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Hepatitis C eradication: A promise unfulfilled

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Hepatitis non-A, non-B (Hepatitis C) was recognized as a unique form of Viral Hepatitis in the late 1970s. It took 2 decades for its full clinical characteristics, biochemical manifestations as well as its chronicity to be fully defined. Not until the introduction of interferon therapy in 1998-9 was any efficiency achieved. The development of direct-acting antiviral agents utilized to inhibit viral replication therapeutic efficacy increased most recently to 95-100%. The success led to the projection that hepatitis c could be eliminated by 2020 with a reduction in cirrhosis and hepatocellular carcinoma thru 2030. Unfortunately, multiple obstacles prevent this favourable outcome and consist of the following: a lack of knowledge by physicians that the disease is a serious and importantly that it is treatable; the failure to identify asymptomatic patients and those with non-hepatic manifestations of the disease; the cost of drug therapy is prohibitive for individuals with no insurance and contributes to third-party payers withholding therapy except for those with advanced disease; the failure to identify and treat individuals in the following groups: men having sex with men, incarcerated individuals, those that utilize drugs and participate in needle exchange and opioid replacement programs, those that are co-infected with HIV and hepatitis C; C; co-infected with hepatitis B and C; and those in long-term institutions for the mentally disabled and psychiatric patients.

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