Outcomes of Peginterferon alfa-2a and Ribavirin Combination Therapy in a Resident-Initiated, Multidisciplinary, Hepatitis C Clinic

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Clinical trials have shown that at least 40% of patients with chronic hepatitis C (HCV) are able to achieve sustained virologic response (SVR) with peginterferon-alfa/ribavirin (PegIFN/RBV) therapy along with adequate medical and psychiatric support. Those with a history of mental illness or multiple medical comorbidities are often excluded from clinical trials\(^1,2\). Hence, SVR is achieved less often in clinical practice.

We proposed that an integrated, multidisciplinary approach to PegIFN/RBV therapy would result in SVR rates similar to those of clinical trials in a medically and psychiatrically complex cohort of patients.

**Introduction:**
A pilot Hepatitis C Clinic was established in 2004, staffed by internal medicine residents, an attending gastroenterologist and psychiatrist, and a registered-nurse coordinator. All patients were underinsured/uninsured and underwent treatment for HCV with PegIFN/RBV combination therapy according to evidence-based protocols within the confines of managed-care formularies. Charts were retrospectively abstracted for demographics and baseline characteristics, virologic response, side effects, and reasons for discontinuation or non-initiation of therapy.

**Methods:**
A pilot Hepatitis C Clinic was established in 2004, staffed by internal medicine residents, an attending gastroenterologist and psychiatrist, and a registered-nurse coordinator. All patients were underinsured/uninsured and underwent treatment for HCV with PegIFN/RBV combination therapy according to evidence-based protocols within the confines of managed-care formularies. Charts were retrospectively abstracted for demographics and baseline characteristics, virologic response, side effects, and reasons for discontinuation or non-initiation of therapy.

**Results:**
Forty-eight patients were evaluated. None were co-infected with human immunodeficiency virus (HIV). Twenty-two (46%) were not treated, and twenty-six (54%) were treated. Of the patients who were treated, twenty-two (84%) were genotype 1, three (12%) were genotype 2b, and one (3%) was genotype 4a.

**Conclusions:**
Despite a patient population with mostly genotype 1 HCV and significant medical/pyschiatric comorbidities, a similar number of patients achieved ETR/SVR as compared to those in clinical trials\(^1,2\). These data suggest that an integrative medicine practice can safely and effectively manage PegIFN/RBV therapy and serve as a model to expand access to antiviral therapy for many individuals with chronic HCV. Additionally, by incorporating a dedicated group of internal medicine residents, the pool of capable and willing providers of PegIFN/RBV therapy will be expanded.