# Management of Treatment-Naïve G1 Patients with F1 Fibrosis: Treat Now or Wait?

W. Ray Kim, MD Professor and Chief Gastroenterology and Hepatology Stanford University School of Medicine



Stanford University

#### Case

50 year-old aircraft mechanic was diagnosed with hepatitis C (2007).

- Transmission route: Uncertain
- Duration of infection: Unknown
- Feeling well
- Normal exam except BMI 30
- Genotype 1a
- ALT: 154 IU/L, T. bilirubin: 0.9 mg/dL
- US: Mild increase in echogenicity. Negative otherwise.
  LIVER BIOPSY:
  - Minimal activity (grade 1)
  - No fibrosis (stage 0)
  - Mild steatosis





#### Should this patient be treated?

Yes No

#### Case

#### DECIDED NOT TO TREAT - OBSERVED.

Three years later (2010)

- No symptoms
- ALT: 280 IU/ml
- T. bili: 0.8 mg/dl
- Albumin: 4.5 g/dl
- Platelets: 124
- US: Diffuse fatty infiltration, mild splenomegaly



### **Triangle in HCV Management**



#### **Factors affecting Treatment Outcome**



# **Benefits of Early Intervention**

#### Peg+Ribavirin era



# **Benefits of Early Intervention**



### **Reasons to Wait**

Chronic hepatitis C progresses slowly.



Kim. Gastroenterology 2004;127:749

# **Cost-Effectiveness Ratios**



### **Reasons to Wait**

Hepatitis C Treatment is improving rapidly.

Sofosbuvir + Ledipasvir +/- Ribavirin in G1 Naïve Non-cirrhotic



Lawitz. Lancet 2013

#### Stanford University

### **But...Better Not Wait Too Long**



# **Case Follow-up**

Initiated peg+R (2010)

- Tolerated full dose well
- Minimal hematological toxicity
- HCV RNA: 2.4 million iu (baseline) to 75 iu/ml (24 weeks)
- Treatment discontinued

Discussed but declined retreatment using Telaprevir

- Expected SVR = 15%

Participating in a sofosbuvir trial.

# **Steatosis and HCV Fibrosis**

Consecutive clinic cohort (Napoli, Italy: n=180)



Adinolfi. Hepatology 2001;1358

# **Management Decisions in HCV Therapy**

Benefit - Risk comparison



No/slow progression Low SVR Poor tolerance



# **Tx-Naïve G1 F1: Treat or Wait?**

Most patients can wait.

Exceptions:

Unreliable assessment of fibrosis High likelihood of progression

- HIV
- EtOH
- NAFLD

Transmission risk

Patient preference