The overall 10 year survival rate is 82%. Even with decompensation, the survival rate at 5 years is 51%.


In a European cohort, 5 and 10 year overall survival rates were 91% and 79%.

**Medical Options**
- Maintenance Pegylated Interferon therapy.
- Consensus Interferon therapy.
- Wait / Consider enrollment in Clinical Trials.

**Maintenance Pegylated Interferon**
- Present data is scant.

- Data examining non-pegylated interferon monotherapy is unimpressive, showing no favorable change in the natural history of the disease, if any benefit at all.


- There may be histologic benefits with pegylated interferon monotherapy.


**3 Clinical trials are ongoing to help address this question:**
- HALT-C
- EPIC
- COPILOT

**Maintenance Therapy Trials**

<table>
<thead>
<tr>
<th></th>
<th>HALT-C</th>
<th>COPILOT</th>
<th>EPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibrosis stage</td>
<td>Ishak 4–6</td>
<td>Ishak 3–6</td>
<td>METAVIR 2–4</td>
</tr>
<tr>
<td>No. patients</td>
<td>1000</td>
<td>600</td>
<td>2200 (3 studies)</td>
</tr>
<tr>
<td>End point</td>
<td>Fibrosis/clinical</td>
<td>Fibrosis/clinical</td>
<td>Fibrosis/clinical</td>
</tr>
<tr>
<td>Initial Tx</td>
<td>PEG-IFN α-2a + RBV 800 mg</td>
<td>None</td>
<td>PEG-IFN α-2b + RBV WBD*</td>
</tr>
<tr>
<td>Maintenance Tx</td>
<td>PEG-IFN α-2a 90 μg</td>
<td>PEG-IFN α-2b 0.5 μg/kg</td>
<td>PEG-IFN α-2b 0.5 μg/kg</td>
</tr>
<tr>
<td>Control Tx</td>
<td>Placebo</td>
<td>Colchicine</td>
<td>Observation</td>
</tr>
<tr>
<td>Duration (years)</td>
<td>3.5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Recruitment status</td>
<td>Complete</td>
<td>Midpoint analysis</td>
<td>Enrolling</td>
</tr>
</tbody>
</table>

*WBD – weight based dosing
Consensus Interferon

- A recent Italian pilot study has suggested that consensus interferon may be efficacious in the HCV treatment nonresponder group.

- A clinical trial is ongoing to determine the efficacy of this therapy.

- Initial data has been presented in abstract form only.

- An SVR of 37% 24 weeks post-therapy was observed.

Maintenance Pegylated Interferon

- Data provided was not convincing enough to stop the trial at a midpoint analysis.

- More data is required before judging the efficacy of this regimen.

- Use of pegylated interferon for maintenance therapy is **not** standard of care.

Not Enough Data

- A single center experience is not enough.

- As experienced clinicians, we have been overly optimistic before based on single center treatment experiences.

- Toxicity rates of consensus interferon are at least comparable to currently available treatment regimens.
Summary

- Maintenance interferon regimens have never been shown to favorably influence the clinical course of patients in the HCV nonresponder group.
- Pegylated interferon data is pending, but preliminarily is unconfirmed.
- Consensus interferon may be a recognized option, but current data is limited to a single center experience.

HCV Replication Enzyme Inhibitors

- Protease inhibitors
  - BILN 2061
  - VX 950
  - SCH 503034
- Polymerase inhibitors
  - Nucleoside (NM 283)
  - Non-nucleoside (JTK-003)
- Helicase inhibitors
  - In development

VX - 950: HCV Protease Inhibitor

- Phase 1a/b trial completed
- No dose-limiting toxicities
- Adequate serum and liver concentrations
- 3-4 log reductions in 14 days with TID dosing

Reesink et al. DDW 2005.

![Graph showing substantial decrease in HCV RNA with VX-950](image)
Conclusions

- You are not forced to act in compensated hepatitis C cirrhotic patient nonresponders.
- You are not forced to use expensive and either unproven or unimpressive therapies.
- In the vast majority of patients, you have the time to follow the standard of care and do what it is right for the patient.
- Enrollment in clinical trials is always an option.

Conclusions

- Both maintenance pegylated interferon and consensus interferon therapy are unproven.
- Toxicities of these therapies may make transplantation difficult or enrollment in promising trials impossible.
- Avoiding these available options is the correct choice, while supporting your patient as per current standard of care.