

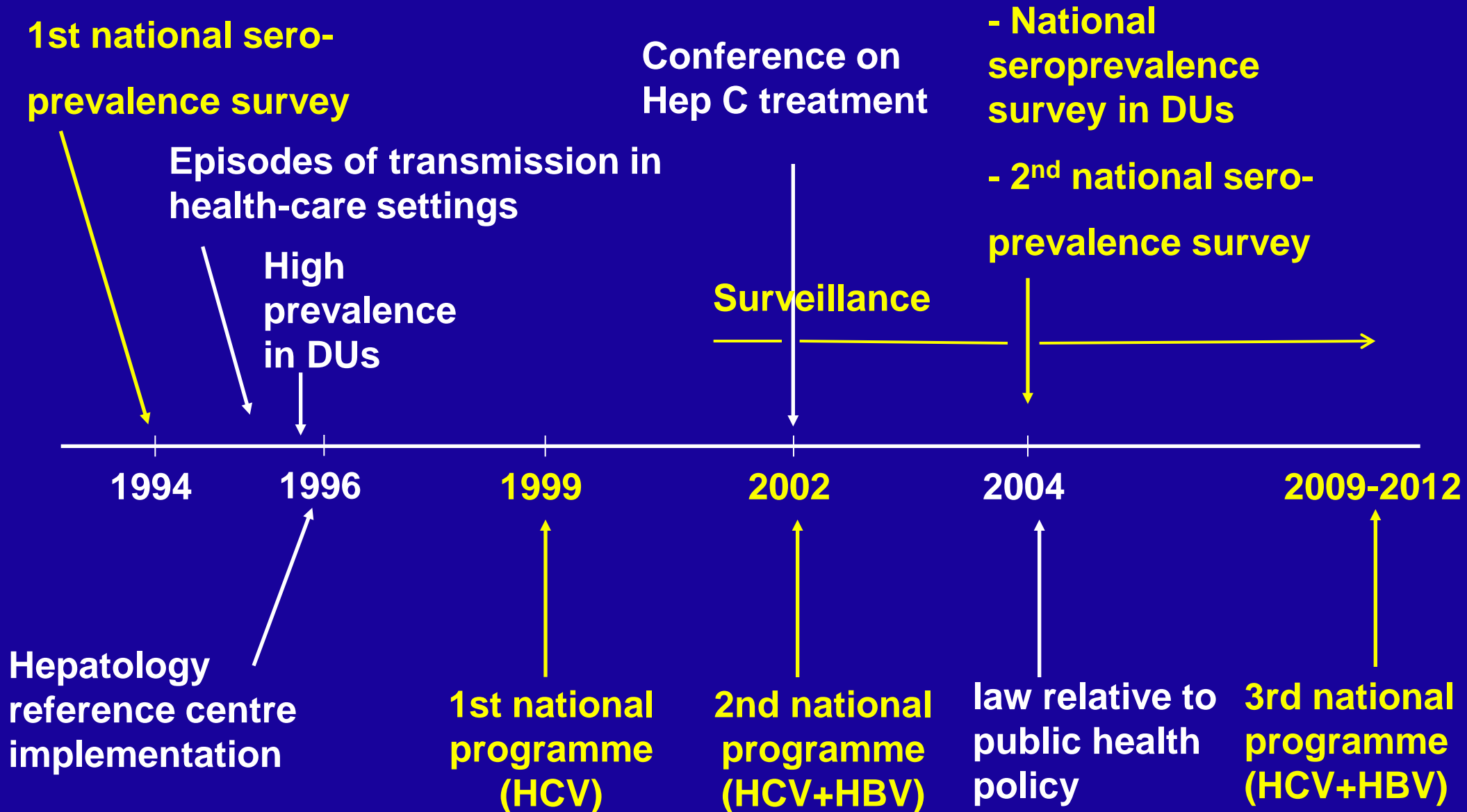
« THE FRENCH EXPERIENCE »

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Berlin, October 23, 2014

The French masterplan : successive steps



The French masterplan : successive steps

1st national sero-prevalence survey

Episodes of transmission in health-care settings

High prevalence in DUs

Conference on Hep C treatment

- National seroprevalence survey in DUs

- 2nd national sero-prevalence survey

Surveillance

1994

1996

1999

2002

2004

2009-2012

Hepatology reference centre implementation

1st national programme (HCV)

2nd national programme (HCV+HBV)

