

# Hepatitis C: KOL Insight

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## Abstracts

As hepatitis C cures multiply, how do experts evaluate the options?

Since the launch of Sovaldi (sofosbuvir; Gilead) in 2013, the hepatitis C (HCV) landscape has developed at a rapid pace. The focus has shifted to cure, and physicians now have more treatment options than ever. But which ones should they use? Key opinion leaders provide their views, as well as give their candid insights on which regimens of the future could change treatment the HCV treatment paradigm again.

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Covering 7 currently marketed drugs and 6 pipeline therapies, this report reveals candid insights about the HCV landscape from 12 KOLs in North America and Europe. You'll learn which treatments KOLs have confidence in, which ones they question – and which ones they think can challenge the standard of care in the future.

“Even with the new drugs coming into the market, Harvoni's eight-week treatment regimen is a strong argument for Gilead to keep it on the market. I do not see Epclusa or Zepatier getting into that segment. The only other drug that can be a challenge to Harvoni is [ABT- 493/ABT-530], because they have eight-week results for every population so far.”

US KOL

Take a tour of the report now:

[The table of contents](#)

[The key questions answered](#)

The key KOL quotes

See the 13 therapies covered

Find out who the 12 EU & US KOLs are

Review an extract from the report - 1 drug profile

Sample of brands covered:

Harvoni (sofosbuvir/ledipasvir; Gilead)

Sovaldi (sofosbuvir; Gilead)

Viekira Pak/Viekirax+Exviera (paritaprevir/ ombitasvir/ dasabuvir;  
AbbVie/Enanta)

Zepatier (elbasvir/grazoprevir; Merck & Co.)

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Sample of KOLs interviewed

Adrian M. Di Bisceglie. Chief of Hepatology, Division of Gastroenterology and Hepatology, St. Louis University Liver Center, St. Louis, MO.

Eric Lawitz. Medical Director, Texas Liver Institute and Clinical Professor of Medicine, University of Texas Health Science Center, San Antonio, TX.

Geoffrey Dusheiko. Emeritus Professor of Medicine, Royal Free Hospital and University College School of Medicine, London, UK.

Peter Ferenci. Professor of Medicine, Medical University of Vienna, Vienna, Austria.

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## TOP TAKEAWAYS

KOLs see room for improvement in streamlining the route to HCV cure. Do KOLs believe there is a future without ribavirin? What else is on their wish lists?

FDCs have challenged the utility of single-agent therapies. Do experts believe that monotherapies, including Sovaldi, Olysio and Daklinza, have a future role in treatment?

KOLs agree that governments' good intentions to increase rates of HCV screening have had limited success. Beyond identifying more patients, where do KOLs see unmet needs in HCV?

Experts concur that existing drugs can successfully treat most patients with the common HCV genotypes. With little room for improving SVR rates, where do KOLs see the biggest opportunities for new entrants addressing these genotypes?

Pan-genotypic regimens stand to simplify the HCV treatment paradigm. Other than simplicity, what do KOLs expect from other pan-genotypic therapies in development?

Cost is the main factor determining the market availability of HCV drugs in many countries. How do KOLs feel about this?

Experts are intrigued by pipeline drugs targeting new pathways. Regulus Therapeutics' RG-101 and Biotron's BIT225 look interesting, but how do KOLs view their safety profile and market potential?

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