The Royal College of Pathologists

NICE HTA - Interferon and ribavirin for mild chronic hepatitis C

The latest health technology review is of the treatment of mild chronic hepatitis C with interferon either pegylated or non pegylated and ribavirin. Mild chronic hepatitis C in this context is defined by histopathologists' analysis of the liver biopsy using a scoring system. There is variation between pathologists in the use of the scoring systems are but pathologists having expertise in interpreting liver biopsies achieve greater concordance than general pathologists. It follows therefore, that either patients should be treated in centres with specialist liver units with a designated pathologist interpreting the liver biopsies or that liver biopsies from nonspecialist units should be referred for specialist review.

Whilst the use of fibrosis markers in the serum is of some value, a full panel of markers is required and these are not widely available in many centres. Furthermore, even with a panel of fibrosis markers, assessment of fibrosis on liver biopsy may still be necessary. Such panels of markers reflect collagen turnover in a wide variety of diseases and are not restricted to liver disease; they also may be artificially high in conditions such as renal disease impairing excretion. A significant proportion of patients with hepatitis C have a lifestyle that also exposes them to the risks of alcohol induced liver disease. It seems likely, therefore, that fibrosis markers will be complementary to liver biopsy rather than supplanting liver biopsy.

Whilst there may be groups of patients and specific situations where liver biopsy is not indicated, currently it is one of the cornerstones of assessment for treatment. Advice, therefore, that liver biopsy is not necessary, should only be given after assessment of the evidence concerning suitable alternatives with outcomes. It is difficult to be more specific until the recent trials in the treatment of mild chronic hepatitis C have been published but recommendations in Hepatology 2004 (Strader DB et al) do not support substitution of serum fibrosis markers and do give guarded support to the use of biopsy in evaluating HCV status and stage – depending on genotype.

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