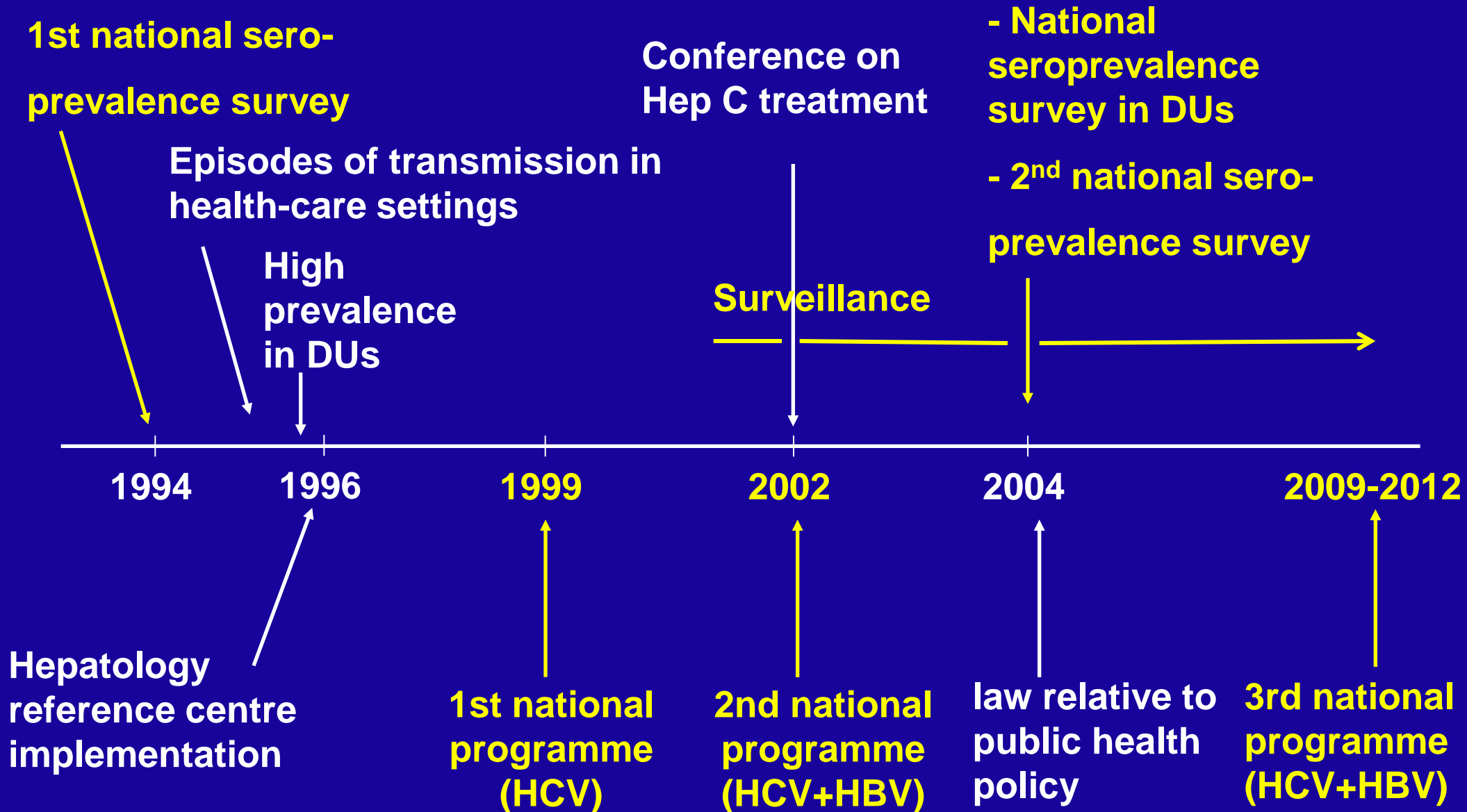
law relative to public health policy

3rd national programme (HCV+HBV)

