

## Antibody Tests Commonly Used in HCV Diagnosis and Management

Therapy	Form	Dose	Frequency
Monotherapy	alpha-2a, alpha-2b, consensus interferon*	3 million units (MU)/injection; consensus interferon 9µg/injection.	3x week subcutaneous
Combination Therapy	alpha-2a, alpha-2b, consensus interferon +	3 million units (MU)/injection; consensus interferon 9µg/injection.	3x week subcutaneous
	ribavirin: oral antiviral agent	200mg capsules (1000mg/day for <75kg; 1,200mg/day for >75kg)	2x day

\*Reserve for patients who have contraindications to ribavirin.

### Monitoring

Hgb / Hct - weeks 1,2 and 4, then monthly  
 WBC w/diff - weeks 1,2, and 4, then monthly  
 Platelet count - weeks 1, 2, and 4, then monthly  
 ALT- monthly  
 Serum chemistries and renal function studies - monthly  
 Thyroid-stimulating hormone - every 3 months  
 Other signs to monitor include CBCs - anemia, thrombocytopenia, and leukopenia with dual therapy.

### Duration of Treatment

Interferon monotherapy: 48-weeks, regardless of genotype.  
 Combination therapy depends on viral genotype:

- HCV genotype 2 or 3: 24-week course of combination therapy yields results equivalent to those of a 48-week course.
- HCV genotype 1: 48-week course yields a significantly better sustained response rate.

Some experts advocate discontinuation of interferon monotherapy at 3 months if HCV RNA is still detectable or abnormal ALT. For Type I, continue dual therapy only if HCV RNA is negative at 24 weeks.

Adapted from *Chronic Hepatitis C: Current Disease Management*. NIH Publication No. 99-4230, May 1999. [www.niddk.nih.gov](http://www.niddk.nih.gov).

## RESOURCES

### Patient's Guide to HIV Medicines and Guidelines for Their Use

November 1999 is a pamphlet produced by the National Minority AIDS Council (NMAC) that providers may wish to make available to their patients. The 23 page pamphlet is a comprehensive guide in both English and Spanish. Free copies are available through NMAC at 202-483-6622.

### Hepatitis C: Current Treatment Option and HIV Interactions

an online speech and slideshow given by Douglas T. Dieterich, MD Clinical Associate Professor of Medicine, New York University. This talk is available online at <http://HivInsite.ucsf.edu>. Software to hear the talk can also be downloaded at this site.

### NEJM Review of USPHS/IDSA "Prophylaxis Against Opportunistic Infections in Patients With Human Immunodeficiency Virus Infection."

The USPHS/IDSA guidelines for prophylaxis against opportunistic infections in patients with HIV, released in the *Morbidity and Mortality Weekly Report* last August, are now available in the *New England Journal of Medicine*. Dr. Joseph Kovacs and Henry Masur review the guidelines and provide a perspective that incorporates recent developments and principals they believe should be used to guide clinicians through the care of OIs in HIV infected patients. Kovacs JA, Masur H. *NEJM* 2000, May 11; 342 (19) 1416-1429; ([www.nejm.org](http://www.nejm.org)).

### HCV RELATED WEBSITES:

**National Institute of Diabetes and Digestive and Kidney Disease**  
<http://www.niddk.nih.gov>

**National Center for Infectious Disease, Hepatitis Branch**  
<http://www.cdc.gov/ncidod/diseases/hepatitis/>

**The Hepatitis Information Network**  
[www.hepnet.com](http://www.hepnet.com)

### Expected Response: Combination Therapy versus Monotherapy

*Sustained response: HCV RNA remains undetectable for 6 months or more after therapy stops.*

Combination therapy consistently yields higher rates of sustained response than monotherapy. Combination treatment is more expensive and is associated with more side effects than monotherapy, but, in most situations, it is preferable. Factors that increase the likelihood of a response to therapy include non-type-1 genotype, a low baseline HCV RNA, age <45, gender (women show more success than men), and mild chronic inflammation on liver biopsy.

### Monitoring Post-Therapy

Repeat ALT and HCV RNA 6 months after completion of full course of treatment.

### Drug Interactions with Ritonavir

Hepatotoxicity can occur in association with antiretroviral therapy, depending on which medication is being used. Sulkowski, et al., found that patients on ritonavir had a five-fold higher risk for hepatotoxicity. (16) Their data indicate that antiretroviral-associated hepatotoxicity should be considered according to specific medication rather than drug classification or mechanism of action.

**Abstracts and Summaries of the 10th International Symposium on Viral Hepatitis and Liver Disease (April 9-13, 2000, Atlanta, Georgia) available at:**

[www.hivandhepatitis.com](http://www.hivandhepatitis.com) (Conference website is [www.hep2000.com](http://www.hep2000.com))

**Hepatitis: HealthlinksUSA**  
<http://www.healthlinkusa.com/Hepatitis.html>

**Medline Plus Health Information on Hepatitis C**  
<http://www.nlm.nih.gov/medlineplus/hepatitisc.html>