Introduction

The treatment of chronic hepatitis C has been dramatically altered by the development of Directly Acting Antiviral (DAA) agents. The first two of these agents, telaprevir and boceprevir, have resulted in significantly improved Sustained Virologic Response (SVR) rates in previously difficult to treat genotype 1 patients in the West. There appears to be very limited use of these new DAA agents in South and South East Asia.

Objective: To assess obstacles to DAA use among hepatologists in South and South East Asia.

Methods: Hepatologists from South and South East Asia attending the International Gastroenterology and Hepatology Forum (IGHF) in Yangon, Myanmar in November 2012 were surveyed, using a questionnaire, regarding DAA usage.

Results: 67 hepatologists were included in this study. The doctors were from the following countries: Pakistan 24 (36%), Sri Lanka 2 (3%), Myanmar 25 (37%), Philippines 8 (12%), Laos 5 (7%), and Cambodia 3 (4%). Eleven doctors said DAA were available in their country (3 from Philippines, 4 from Burma, and 7 from Pakistan) and 4 doctors from Pakistan had previously prescribed DAA. When asked about obstacles to DAA use in their countries, the following reasons were cited: 1. High cost 34% (36), 2. Lack of availability 34% (36), and 3. Lack of relevance of these DAA to the genotypes prevalent in their countries 12% (8).

Conclusion: Based on this sample of hepatologists representing six countries from the region, there appears to be limited DAA use in South and South East Asia. Issues relating to cost, availability, and efficacy in prevalent genotypes limited DAA use in this region. These issues need to be addressed both for the existing DAA as well as for the array of newer agents in development.
Review Board at South City Hospital, Karachi, Pakistan. Data was entered and analyzed using SPSS version 197.

Results

67 hepatologists were included in this study. 70% (47) were male and 30% (20) were female. The average age of participants was 48. 67% (45) were in academic practice. The doctors had been in practice for a time period ranging from one to 33 years. The doctors were from the following countries: Pakistan 24 (36%), Sri Lanka 2 (3%), Myanmar 25 (37%), Philippines 8 (12%), Laos 5 (7%), and Cambodia 3 (4%). All treated hepatitis C infected patients. Eleven doctors said DAAs are available in their country (3 from Philippines, 4 from Burma, and 7 from Pakistan) and four doctors from Pakistan had previously prescribed DAAs. When asked about obstacles to DAA use in their countries, the following reasons were cited: high cost, lack of availability, and lack of relevance of these DAAs to the genotypes prevalent in their countries (Table 1).

Table 1: Obstacles to DAA use.

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High cost</td>
<td>36 (54%)</td>
</tr>
<tr>
<td>Lack of availability</td>
<td>36 (54%)</td>
</tr>
<tr>
<td>Lack of relevance of these DAAs to prevalent genotypes in our country</td>
<td>8 (12%)</td>
</tr>
</tbody>
</table>

Discussion

The results of this study show very limited use of DAAs among hepatologists in South and South East Asia. Of the six countries represented here, half reported no access to these new medications. Apart from lack of availability, issues of cost and applicability were cited as obstacles to DAA use in the region. Newer medications, such as the polymerase inhibitor sofosbuvir with pangenotypic activity, will not have the same genotype restrictions seen with telaprevir and boceprevir. However, as our study shows, other barriers including availability and cost, may continue to impede the use of these oral antiviral agents in this region. DAAs are not in use in half of the countries studied in the region. These medicines are still relatively new and it is possible that given more time, they may reach these countries. The results of this study are limited in that all countries in the region are not represented due to their lack of participation at the conference where this study was conducted. This is the first study to look at DAA use in South and South East Asia. Based on this sample of hepatologists representing six countries from the region, there appears to be limited DAA use in South and South East Asia. Issues relating to cost, availability, and efficacy in prevalent genotypes limited DAA use in this region. In the rapidly changing landscape of hepatitis C therapy, these issues need to be addressed both for the existing DAAs as well as for the array of newer agents in development.

References