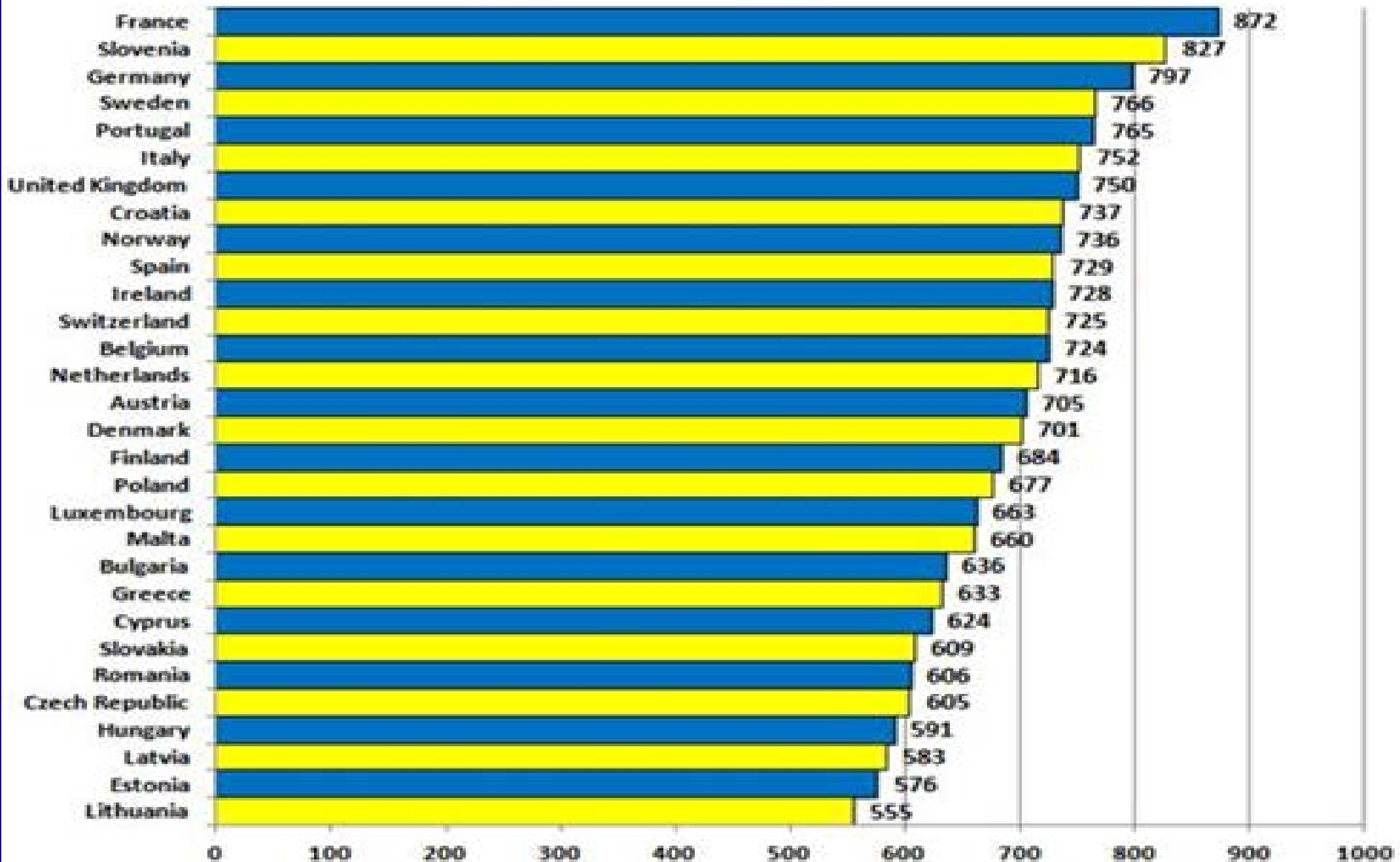
The 30 HBV/HCV expert centers in France



The French masterplan : successive steps



Euro Hepatitis Index 2012 Total Scores

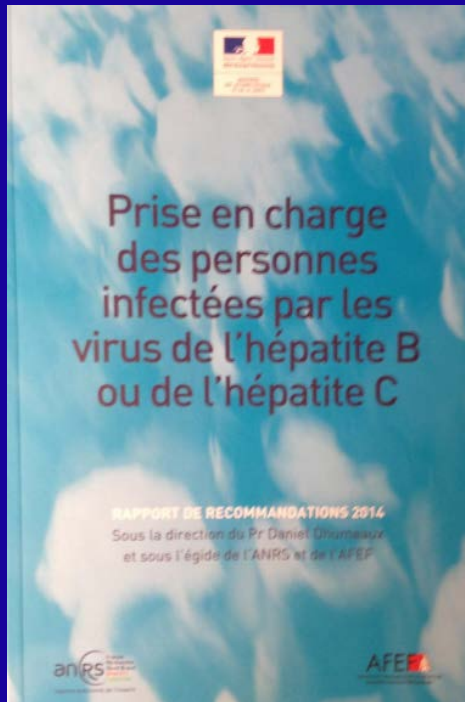




Curing Chronic Hepatitis C — The Arc of a Medical Triumph

Raymond T. Chung, M.D., and Thomas F. Baumert, M.D.

