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Comment from the Foundation for Liver Research on content of NHS England response to the Appraisal Committee's recommendations on Ledispavir and Sofosbuvir for chronic hepatitis C

The response and recommendations of NHS England to take a step-wise approach to implementation of the new highly effective but extremely costly oral agents, would appear to be both sensible and constructive.

1. New follow-up information will almost certainly be obtainable from the many ongoing trials around the world, quite apart from experience in the UK with the further cirrhotic programme as well as that obtained from the rapid access programme, as to the health benefits of these treatments. Such information will give a more accurate cost benefit analysis of the different agents that are likely to become licensed over the next two years.

2. The evidence is that the majority of cases with F0-3 stage disease do not progress in the absence of lifestyle co-factors such as alcohol and obesity. In the absence of those factors, if they do progress this is very slowly over many years.

3. Establishing the criteria for therapy with the new drugs at the F3 stage will require most careful consideration as the technology is limited and the treatment of asymptomatic patients raises issues, particularly when many of these patients will not have come to medical recognition.

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4. Wider and indiscriminate prescribing to large numbers of patients could carry enhanced chances of developing drug resistance and follow-up data is unlikely to be of high standard.

5. Finally, the uncertain health gains from HCV treatment of earlier stage disease should not be allowed to take away funds from potentially more valuable areas of treatment in other diseases.

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