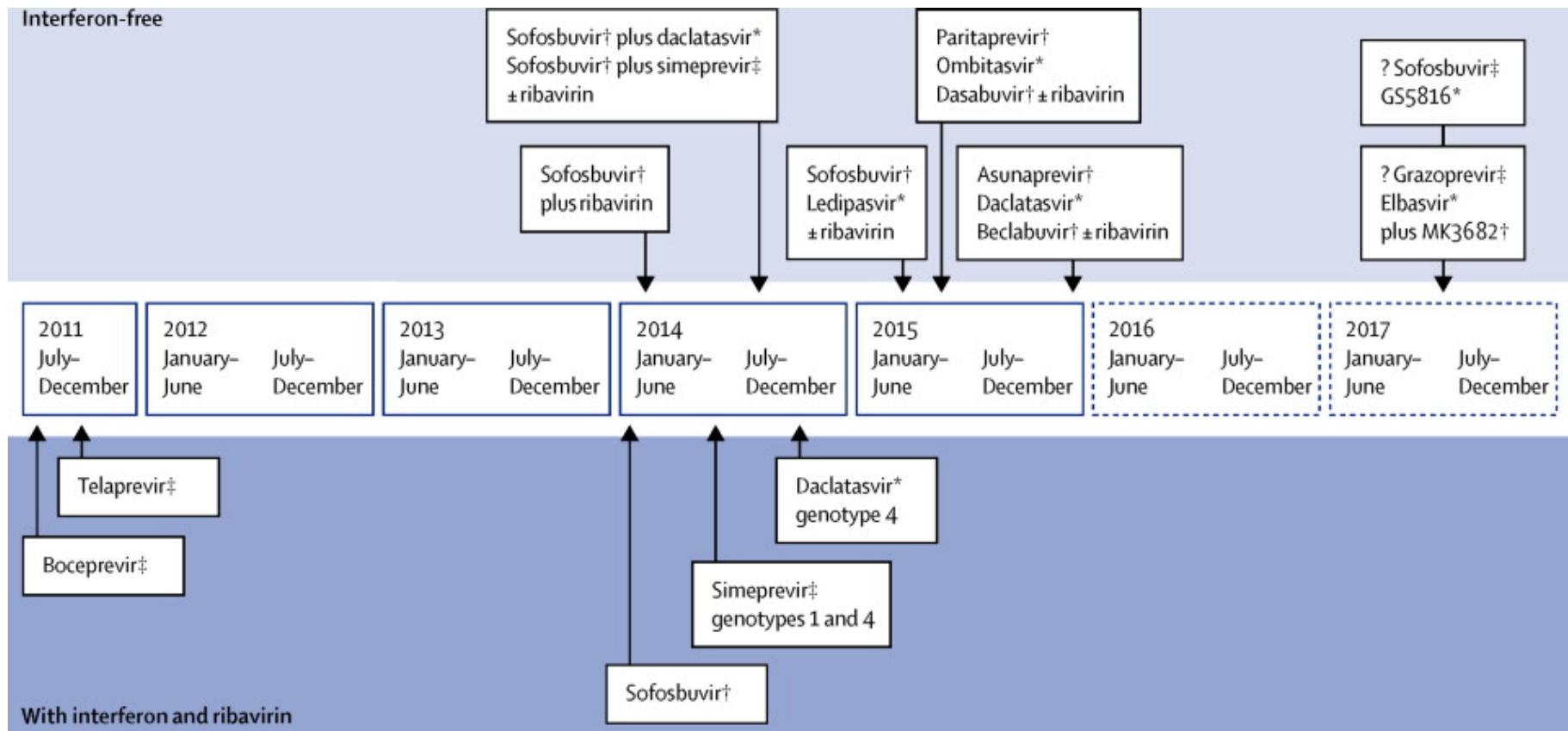
HCV and insulin resistance, type II diabetes and hypertension

Predictor	Type II diabetes	Insulin resistance	Hypertension
CH-C	2.31 (1.18–4.54)	2.06 (1.19–3.57)	2.06 (1.30–3.24)
Caucasian race	0.46 (0.39–0.53)	0.62 (0.54–0.72)	Not significant
African American race	Not significant	Not significant	2.33 (2.04–2.65)
Age, per year	1.06 (1.05–1.06)	1.01 (1.01–1.02)	1.09 (1.09–1.09)
Obesity	3.52 (3.00–4.12)	6.64 (5.80–7.60)	2.62 (2.36–2.92)
Hypercholesterolaemia	1.20 (1.01–1.44)	1.88 (1.64–2.15)	1.32 (1.16–1.51)
Excessive alcohol	0.60 (0.42–0.85)	0.62 (0.48–0.79)	1.41 (1.18–1.68)