April 10, 2014 | DOI: [10.1056/NEJMp1400986](https://doi.org/10.1056/NEJMp1400986)



2014 French ministry guidelines for the management of patients with hepatitis B and C

Coordinator : Daniel Dhumeaux
Operators : ANRS and AFEF

Defining strategic therapy



Interferon

New direct-acting antivirals

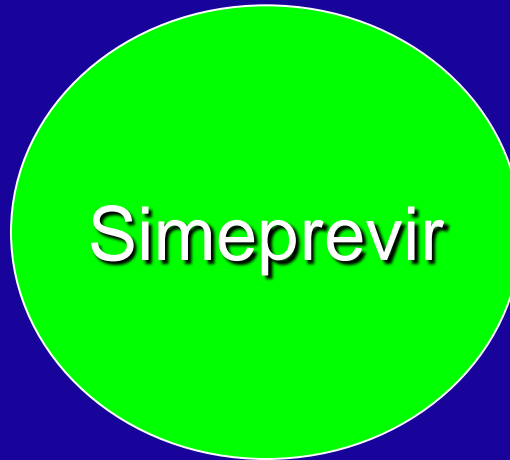
(Jan. 2014)



Sofosbuvir

**High genetic barrier
of resistance
Genotypes 1,2,4**

(May 2014)



Simeprevir

**Low genetic barrier
of resistance
Genotype 1b**

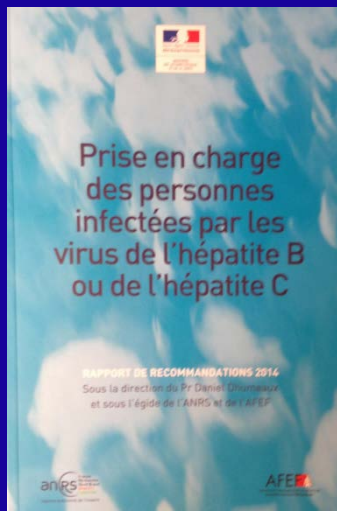
(Sept.2014)



Daclatasvir

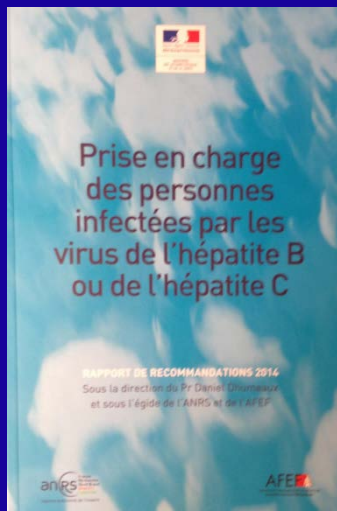
**Low genetic barrier
of resistance
All genotypes**

Defining strategic therapy
Two planed successive steps



2014 French ministry guidelines for the management of patients with hepatitis B and C

- **Treat first patients with chronic hepatitis C :**
 - **with fibrosis score of \geq F2**
 - **whatever the stage of fibrosis, with extrahepatic manifestations, patients on a list of organ transplantation, women who like to get pregnant, drugs users, and prisoners.**
-



2014 French ministry guidelines for the management of patients with hepatitis B and C

- **Treat first patients with chronic hepatitis C :**
 - **with fibrosis score of \geq F2**
 - **whatever the stage of fibrosis, with extrahepatic manifestations, patients on a list of organ transplantation, women who like to get pregnant, drugs users, and prisoners.**
 - **Then (2016?), provide treatment to all infected patients.**
-

Burden of HCV infection in France

Infected patients	200 000
Treated patients (up to 2014)	70 000
Cured patients	35 000
Residual infected patients	165 000
	Screened 100 000
	To be screened 65 000

Treating 15 000 patients each year, disease control could be achieved within 10 years

