



Media Release

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LARGE SCALE AUSTRALIAN HEPATITIS C STUDY SHOWS NEED TO TREAT SOONER

An Australian led, international clinical trial, being presented at the European Association for the Study of the Liver Congress in Copenhagen this week has highlighted the benefits of treating hepatitis C sooner, rather than later.

The study involved more than 700 Australians with hepatitis C and 33 Australian hospitals. It found people living with the most common strain of hepatitis C who receive treatment when there is minimal, or no liver damage, may double their chance of a cure, compared to those treated in the later stages, where liver damage has become more advanced.

According to the lead investigator, Associate Professor Stuart Roberts, Director of Gastroenterology and Hepatology, The Alfred Hospital, Melbourne, the study enabled a close look at treatment strategies to see when they are most effective.

“The study confirmed that the current standard of care is effective. In addition, the study demonstrated that the cure rates in this common strain of hepatitis C may be a lot higher than we previously thought,” he said.

“We found that that up to seven out of ten people, with the most common strain of hepatitis C (called genotype 1), may be cured if treatment starts before liver scarring or damage has occurred.”

Over 200,000 Australians have chronic hepatitis C. In Queensland, approximately 40,000 people have been exposed to hepatitis C, yet studies have highlighted the lack of knowledge among Queenslanders about how the virus is transmitted. With more than 278, 000 people exposed to the virus across the nation, and 10,000 new infections happening every year, the World Health Organisation has compared hepatitis C to a “viral time bomb.”

According to Stuart Loveday, Vice-President of Hepatitis Australia, this research provides those patients that have not yet received treatment with a good reason to consider their options.

“Currently, fewer than 2% of Australians with chronic hepatitis C are receiving treatment. Some people with hepatitis C risk ongoing liver disease, liver failure and ultimately liver transplantation if they do not undergo timely treatment,” he said.

“This study confirms that cure rates are highest for people with hepatitis C genotype 1 when they have treatment early.”

“The number of people with severe liver disease as a result of hepatitis C has risen from 35,900 to 47,600 in the last five years.”

“The sad fact is, that liver transplant may be the only option for someone whose liver has stopped working. End stage liver disease due to chronic hepatitis C is already the most common cause of liver transplantation in Australia,” Mr Loveday said.

Hepatitis Australia urges people with hepatitis C to contact their local hepatitis organisation to find out more about this study, and hepatitis C in general, and seek advice from their general practitioner or liver specialist about their treatment options.

Further information about hepatitis C can be found at www.hepatitisaustralia.com.au or www.hepqld.asn.au or you can call the national infoline, 1300 HEP ABC (1300 437 222).

Notes to editors:

1. The Australian led research is being presented at EASL (European Association for the Study of the Liver) Congress in Copenhagen on 25 April 2009. The study was led by Associate Professor Stuart Roberts, Director of Gastroenterology and Hepatology, The Alfred Hospital Melbourne. More than 700 Australians participated in the trial, including those with the most common and difficult to treat strain of infection; G1. These patients were treated at hospitals including Royal Adelaide, Prince of Wales Sydney, St Vincent’s Melbourne, Royal Melbourne, Liverpool and Royal Perth hospitals. The study was sponsored by Roche Products Pty Ltd.
2. Australian Hepatitis Awareness Week 2009 begins on Monday 18 May, with the national launch taking place at Federation Square, Melbourne, on World Hepatitis Day on 19 May.

Interviews are available with the above spokespeople, study investigators, as well as trial participants. Audio files are also available.

For further information or to co-ordinate an interview, please contact:

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