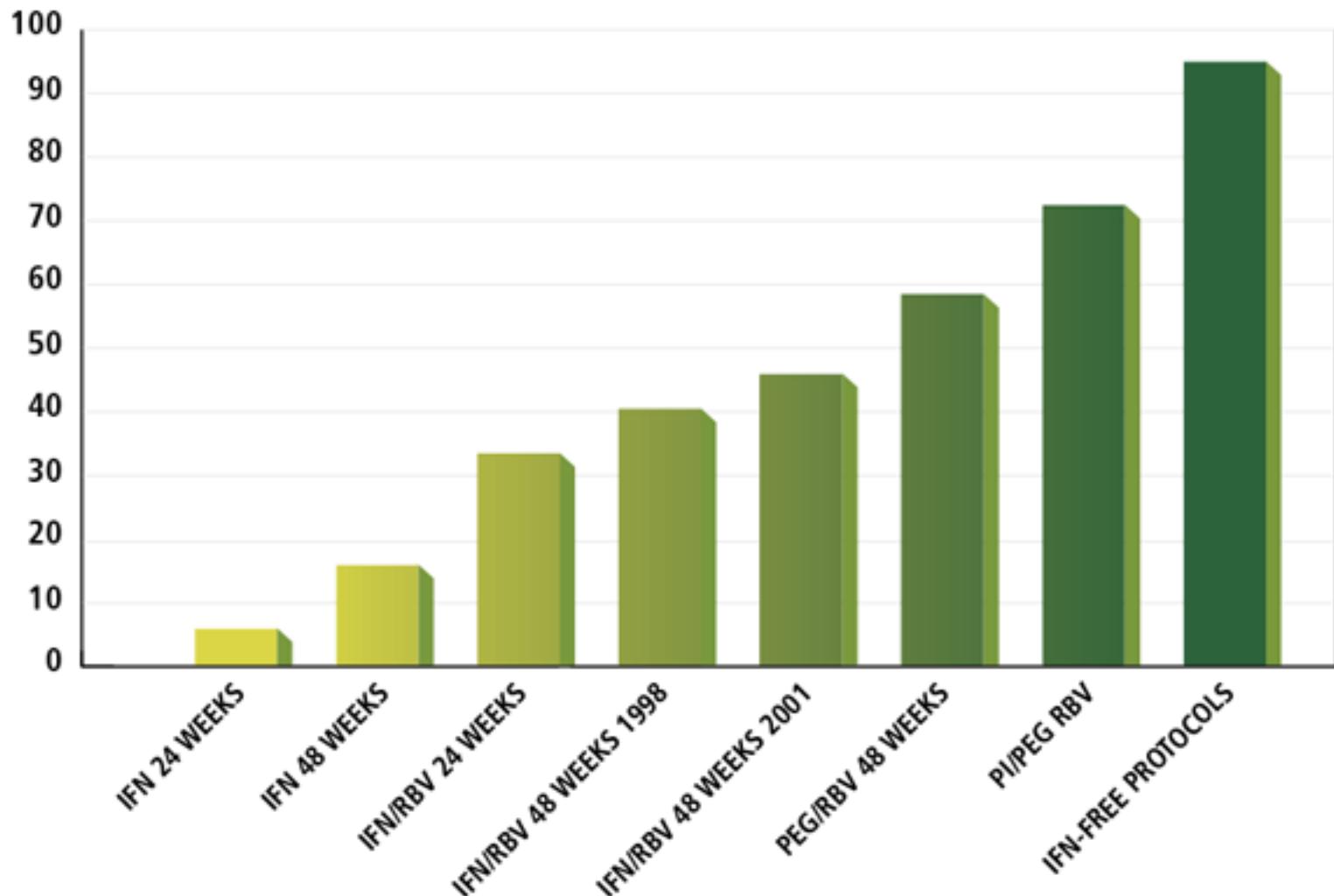
SVR Prevents Development of Insulin Resistance