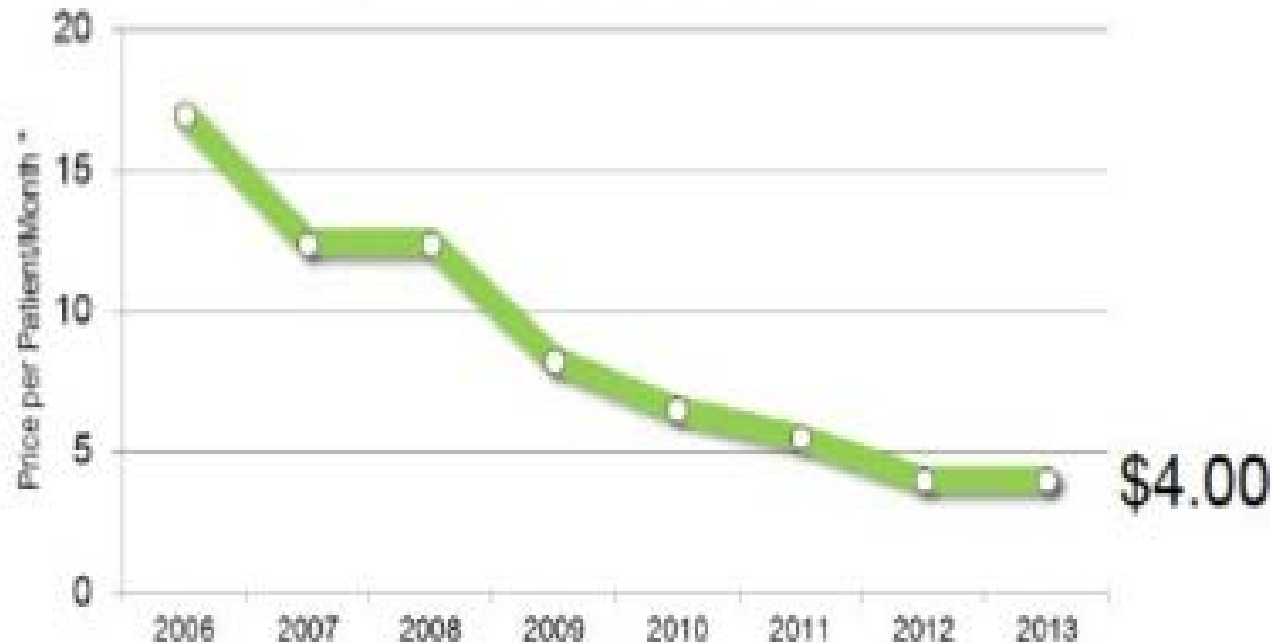




Continued Reduction in Prices

- ◆ Generic licensing has reduced TDF prices **80%** in **7 years**
- ◆ **97%** of Gilead HIV therapies in developing countries now generic versions – cost savings passed on to large-scale treatment programs

Lowest TDF Price



Licensing Agreements to Increase Access to Hepatitis C Treatments in Developing Countries

<http://www.gilead.com/news/press-releases/2014/9/gilead-announces-generic-licensing-agreements-to-increase-access-to-hepatitis-c-treatments-in-developing-countries>

