Treating Hep C Earlier Likely Saves Money, Improves Health Outlook

This is according to a recent mathematical modeling study.

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Treating hepatitis C virus (HCV) when individuals have less advanced liver disease likely saves money in the long run and reduces the likelihood of various negative health outcomes, MedPage Today reports.

Researchers conducted a mathematical modeling study on the costs and clinical outcomes associated with treating hep C at different stages of liver disease. Findings were presented at the 52nd International Liver Congress in Paris.

The researchers found that compared with those who start HCV treatment when they have advanced fibrosis (scarring) of the liver or compensated cirrhosis (the less severe form of the advanced liver disease), those who are treated for the virus when they have mild or no fibrosis have a lower long-term risk of decompensated cirrhosis (the more severe form of the advanced liver disease), hepatocellular carcinoma (HCC, the most common form of liver cancer), liver transplant and liver-related death.

The investigators found that 12.4 percent of those who start treatment with minimal or no fibrosis develop compensated cirrhosis compared with 23 percent of those who start treatment for the virus with moderate or advanced fibrosis.

Treating hep C earlier may also help prevent non-liver-related health problems.

The study authors looked at a measure known as quality-adjusted life years (QALYs), a composite assessment of both the quality of health and the length of life. According to this system, one year of life spent in perfect health is worth 1.0 QALY and a year of life spent in less than perfect health is worth less than 1.0 QALY commensurate with how poor the individual's health is. They found that those who started hep C treatment with advanced fibrosis or compensated cirrhosis gained 10 QALYs thanks to treatment while those who started treatment with mild or no fibrosis gained 16.2 QALYs.

Lifetime medical costs for those treated with Mavyret (glecaprevir/pibrentasvir) when they had advanced liver disease were an estimated $86,718 compared with $46,936 among those treated

with the regimen when they had early-stage liver disease. When the study authors excluded the costs associated with non-liver-related health conditions, they still found that treating hep C earlier yielded a lower lifetime cost.

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