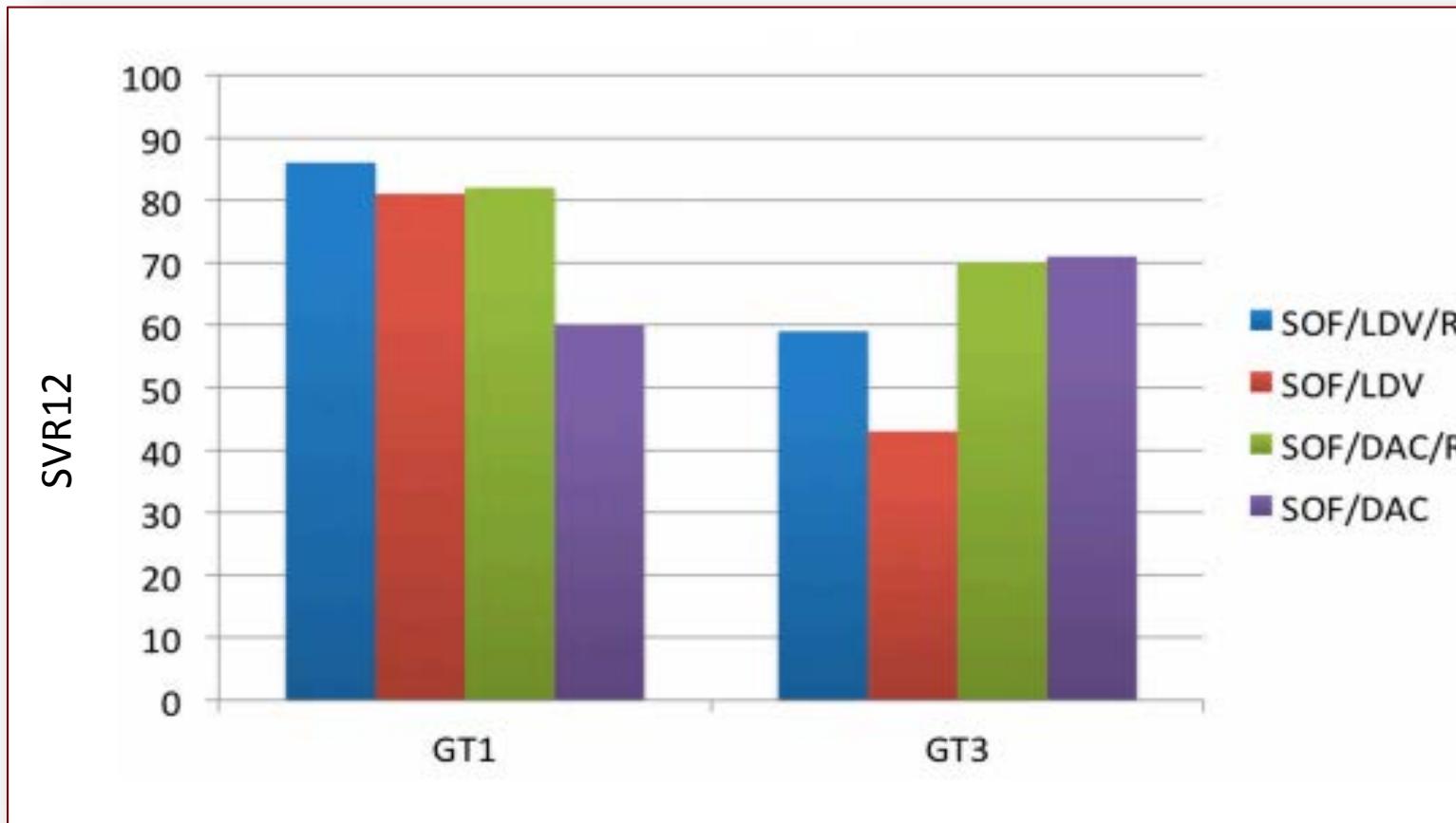
HCV Therapeutics timeline



EVOLUTION OF HCV THERAPY



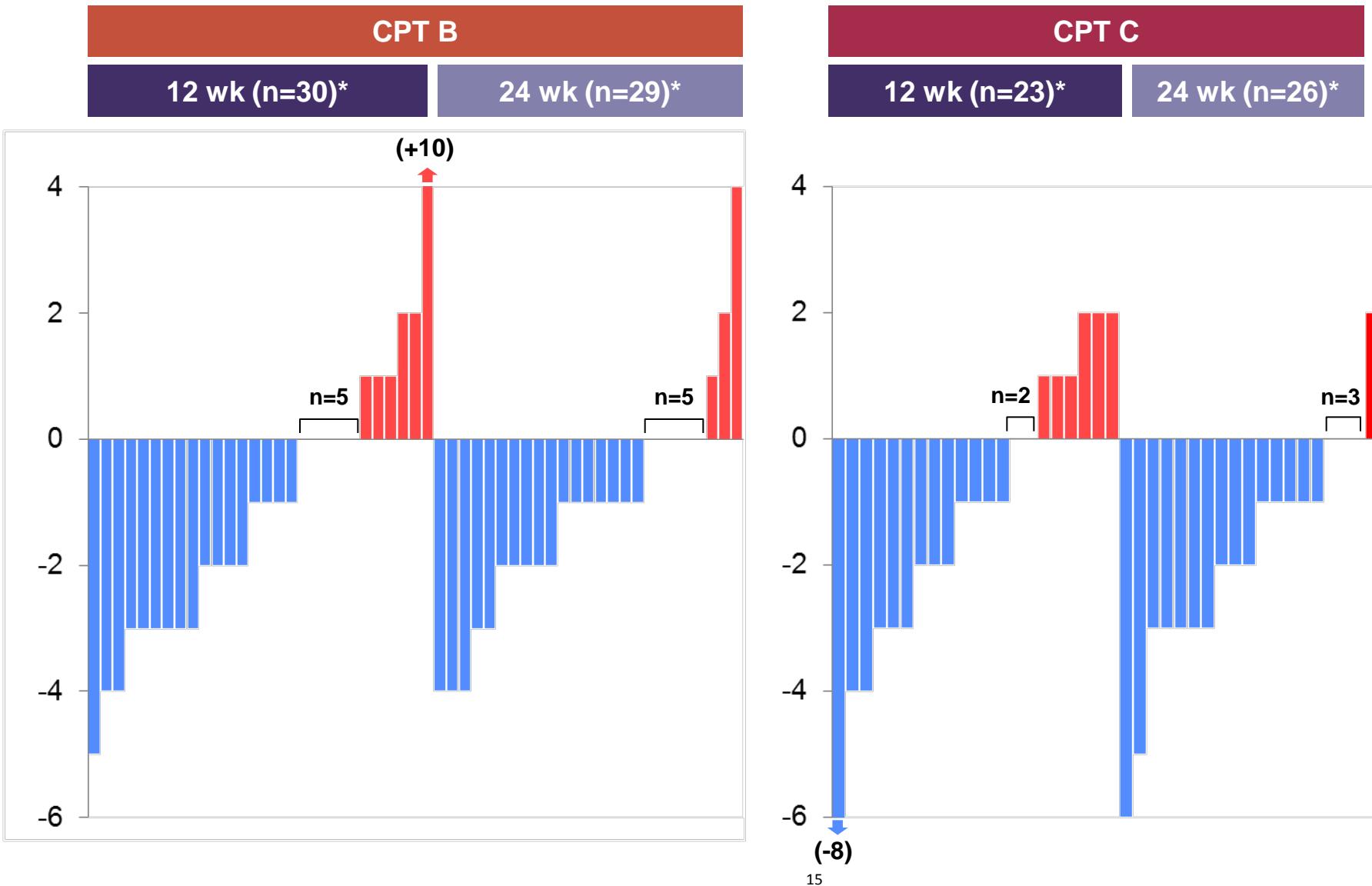
DAAs in decompensated cirrhosis



Foster GR EASL 2015

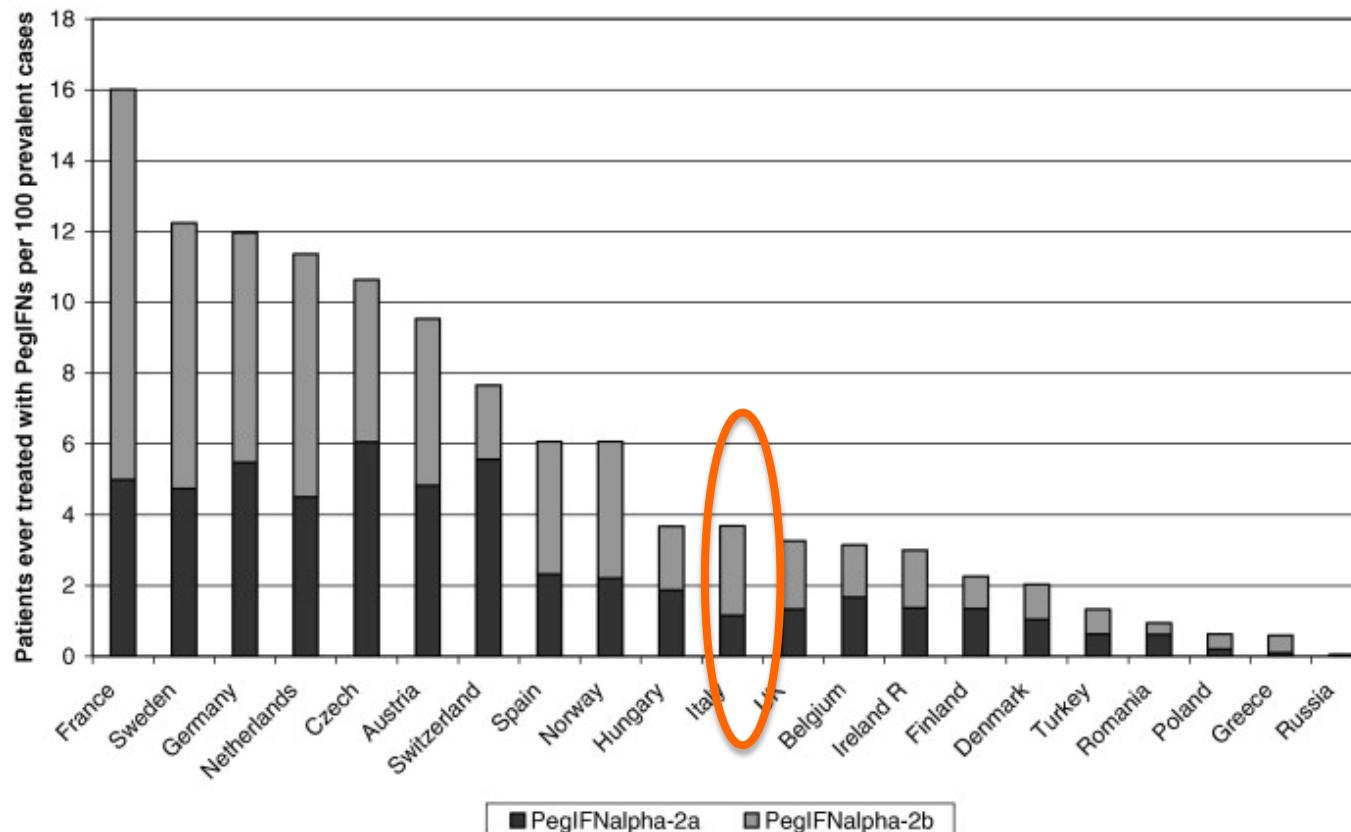
LDV/SOF in decompensated cirrhosis