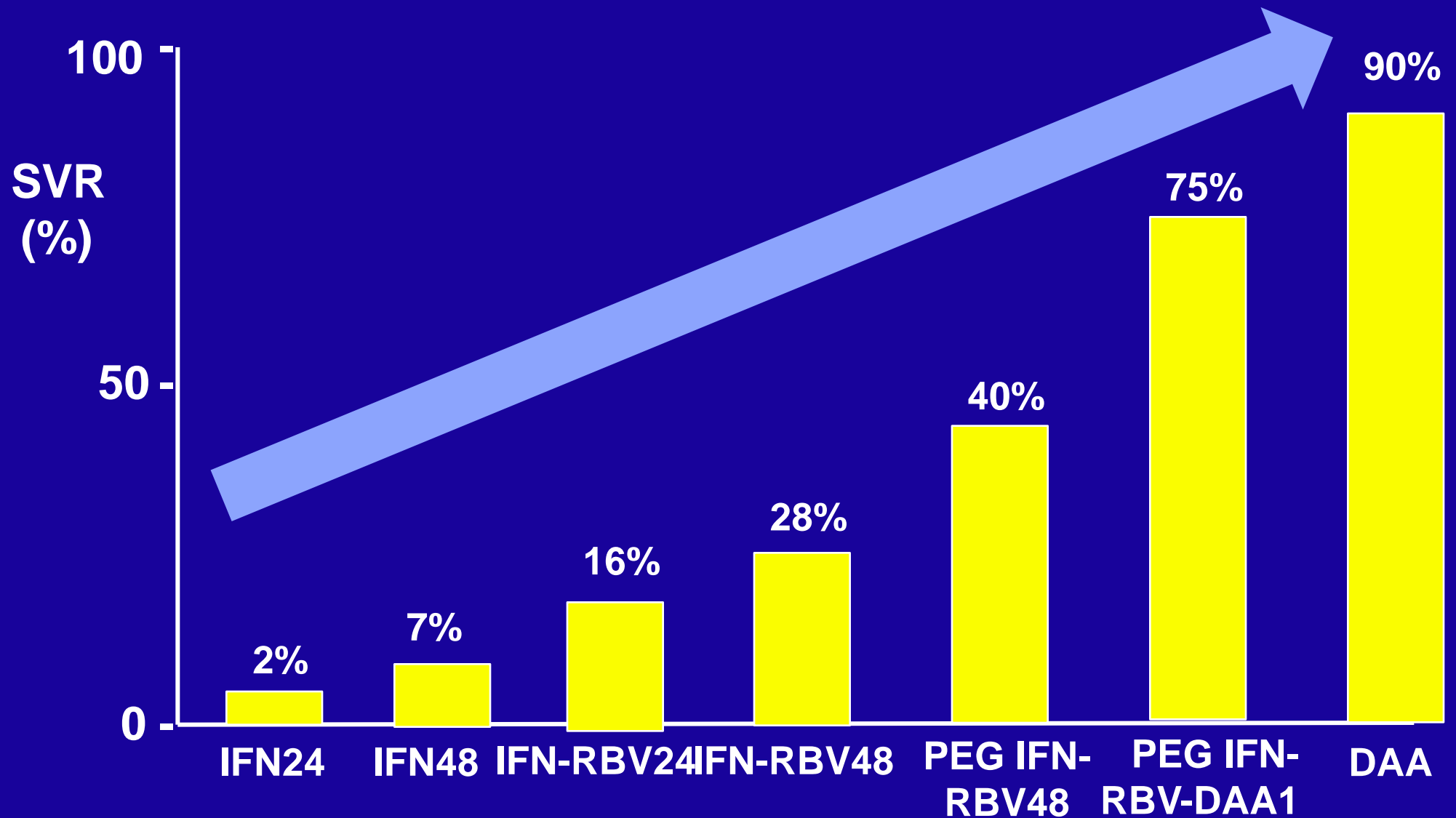
Hepatitis C worldwide

- . Prevalence of infected people : 170 millions**
 - . Prevalence of viremic people : 130 millions**
 - . Annual mortality : 350,000**
-

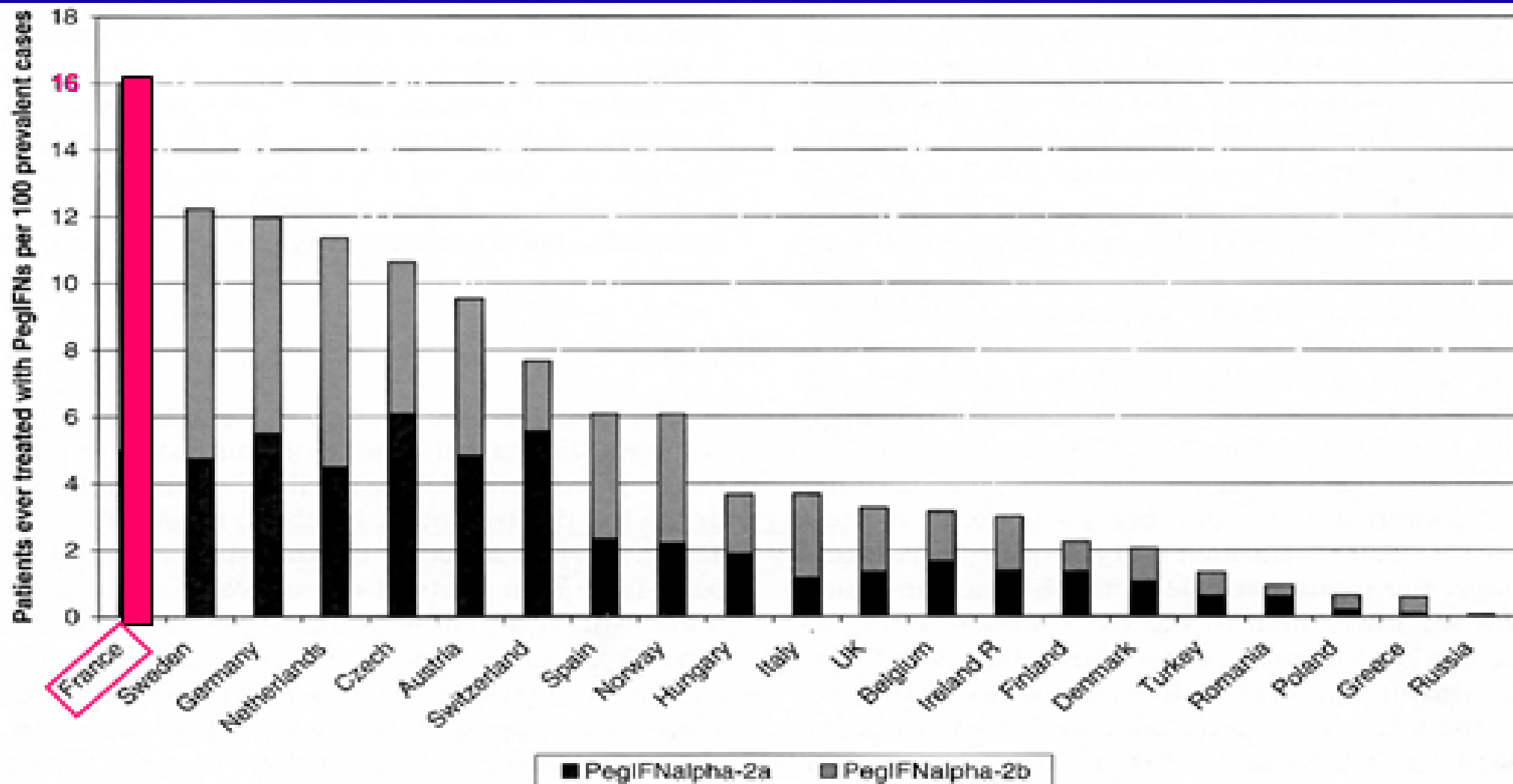


**Pablo Picasso:
"Science and
Charity" (1897)**

Advances in therapy (hepatitis C virus genotype 1)

