



Australian Hepatitis Council

MEDIA RELEASE

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Boost to hep C treatment access

Australians with hepatitis C will no longer need a liver biopsy to access subsidised treatment following an announcement today by Tony Abbott, Federal Minister for Health and Ageing.

The announcement follows a review by the Pharmaceutical Benefits Advisory Committee and its recommendation to drop liver biopsy as a mandatory criterion for accessing government-funded treatment.

"Making it easier for Australians to get treatment for hepatitis C is a key priority for the Australian Hepatitis Council," said Ms Helen Tyrrell, Executive Officer, Australian Hepatitis Council.

"Experts say that the numbers of people accessing treatment needs to be increased from the current 2,000 a year to around 5,000. Today's announcement will assist in increasing that number by removing one of the barriers to treatment – liver biopsy."

Hepatitis C has been the most frequently notified communicable disease in Australia over the last ten years and the country's leading cause of liver transplants. It affects an estimated 260,000 people in Australia¹ and more than 170 million people worldwide.

Current figures suggest a trebling of the number of people with hepatitis C related liver failure and liver cancer by 2020². Treatment rates need to be increased considerably as part of the response to this burgeoning epidemic.

"New treatments developed in recent years have greatly improved the treatment success rate. Around 50-80% of those on treatment are now cured and have avoided cirrhosis and potential liver cancer.

"Opening up the possibility of treatment to more people therefore has the potential to improve their quality of life and it will also lower the future costs of hepatitis C to the public health system," said Ms Tyrrell.

References

1. National Centre in HIV Epidemiology and Clinical Research. (2004) *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2005*. University of NSW, 2005:13.
2. Law MG, Dore GJ, Bath N, Thompson S, Crofts N, Dolan K, Giles W, Gow P, Kaldor J, Loveday S, Powell E, Spencer J, Wodak A. (2003) Modelling hepatitis C virus incidence, prevalence and long-term sequelae in Australia, 2001. *Int J Epidemiol* 2003;32:717-724.

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What does the removal of the biopsy requirement mean for people living with hep C?

- **More people with hepatitis C will be eligible for subsidised antiviral therapy.** Previously only those people with hepatitis C who had moderate to severe liver damage, determined through liver biopsy, were eligible for subsidised treatment. People with hepatitis C can now receive subsidised treatment if they have chronic hepatitis C and meet the following requirements:
 - they are 18 years of age or older
 - they are not pregnant or breastfeeding or have a pregnant partner
 - they are using effective contraception
 - they have not previously had a course of government subsidised interferon therapy.
- **People with mild liver disease will now be able to access subsidised treatment.** Previously only people with moderate or severe liver damage, measured through a liver biopsy, were able to access subsidised treatment. Some people with only mild disease on biopsy experience significant physical symptoms. Others with mild disease seek treatment because of concerns around accidentally transmitting the virus to others. The removal of the requirement to undergo liver biopsy opens up the option of subsidised treatment to all these people.
- **Undergoing an invasive biopsy procedure is no longer required to qualify for subsidised treatment.** Anecdotal evidence suggests that undergoing liver biopsy, an often painful experience, with low, but real, risks of complication, prevented some Australians living with hepatitis C from accessing treatment. Some people are opposed to liver biopsy for cultural reasons, others just fear the procedure and its inherent risks and can't face it. The removal of the requirement to undergo liver biopsy now opens up the option of subsidised treatment to these people.
- **The decision to undergo a liver biopsy before treatment is now a choice to be made by the individual in consultation with their doctor.** People may still decide, in consultation with their doctor, to undergo liver biopsy to determine and monitor their liver damage and determine the best time to undergo treatment. Other methods may also be used to assess liver damage. The success of treatment and ability to manage the side effects of treatment have improved dramatically in recent years, however, deciding the right time for treatment is still a very individual decision.
- Therapy must still be prescribed by a specialist doctor affiliated with a specialist hospital unit.
- **Other barriers preventing people from access to treatment still remain**, including long waiting lists for specialists in liver clinics in some areas and limited services in rural and remote areas and prisons.