Change From Baseline to Follow-Up Week 4 MELD score





Market uptake of new antiviral drugs for the treatment of hepatitis C

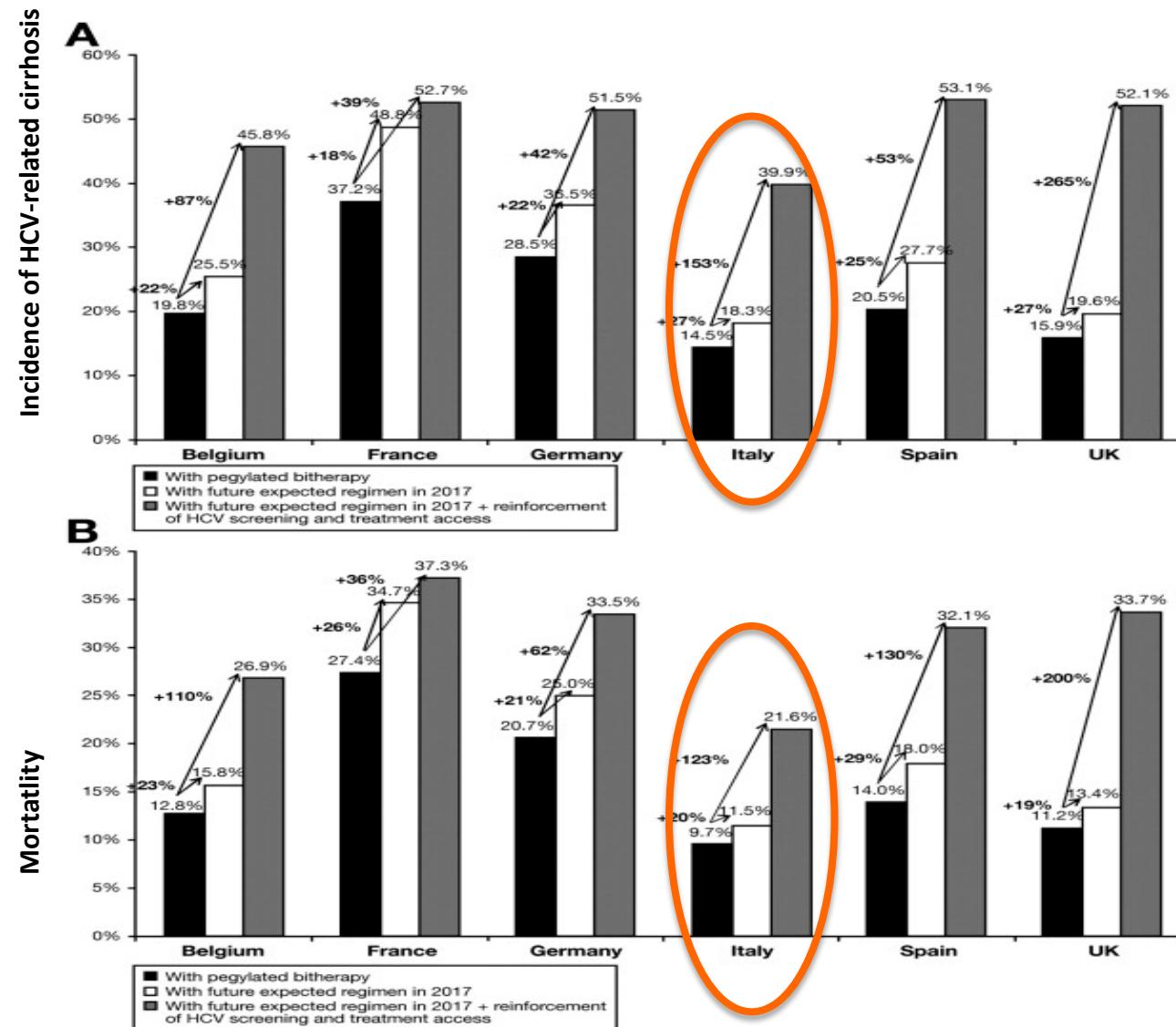


Beate Lettmeier, Nikolai Mühlberger, Ruth Schwarzer, Gaby Sroczynski, Davene Wright, Stefan Zeuzem, Uwe Siebert

