

# Lives could be saved with hepatitis C treatment

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In a letter to the *Medical Journal of Australia* published today, a Monash University-led team is asking for hepatitis C virus patients to gain improved access to drugs to prevent liver related deaths.

Hepatitis C virus (HCV) infection is a major public health burden in Australia, with estimates of 230,000 people chronically infected.

The research team are calling for the government to subsidise a new therapy which has high cure rates, known as direct acting antiviral

(DAA) therapy.

Monash University Professor William Sievert said a delay in access to DAA treatment means that thousands of HCV infected patients could die or develop advanced liver disease.

"If we delay just one year, there will be an extra 900 liver related deaths, 800 new cases of cirrhosis and 500 new cases of [liver cancer](#). These staggering numbers double if we wait for two years," he said.

"During this decade, the therapy should become the norm for the HCV-infected population. However, the high cost of DAA regimens and competing public health priorities may limit the potential impact of new HCV therapies."

Currently, the cost of DAA treatment is out of reach for most HCV patients.

"The large number of liver-related deaths every year caused by HCV places an enormous burden on our health system," said Professor Sievert, Department of Medicine at Monash Medical Centre.

"Our research team modelled how the HCV disease burden and associated health care costs in Australia will increase as the infected population ages."

The team demonstrated that increasing the efficacy of antiviral therapy and the number of patients treated could avert the expected increase in HCV liver related deaths and end stage [liver disease](#).

Professor Sievert's team examined the impact of delayed access to DAA treatment by modelling one and two year delays.

"We estimate that if the current treatment regimens continue in Australia, there will be approximately 22,200 liver related deaths between 2014 and 2030," said Professor Sievert.

"However, if DAA treatment is made widely available and accessible through the Pharmaceutical Benefits Scheme (PBS), that number of deaths will decrease to 13,500 in the same time period."

"We believe it is critical to provide patients with access to highly effective [treatment](#) to cure HCV infection without delay in order to diminish future HCV-related morbidity and mortality," added Professor Sievert.

**More information:** "HCV-infected patients need access now to new direct-acting antiviral agents to avert liver-related deaths." *Med J Aust* 2015; 202 (9): 479. [DOI: 10.5694/mja15.00165](https://doi.org/10.5694/mja15.00165)

Provided by Monash University

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