



NATIONAL HEMOPHILIA FOUNDATION

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MASAC Document #224
(Replaces Document #213)

MASAC RECOMMENDATIONS FOR THE TREATMENT OF CHRONIC HCV INFECTION IN INDIVIDUALS WITH HEMOPHILIA AND OTHER BLEEDING DISORDERS

The following recommendation was approved by the Medical and Scientific Advisory Council (MASAC) on April 13, 2014, and adopted by the NHF Board of Directors on June 5, 2014.

Hepatitis C (HCV) infection is a chronic infection that can lead to cirrhosis, liver failure, and hepatocellular carcinoma. Given the high rate and long duration of HCV infection in individuals with hemophilia and other bleeding disorders, the availability of new drugs including polymerase inhibitors and protease inhibitors has dramatically changed the landscape for treatment. New oral non-interferon regimens (direct acting agents, DAA) are currently approved and will continue to evolve with expectations of >95% sustained virologic responses (SVR) after 12-24 weeks of daily oral therapy. These new drugs are highly effective in trials performed in non-bleeding disorder patients that include individuals with all HCV genotypes, HIV co-infected individuals, and cirrhotic patients as well as patients with other co-morbidities.

RECOMMENDATIONS

1. MASAC strongly recommends that all bleeding disorder patients with HCV infection discuss HCV therapy with their HTC physicians, hepatologists and primary care physicians.
2. MASAC encourages access to hepatitis C trials for all patients with bleeding disorders with attention to potential bleeding risks and drug interactions.
3. MASAC encourages the FDA to develop post-licensure surveillance of new anti-HCV drugs in collaboration with HTCs through CDC and ATHN data collection programs and with manufacturers through post-licensure surveillance studies to assist in the recognition and reporting of adverse effects and to assure the collection of safety data on these new agents.
4. MASAC encourages HCV patients who have been treated with new HCV drugs and cured of their viral infection to continue to be followed by their physician for any chronic liver changes.

REFERENCES

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