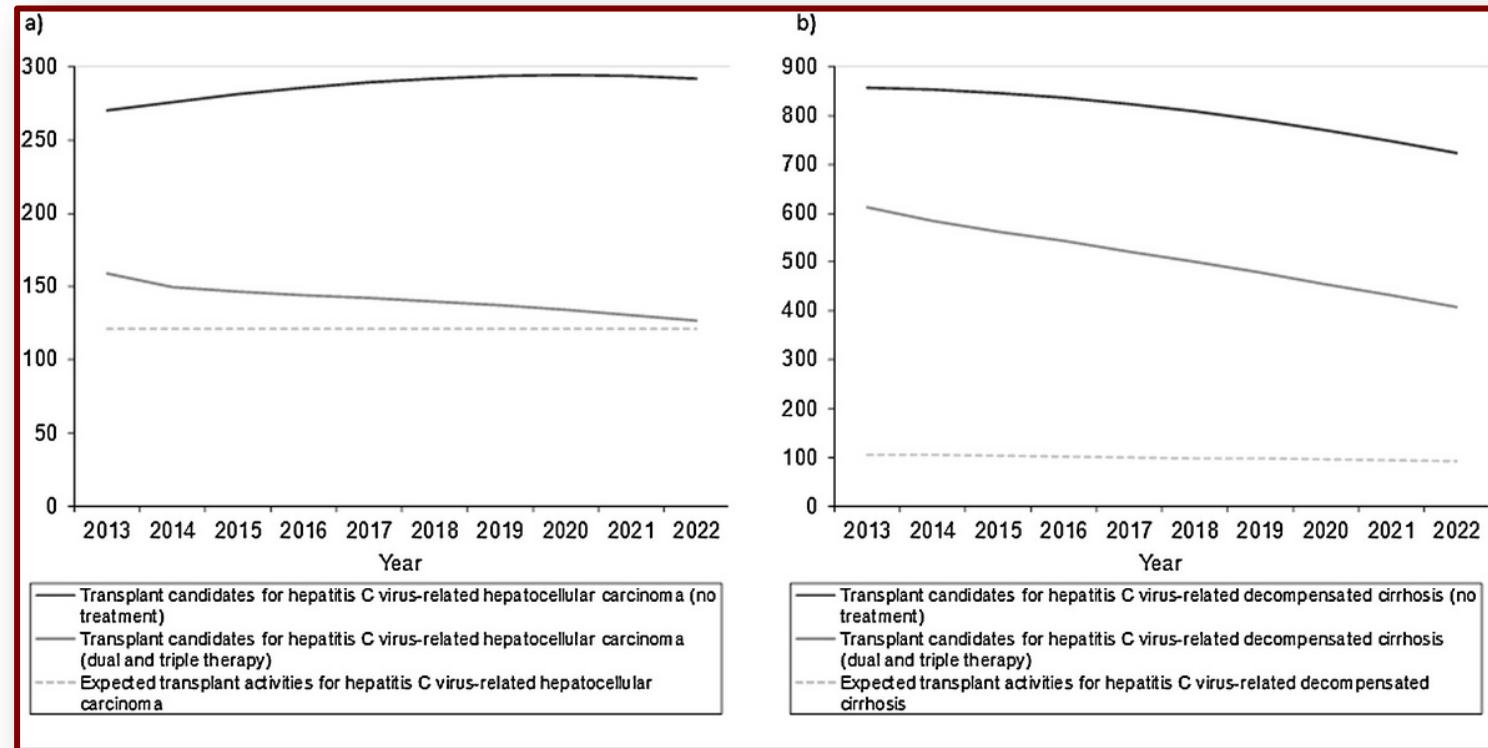
Journal of Hepatology, Volume 49, Issue 4, 2008, 528–536



