NICE TECHNOLOGY APPRAISAL: Interferon Alfa and Ribavirin for the treatment of mild chronic Hepatitis C.

Comment from NHS Quality Improvement Scotland nominated clinical expert.

Thank you for asking me to comment on the technology assessment report reduced by the HTA programme on behalf of the National Institute of Clinical Excellence entitled Interferon Alpha (Pegylated and non-Pegylated) and Ribavirin for the treatment of mild chronic hepatitis C a systemic review and economic evaluation. This report is a thorough well conducted systematic review and economic evaluation of the treatment for mild chronic hepatitis C. It builds on previous NICE documents concerning hepatitis C. The original document recommended treatment for moderate and more severe hepatitis C with standard Interferon and Ribavirin but recommended a wait and see approach to the treatment of mild hepatitis C. This document was supplemented by the document recommending the treatment using Pegylated Interferon/Ribavirin for those patients with moderate hepatitis C. NICE is now turning its attention to the treatment of mild hepatitis C in this document. The document rightly concludes that Interferon and Ribavirin therapy and Pegylated Interferon/Ribavirin therapy are cost effective therapies for mild hepatitis C. This view has already been reached by the majority of Clinicians in the field who have changed their practice accordingly already. In Scotland in particular this change has been facilitated by the Royal College of Physicians consensus statement on hepatitis C which moved away from biopsy as an entry requirement for therapy. Without the use of liver biopsy it is not possible to accurately differentiate mild disease from moderate to severe disease and therefore many patients with mild disease are already being treated. Thus if this technology assessment is accepted by NICE, as I expect it will, it will have less of an impact in Scotland as the changes that it will recommend in therapy have already largely happened. Those treatment centres with waiting lists for therapy may feel additional pressure on their services, as up until now they may have been prioritising patients for therapy based on histological grading of their disease.

I would be happy to answer any further questions you may have about the issues raised in this technology assessment but I believe I have covered the main points in my comments above.

Dr J. Dillon, Consultant Hepatologist