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Management of Hepatitis C: 2002



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INTRODUCTION

Hepatitis C is the most common viral infection in the United States. The virus infects approximately 2% of the U.S., which translates to about 4 million infected persons. Globally, it is believed there are between 140 million and 170 million people with this virus. The infection begins insidiously and progresses from acute to chronic hepatitis in 50% to 85% of those initially infected. A proportion of those with chronic hepatitis C will advance, usually silently, to develop cirrhosis and, in a smaller fraction, to primary liver cancer. Indeed, chronic hepatitis C is now the most common basis requiring liver transplantation and the most common cause in the U.S. for developing liver cancer.

Although efforts to develop a vaccine to prevent the infection have so far been unsuccessful, treatment and management of the illness have been possible and thus have received much attention. Such treatment has been difficult because response rates, as defined by sustained loss of virus, were for a long time quite low, and side effects of treatment have been extremely common and unpleasant.

Because of the difficulties regarding treatment of this common infection, the National Institutes of Health (NIH) decided in 1997 to hold a Consensus Development Conference on Hepatitis C. This successful conference developed guidelines for management and treatment that represented the state of the art for several years. However, because the response rate at the time was limited, and because only focused treatment trials had been conducted, recommendation for treatment was restricted to a select population.

In the five years since the first NIH Consensus Conference, a great deal more has been learned about diagnostic tests, the natural history of the disease, the pathogenesis, and the management and treatment. In particular, treatment effectiveness has increased greatly and it appears that some genetic forms of the infection can now be cured in most instances. Still, although treatment effectiveness has improved, the response rate is far from ideal among those with the most common genetic form of the viral infection. It does appear, however, that certain subgroups of infected persons who were excluded from treatment at the time of the first NIH Consensus Conference, are now regarded as acceptable candidates for treatment consideration.

Because of the remarkable increase in knowledge of hepatitis C in the past five years, the NIH has decided to hold a second Consensus Development Conference on hepatitis C. The Conference will review the advances that have occurred, update the medical community and public of these advances, and consider modifications of the original guidelines. This bibliography has been prepared in support of the conference titled Management of Hepatitis C: 2002 to be held on June 10-12, 2002 in Bethesda, MD. For this bibliography a search was conducted of the vast literature that has accumulated on this topic in the interim. It contains selected citations to journal articles mainly in English from January 1997 to April 2002. References appear in fifteen broad categories that parallel the topics presented at the Conference. An item may appear in more than one category.

For a literature review on hepatitis C before 1997, please see *Current Bibliographies in Medicine* no. 97-1, Management of Hepatitis C, found at http://www.nlm.nih.gov/pubs/cbm/Hepatitis_C.html.

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Journal Articles:

Example:

Liang TJ, Rehermann B, Seeff LB, Hoofnagle JH. Pathogenesis, natural history, treatment, and prevention of hepatitis C. *Ann Intern Med.* 2000 Feb 15;132(4):296-305. Available from: PubMed; PMID 10681285.

Order, with separating punctuation:

Author 1, Author 2, Author 3, Author 4. Article Title. Abbreviated Journal Title. Date;Volume(Issue):Pages. Availability.

Example:

Seeff LB, Miller RN, Rabkin CS, Buskell-Bales Z, Straley-Eason KD, Smoak BL, Johnson LD, Lee SR, Kaplan EL. 45-year follow-up of hepatitis C virus infection in healthy young adults. *Ann Intern Med.* 2000 Jan 18;132(2):105-11. Available from: PubMed; PMID 10644270.

Order, with separating punctuation:

Author 1, Author 2, Author 3, Author 4, Author 5, Author 6, Author 7, Author 8, Author 9. Article Title. Abbreviated Journal Title. Date;Volume(Issue):Pages. Availability.

* For details of the formats used for references, see the following publications:

Patrias, Karen. National Library of Medicine recommended formats for bibliographic citation. Bethesda (MD): The Library; 1991 Apr. Available from: NTIS, Springfield, VA; PB91-182030.

Patrias, Karen. National Library of Medicine recommended formats for bibliographic citation. Supplement: Internet formats. Bethesda (MD): The Library; 2001 Jul. Available from: <http://www.nlm.nih.gov/pubs/formats/internet.pdf>

Natural History

- Course and Outcome of Hepatitis C

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Epidemiology and Spread

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Therapy of Hepatitis C

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Side Effects and Future Therapies

- Side Effects of Therapy and Management

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