Treatment impact in different countries



Benefit from therapeutic access to DAAs waiting list patients

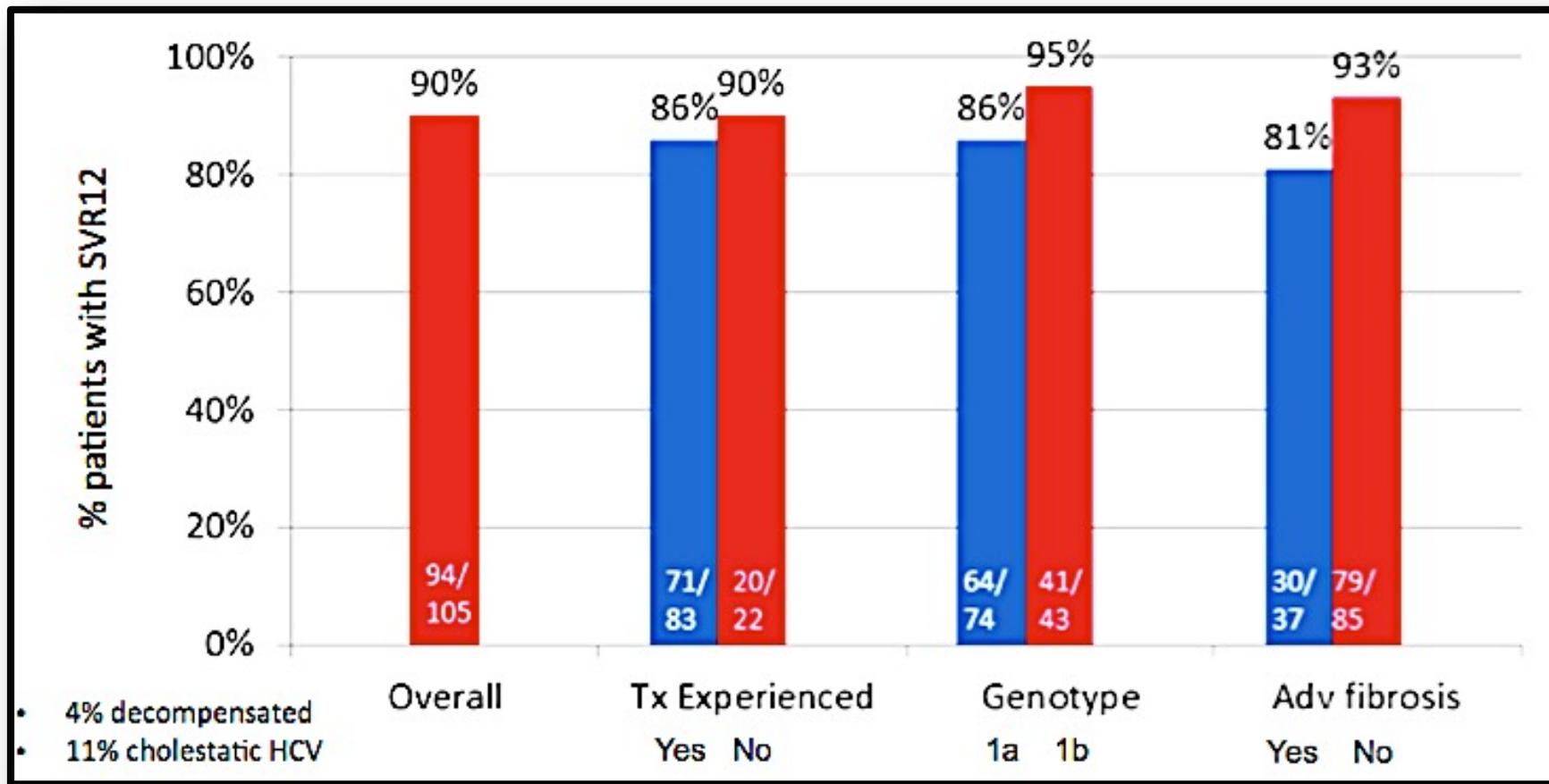


Expected numbers of future liver graft needs for liver transplantation

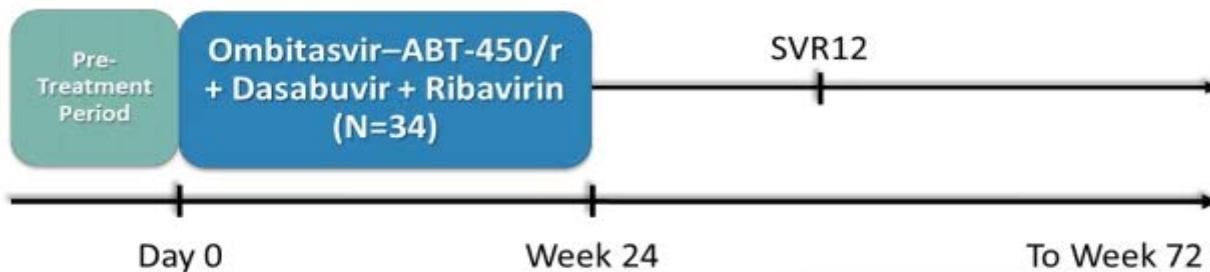
Deuffic–Burban S Dig Liv Dis 2014

Sim+Sof ± RBV in Genotype 1 After Liver Transplant

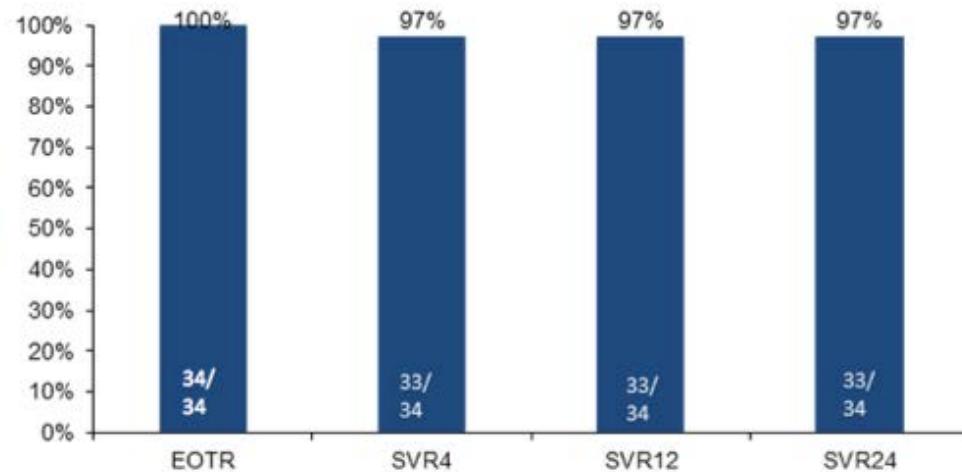
Real Word experience



CORAL 1: 3D+RBV in F0-F2 OLT recipients

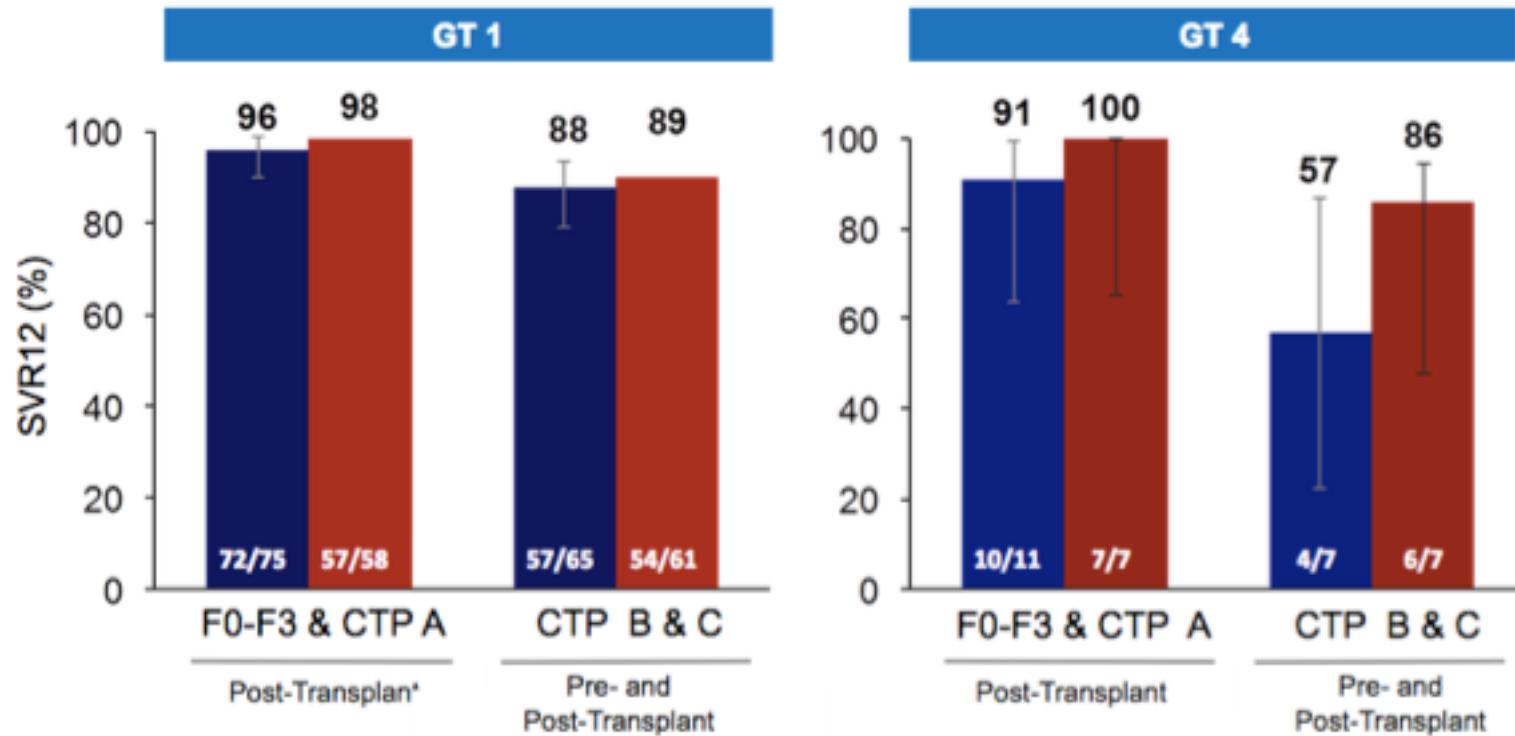


