Cost-effectiveness of immediate HCV Rx in early disease analyzed

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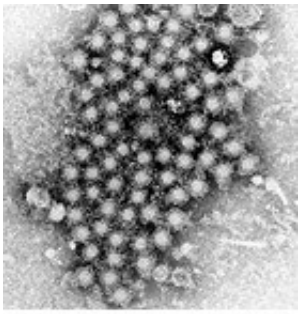

Electron micrograph of hepatitis virus. Source: US Centers for Disease Control and Prevention

(HealthDay)—For patients with hepatitis C virus (HCV), immediate treatment seems to be cost-effective in those with moderate and advanced fibrosis, and can be cost-effective in patients with no or minimal fibrosis, according to a study published online Feb. 11 in *Hepatology*.

Andrew J. Leidner, Ph.D., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues examined the cost-effectiveness of new treatments for HCV, with a focus on patients in the early stages of liver disease. A state-transition model was developed to calculate costs incurred and quality-adjusted life-years (QALYs) gained by following HCV treatment. Incremental cost-effectiveness ratios for

treatment were computed at different stages of liver disease versus delaying treatment until the subsequent liver disease stage. Potential benefits linked to reduced non-liver-related mortality or preventing HCV transmission were not included in analyses.

The researchers found that the best case scenario represented a patient aged 55 years with HCV genotype 1 infection for whom the treatment cost was $100,000 and treatment effectiveness was 90 percent. The cost-effectiveness of immediately initiating treatment at Metavir stage F2 (moderate liver fibrosis) versus delaying treatment until F3 was $37,300 per QALY. The threshold of treatment costs that yielded cost-effectiveness ratios of $50,000/QALY and $100,000/QALY were $22,200 and $42,400, respectively, for patients immediately treated at F0 versus delaying treatment until F1.

"Immediate treatment of HCV-infected patients with moderate and advanced fibrosis appears to be cost-effective," the authors write. "Immediate treatment of patients with minimal or no fibrosis can be cost-effective as well, particularly when lower treatment costs are assumed."

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More information: Abstract
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