



THERAPY AREA GUIDE

Hepatitis C

INTRODUCTION

This guide to hepatitis C presents an overview of the disease and outlines how GKA's unparalleled expertise can make a real difference to your project

Medical market research fieldwork agency GKA has been working team at GKA has both developed a in the hepatitis C therapy area since 1992. During that time, it has completed hundreds of projects, ensuring that clients access only the best and leading key opinion leaders in the field.

As a result of this rich heritage, the team at GKA has both developed a deep understanding of the disease and built strong relationships with the wider hepatitis C community. This Guide presents an overview of the condition and shows why GKA can make a difference to your project.

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THE LOWDOWN

Hepatitis C is a blood-borne virus that predominantly affects the liver. It causes inflammation and damage, which can stop the liver carrying out all of its functions. Although it is known as a liver disease, researchers have discovered that the hepatitis C virus (HCV) can also affect the digestive, lymphatic and immune systems, and the brain.

Under the Public Health (Infectious Diseases) 1988 Act and the Public Health (Control of Diseases) 1984 Act, HCV is a notifiable disease in the UK. This means healthcare professionals must send a report to the Health Protection Agency's Centre for Infections when they are treating a person for the condition.

The discovery of hepatitis C was first published in 1989, after doctors and scientists speculated that, as well as hepatitis A and B, there was a third virus causing liver damage¹.

While a screening process to detect HCV was developed in 1991, understanding about the disease has changed a great deal. Six variants of the virus, or genotypes 1-6, have been identified. Different parts of the world are associated with different genotypes and a person can be infected with more than one genotype.

The virus is mainly transmitted through blood-to-blood contact. The severity of the disease varies but it is classed as either acute or chronic. Often, any resulting damage such as cirrhosis and cancer will present decades after the initial infection. While historically many infections were due to poor screening of donated blood, these days the majority infections are caused through unsafe injection practices, mostly high-risk drug behaviour.

THE LOWDOWN

Incidence

The number of people diagnosed with hepatitis C is growing². The World Health Organisation (WHO) estimates that 3% of the world's population is infected and there are also an estimated 170 million chronic carriers of the virus³.

Prevalence varies from country to country. In Egypt, for example, it is estimated that as many as 20% of blood donors are positive for HCV antibodies whereas that figure in the UK is around 0.5%. There are 216,000 people chronically infected with hepatitis C in the UK⁴. The most common genotypes of in England are genotypes 1, 2 and 3.

Treatments

Hepatitis C does not always require treatment. However, the different genotypes respond differently to treatment. Around half of people with genotype 1 and around 8 out of 10 people with genotypes 2 and 3 will be cured.

Due to drug side effects, the decision to start treatment can be a difficult and complex one. According to the WHO, the mainstay of hepatitis C treatment is combination antiviral therapy using interferon and ribavirin. Treatment tends to last between 24-48 weeks depending on the genotype⁵, however, interferon is not widely available and not always well tolerated. Furthermore, some genotypes respond better to interferon than other.

Concentrated research has led to the development of new antiviral drugs for hepatitis C, which may be more effective and better tolerated than existing therapies. At the beginning of 2012, the National Institute For Health and Clinical Effectiveness (NICE) approved two new protease inhibitors: Incivo (telaprevir) and Victrelis (boceprevir). While they are only for genotype 1 and they must be taken alongside existing treatment, these drugs proved effective in around 70 percent of cases in clinical trials. Treatment using these therapies takes up to 48 weeks⁶.

KEY FACTS AT A GLANCE

- Hepatitis C is an RNA virus
- RNA viruses mutate much more than DNA viruses
- There are six genotypes of HCV
- HCV is a notifiable disease in the UK
- Globally, 170 million people are chronic carriers of the virus
- 216,000 people are chronically infected with hepatitis C in the UK
- Hepatitis C does not always require treatment
- Where treatment is required, it can take up to 48 weeks
- World Hepatitis Day is on 28 July.

THE GKA DIFFERENCE

Medical market fieldwork agency GKA has been working in the hepatitis C environment for over two decades, running over 100 projects. In the last six months alone, it has been involved in 20 projects. Examples of the types of initiatives undertaken include more than a dozen telephone-based projects, 10 online projects, as well as numerous patient recruitment drives and central location-based events.

At the heart of GKA's prowess in the field of hepatitis C is its respondent panel, which has been constantly developed since it was first set up. Thanks to the GKA respondent panel, the team working on hepatitis C has built close relationships with several high-level gastroenterologists not to mention a host of KOLs. In fact, GKA has over 460 respondents on its hepatitis C panel, comprising:

- **60 Hepatologists**
- **290 Gastroenterologist**
- **45 Infectious Disease specialists**
- **70 Hep C Nurses**

Given the nature of the disease, it can be hard to find patients willing to take part in research. To ensure that it is working with the most relevant patients, GKA works closely with a number of support groups which help identify suitable participants. Recognising the value that such groups can bring to a research project, and ultimately to patients, GKA is committed to building strong relationships with these organisations. In recognition of this invaluable assistance, GKA makes a donation to support groups.

REFERENCES

- 1, 5, 6: Hepatitis C Trust
- 2: Forbes.com - A public health and healthcare spending time bomb: Hepatitis C
- 3: WHO
- 4: Health Protection Agency

THE GKA DIFFERENCE

Given that most haemophilia projects rely on patient studies, this ability stands GKA apart from many of its competitors. By leveraging its strong relationships with both its funders and the patient organisations, GKA can recruit large numbers of validated patients across many different methodologies.

In short, GKA's experience of working on haemophilia market research projects is second to none. It regularly meets and overcomes the many challenges faced by fieldwork agencies and market researchers working in this area. The agency only works with healthcare professionals and patient organisations who really understand the challenges wrought by haemophilia, not just for the patients but also for parents, carers and even carriers of this genetic condition.

REFERENCES

- 1, 7: Haemophilicare.co.uk
- 2, 6: BUPA
- 3: Hemophilia.org
- 4: Englishmonarchs.co.uk
- 5: NHS Choices