	Cmax	AUC	Suggested dosing
Cyclosporine	↑ 1	↑ 482	1/5 of daily dose
Tacrolimus	↑ 299	↑ 5613	0.5 mg every 7 days, or 0.2 mg every 3 days where available



Kwo P N Engl J Med 2014

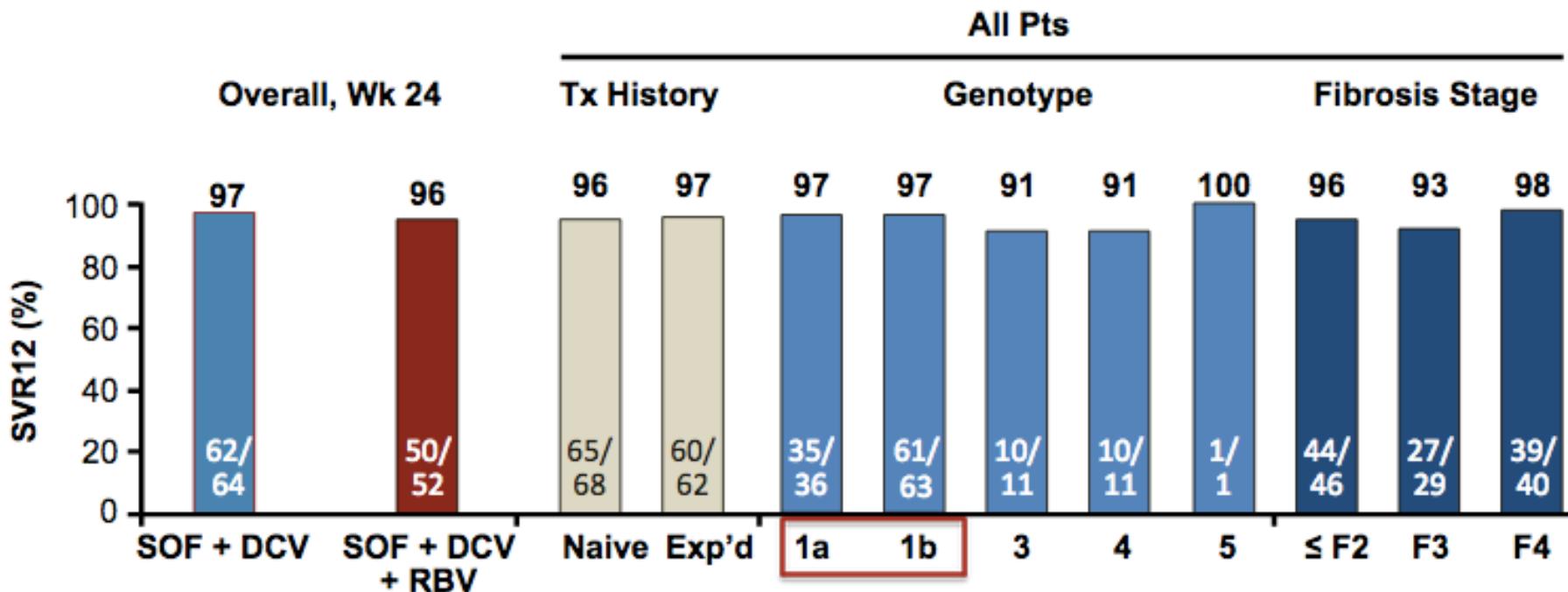
Solar 1 & 2 LDV/SOF in Gen 1-4 OLT recipients



Manns M EASL 2015

Daclatasvir+ Sofosbuvir in severe recurrence of HCV in liver transplantation

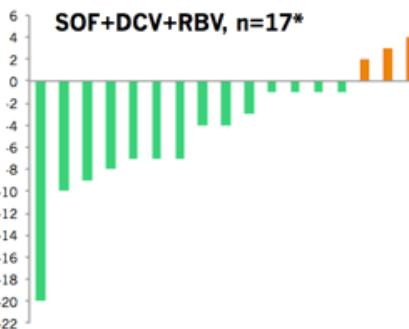
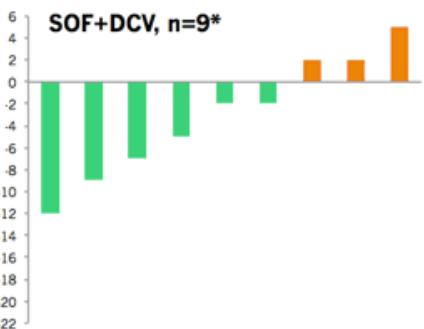
The CUPILT study