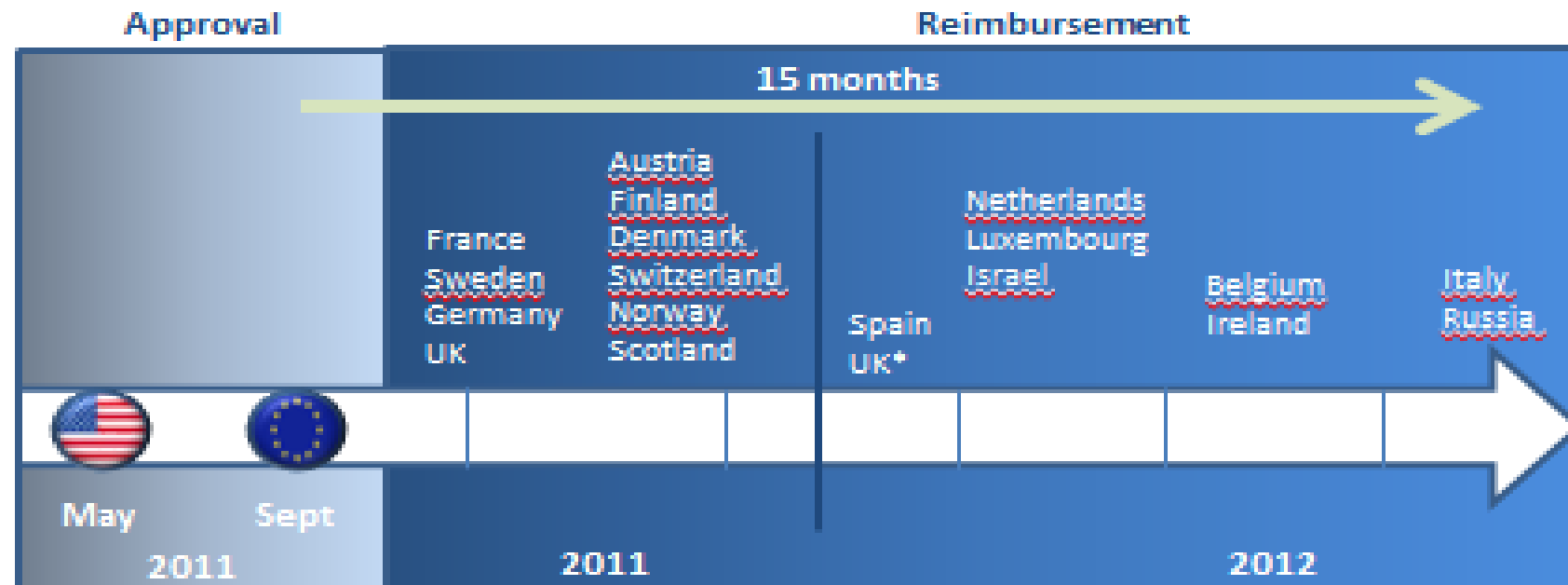


Cumulative treatment rate in 21 country, according to national sources of prevalence



The regulatory process is often protracted – it may be some time after licence that drugs become available

- There was a significant lag between license of the first-generation PI's and national approvals



Decisions about price and reimbursement take place at the level of each member state, « considering the potential role/use of this medicine in the context of the national health system of that country ».

Connections



The French ATU system

- Implemented in 1994
 - More than 1,000 medicinal products assessed since 1994
 - Availability 10 to 12 months before market authorisation application
 - Therapeutic areas
 - . Oncology-haematology
 - . Central nervous system diseases
 - . Metabolic disorders
 - . Infectious diseases including HIV infection and and viral hepatitis
-

Criteria for granting ATU

- 1. The product is a medicinal product (not a preparation)**
 - 2. ATU is given for treatment (not for investigation)**
 - 3. There is no market authorisation application**
 - 4. The patient cannot be included in a clinical trial**
 - 5. The disease is serious and/or rare**
 - 6. There is no available alternative therapeutic method**
 - 7. Efficacy and safety are presumed and benefit is expected for the patient**
-

Two types of ATU : nominative and cohort ATU

Nominative ATU

- . For one patient, on a name patient basis
- . On the request and responsibility of the clinician
- . ATU for the duration of treatment
- . Usually follow-up of patients and data collection according to a protocol for therapeutic use

