

GH/SEP

8<sup>th</sup> March 2006

Alana Miller,  
Technology Appraisal Project Manager,  
National Institute for Health and Clinical Excellence,  
MidCity Place,  
71 High Holborn,  
London,  
WC1V 6NA

Dear Alana,

## Health Technology Appraisal

### Interferon alfa and ribavirin for the treatment of mild chronic hepatitis C

#### Appraisal Consultation Document

I am replying in response to Dr. Longson's letter of the 9<sup>th</sup> February 2006. I have been invited to comment on the Appraisal Consultation Document and Evaluation Report for the treatment of mild hepatitis C virus infection with interferon and ribavirin. I am commenting on behalf of the British Society of Gastroenterology.

Comments on the Appraisal Consultation Document were invited under the following general headings.

**i) Whether all the relevant evidence has been taken into account.**

I consider that all the relevant evidence for the treatment of mild hepatitis C virus infection with interferon and ribavirin has been taken into account in the preparation of this document.

**ii) Whether the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.**

I would entirely agree with the conclusions that treatment of mild hepatitis C virus infection with interferon and ribavirin is both efficacious and cost effective.

**iii) Whether the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS.**

In general, this document does provide a suitable basis for the preparation of guidance to the NHS. However, I believe that the Appraisal Committee's preliminary recommendation 1.9 is contentious. I am not clear whether a Paediatric Hepatologist was involved in preparing the Appraisal Consultation Document. I think that recommendation 1.9 would be better phrased "We are not making recommendations for people with mild chronic hepatitis C who are younger than 18 years, or those who have had a liver transplant". I do not believe it is possible to recommend that these groups of patients should not have combination therapy on current available evidence. As is pointed out in the report, individuals with mild chronic hepatitis C infection have a better response rate than those with more advanced disease. Likewise, hepatitis C infection of any severity has a stigma attached for infected children, perhaps preventing them leading a full and active lifestyle, so it would seem reasonable that some children with mild chronic hepatitis C infection should be considered for treatment. Likewise, although sustained virological response rates following treatment of patients with chronic hepatitis C infection after liver transplantation are poor, undoubtedly 15 to 20 per cent of patients will have a sustained virological response. Therefore I do not think it is reasonable on current evidence to say that combination therapy is not recommended for those who have had a liver transplant.

Thank you again for asking me to comment on this Appraisal Consultation Document.

Yours sincerely,

Dr. Geoffrey Haydon, MBChB, M.D., F.R.C.P. (Edin),  
Consultant Physician and Hepatologist