Coilly A EASL 2015



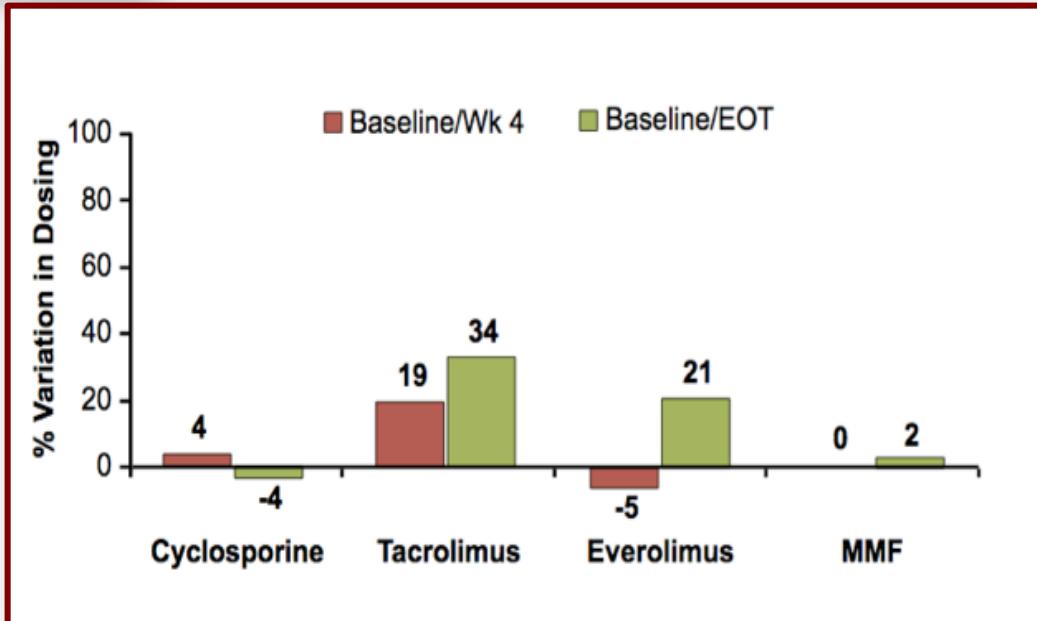
Variations of MELD score between baseline and EOT in 28 patients with a MELD score >15



Baseline MELD	Overall	SOF+DCV	SOF+DCV+RBV
[15-20[18 (17.0)	5 (8.2)	13 (28.9)
[20-25[9 (8.5)	5 (8.2)	4 (8.9)
[25-30[1 (0.9)	0 (0.0)	1 (2.2)

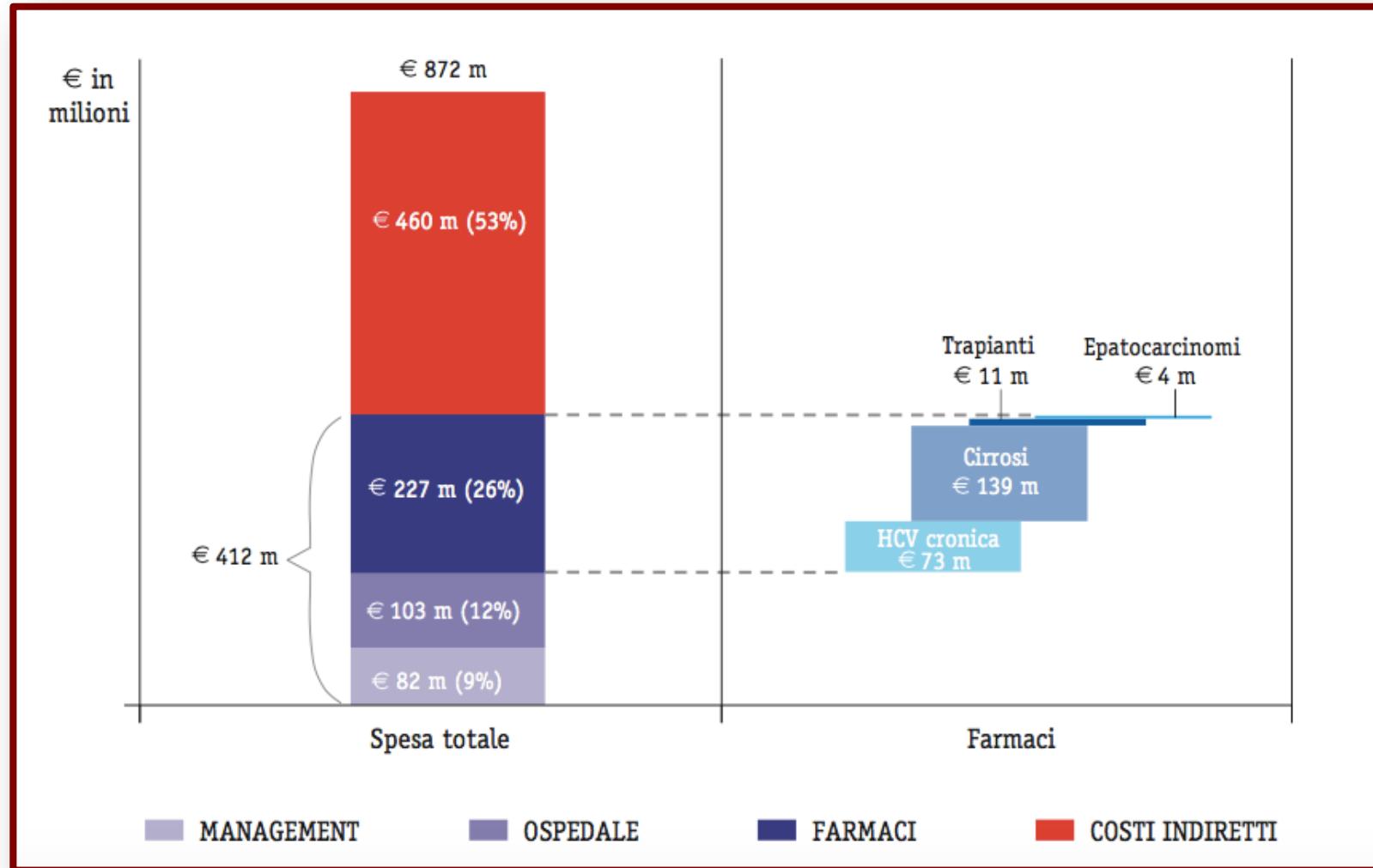
*Two missing data at EOT

Immunosuppressive dosing changes related to hepatic function improvement





Spesa annuale complessiva media per le patologie HCV correlate in Italia.



Summary

DAAs effective and extended antiviral therapy

- Stop progression
- Can reverse decompensation
- Reduce (but not eliminate) risk of HCC
- Can Reduce mortality in transplant waiting list
- Improve survival
- Cure extra-hepatic manifestations
- Ethically indisputable