Single Technology Appraisal (STA)

Sofosbuvir for treating chronic hepatitis C [ID654]

Response to appraisal consultation document

Background

National estimates suggest that around 160,000 individuals are chronically infected with hepatitis C in England.(PHE, 2013) All data sources on HCV-related morbidity indicate a steadily increasing trend in end-stage liver disease (ESLD), hepatocellular carcinoma (HCC) and liver transplantations (PHE, 2013). Modelling work indicates that this trend is set to continue, with rising numbers of new ESLD/HCC cases over the next 15 years. (Sweeting et al., 2007)

Evidence from new modelling work

> *Harris RJ et al. Increased uptake and new therapies are needed to avert rising hepatitis C-related end stage liver disease in England: Modelling the predicted impact of treatment under different scenarios. J Hepatol 2014, http://dx.doi.org/10.1016/j.jhep.2014.05.008*

New modelling work is now available that is of relevance to this technology appraisal. The aim of this recent modelling work was to estimate the number of people with chronic HCV infection in England that have been treated, and assess the impact and costs of increasing treatment uptake. The paper is in press with the Journal of Hepatology and a PDF has been submitted with this response and is also available via the Journal website.

Briefly, the work shows that if we continue with standard treatment (dual therapy) at current levels (3% of the chronically infected patients treated/year), by the year 2035, England will be facing 1,650 cases of hepatitis C-related end stage liver disease and cancer annually. Current treatment with pegylated interferon and ribavirin offers limited potential to avert this. Even if everyone could be treated over the next 10-15 years, we are unlikely to see a substantial decrease in disease burden for some time. This is due to the poor response rates in those that have already developed more advanced fibrosis, of which there is a growing pool as the infected population ages. Scaling up standard therapy over the next 10-15 years to 100% would prevent just 400 of the 1650 cases that have been predicted, but if new more effective treatments are available, we could more than double this number (to 850).

It is therefore important that improved treatments are made available quickly, in particular for older and more difficult to treat patients who otherwise have a very poor prospect of avoiding severe liver complications.

The paper also shows that while there would be a financial cost to rapidly increasing treatment rates, the increase is not as great as you might think because the costs of managing undiagnosed and untreated hepatitis C are so high. Currently, we are paying a very high price in terms of lives lost and burden placed on future health care resources.

References

- Harris HE, editor. Hepatitis C in the UK 2013 Report. London: Public Health England, Colindale; 2013.
- Harris RJ et al. J Hepatol 2014, http://dx.doi.org/10.1016/j.jhep.2014.05.008
- Sweeting et al., J Viral Hepat. 2007 Aug; 14: 570-6.

[redacted] [redacted]
Public Health England]

[redacted] [redacted]
Public Health England]

[redacted] [redacted]
Public Health England]