NIH Consensus Statement on the Management of Hepatitis C: Issues and Implications

An invitation from Willis C. Maddrey, MD, Executive Vice President for Clinical Affairs, University of Texas Southwestern Medical Center of Dallas…

…to watch for the upcoming CME activity bringing you valuable insights into the significance of a critical NIH endeavor in hepatitis C.

Meeting Coverage and CME Opportunity

As part of the mission of its Education Initiative in Gastroenterology, Projects In Knowledge has assembled an expert panel to attend the NIH Consensus Development Conference, June 10–12, when the NIH convenes to update its statement on hepatitis C. Following the conference, Projects In Knowledge will issue a concise meeting brief of the proceedings developed by the panel, followed by a special publication of its Tx Reporter newsletter and a CD of interviews with the experts. Read this meeting brief and the next for a general overview of the Consensus Statement Meeting. Then, get an in-depth analysis of the outcomes of the meeting and their implications for clinical practice by reading the Tx Reporter and listening to the interviews. Complete a final posttest on the material and earn up to 2 hours in Category 1 CME credit. Watch your mail for upcoming materials.

1997 NIH Consensus Development Conference on the Management of Hepatitis C

The NIH Consensus Statement that arose from the 1997 NIH Consensus Development Conference on the Management of Hepatitis C became the standard of care for the treatment of hepatitis C in the years following that landmark conference. The recommendations contained within that statement provided a needed directive for physicians treating patients with hepatitis C, as so much had been discovered about the virus, its clinical consequence, and its treatment since it was first identified as non-A, non-B hepatitis in 1974.

In the five years since these last recommendations, knowledge in this field has continued to expand, thanks to numerous clinical trials and ongoing field experience in treating HCV-infected patients. New management strategies have come from this knowledge with a number of innovations, including: 1) implementation of improved diagnostic tests and algorithms, 2) development and approval of new drugs, such as peginterferon alfa-2b plus ribavirin combination therapy, 3) identification of risk factors for disease progression, 4) definition of factors affecting treatment response, 5) refinement of treatment protocols, 6) identification of treatment-associated side effects, 6) development of effective supportive and adjunct therapies to treat medication side effects, 7) realization of treatment goals in addition to virologic eradication, and 8) calculation of the virus’s economic and clinical burdens.

Consequently, the recommendations developed in 1997 no longer reflect the current standard of care.

2002 NIH Consensus Development Conference

On June 10–12, 2002, international experts will convene at the National Institutes of Health in Bethesda, Maryland to revisit the 1997 recommendations and give presentations that examine the current state of knowledge regarding the management of hepatitis C and identify areas for future research. Topics on the conference agenda include:
- **Natural History**, including hepatitis C disease course, outcome, and burden
- **Hepatocellular Carcinoma (HCC)**, including screening and monitoring for HCC, use and interpretation of virologic tests, and the relationship of HCC to hepatitis C.
- **Epidemiology and Spread**, including prevention of spread, and sexual and perinatal transmission
- **Therapy of Hepatitis C**, including optimal therapy and retreatment
- **Issues in Therapy of Hepatitis C**, including monitoring of viral loads and the role of liver biopsy
- **Therapy in Special Situations**, including the treatment of children, patients with normal ALT levels, and patients with cirrhosis, as well as the treatment of acute hepatitis C
- **Treatment of Special Patient Groups**, including HIV/HCV-coinfected patients, intravenous drug users, and patients who use alcohol.
- **Side Effects and Future Therapies**

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**2002 NIH Consensus Statement**

Following the presentations, an independent non-Federal panel will weigh the scientific evidence and draft a consensus statement. The statement will address the following questions:

What is the natural history of hepatitis C?
What is the most appropriate approach to diagnose and monitor patients?
What is the most effective therapy for hepatitis C?
Which patients with hepatitis C should be treated?
What recommendations can be made to patients to prevent transmission of hepatitis C?
What are the most important areas for future research?

On the final day of the conference, Wednesday, June 12, this statement will be read to and presented for discussion with the conference audience. Following the conference, the statement will be posted on the conference Web site at http://consensus.nih.gov.

Although this consensus statement may be anticipated to become the standard of care for coming years, certain topics are predicted to remain topics of debate and further investigation among experts in the field, as well as among those who regularly manage patients with hepatitis C. These issues of probable controversy include the definition of the optimal treatment regimen, and the treatment of patients with normal ALT levels, cirrhosis, HIV/HCV coinfection or mild liver disease.

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**CME Information:**

**Learning Objectives** This activity is designed for physicians and other healthcare professionals who treat patients with hepatitis C. After participating in this activity, the participant should be able to: Summarize the recommendations contained in the 2002 NIH Consensus Statement, drafted during the NIH Consensus Development Conference ✦ Describe areas in the management of hepatitis C that remain under debate and investigation following the NIH Consensus Development Conference ✦ Develop treatment strategies that take into account consensus recommendations from the NIH, as well as recommendations from HCV-treatment experts about areas that remain under debate and investigation.

**Accreditation Information** Projects In Knowledge is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Projects In Knowledge designates this educational activity for up to 2 hours in Category 1 credit toward the AMA Physician’s Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. This independent CME activity is planned and produced in accordance with the ACCME Essentials and Standards for Commercial Support.

**Disclosure Information** The Disclosure Policy of Projects In Knowledge requires that faculty participating in a CME activity disclose to the audience any significant relationship they may have with a pharmaceutical or medical equipment company, product, or service that may be mentioned as a part of their presentation, as well as any relationship with the commercial supporter of this activity. This activity may include a discussion of therapies that are unapproved for use or investigational, ongoing research, or preliminary data. The opinions expressed during this activity are those of the faculty and do not necessarily reflect those of the sponsor or the commercial supporter. For a list of faculty involved in the development of this CME activity and their disclosures, please see the Projects In Knowledge Web site at http://www.projectsinknowledge.com/nih.

This independent CME activity is supported by an unrestricted educational grant from