Preface

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Guest Editor

Although the development of effective HIV therapeutics has spanned about 25 years to date, the hepatitis C virus (HCV) therapeutic armamentarium is galloping at lightning speed. About 15 years ago, ribavirin was added to interferon and increased overall viral eradication rates from about 5% to 28% for HCV genotype 1 infection. That was considered a landmark development at the time. The subsequent introduction of the long-acting pegylated interferons increased the overall response rate for difficult to treat genotype 1 infections to just over 50%—again another stellar development. However, with the emergence of the new specifically targeted antiviral medications for HCV, cure rates with triple and quadruple therapies are now surpassing 80% to 90%. Furthermore, interferon-free regimens are now tangible with promising data emerging with multiple classes of drugs, such as the protease inhibitors, NS5A inhibitors, polymerase inhibitors, and other agents.

So, the armamentarium is near at hand, but the number of HCV-knowledgeable clinicians is limited. Furthermore, the number of patients who are diagnosed with HCV is going to increase greatly over the next few years due to expanded HCV screening among persons born from 1945 to 1965, as recommended by the Centers for Disease Control in August 2012. It is estimated that approximately 800,000 persons in the United States do not know they are infected. This low rate of awareness is partly due to failures of screening policies based on risk. Patients often do not want to discuss potential past risks with their medical provider due to concerns regarding stigma. With a universal screening approach of this birth cohort, stigma will be averted and hopefully case findings will be augmented since this older segment of the US population is at risk for liver-related morbidity and mortality.

But screening and diagnosis are not enough. Clinicians who are well-versed in the art of combination antiviral therapy are needed to take on the many patients with advanced fibrosis before the complications of cirrhosis and end-stage liver disease ensue. Infectious disease clinicians are well-poised for this task but need to fully understand the implications of advanced liver disease and the significant adverse events associated with the approved triple therapies in the clinic today, including pegylated interferon, ribavirin, plus approved HCV protease inhibitors, boceprevir or telaprevir. Although current therapies are associated with a myriad of potential adverse events,
many patients will not be able to wait for what promises to be simpler and better tolerated regimens.

Within this supplement of the *Infectious Disease Clinics of North America*, we bring a collection of articles by the most outstanding hepatologists and infectious disease experts in the world. You, the reader, will reap the benefit of years of clinical expertise covering the evaluation and staging of liver disease, approach to the treatment naïve and treatment-experienced patient, care of the patient with cirrhosis, the latest antiviral agents, concepts on HCV drug resistance, and finally, the approach to special patient populations, such as the HIV-infected patient with HCV-related liver disease. This outstanding supplement promises to bridge any knowledge gaps that you may have as you take on the challenge of creating a healthier society where HCV will hopefully become an infection of the past.

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