Cohort ATU

- . For a group of patients
 - . Applied by the company commitment to submit a marketing autorisation
 - . ATU for one-year duration, renewal possible
 - . Always follow-up of patients and data collection according to a protocol of therapeutic use
-

The ATU system : success and limits

- The ATU system is extremely useful for covering public health needs :
 - . It is strongly supported by patients and physicians
 - . It is controlled by competent authorities (*)
- The risks are (a) to slow down clinical trials and marketing authorisation applications, (b) to overestimate efficacy and to underestimate safety
- Regarding nominative ATU :
 - . Too many
 - . Complex system
 - . No strong regulatory long term status (no mandatory marketing authorisation application)

(*) ansm : agence nationale de sécurité du médicament et des produits de santé

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Screening

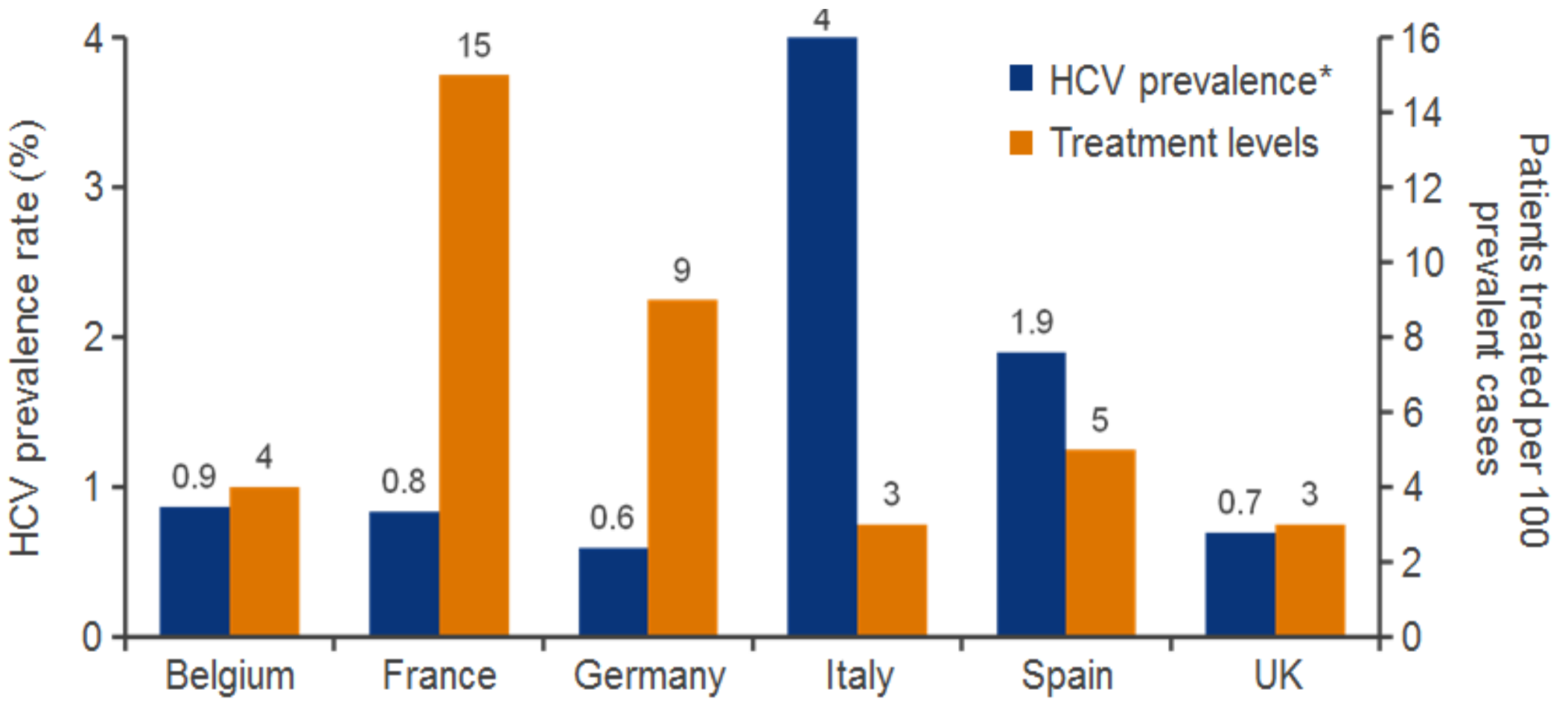
Screening strategies according to epidemiological studies

- **USA : 1945-1965 birth cohort screening**
 - **Canada : 1945-1975 birth cohort screening**
 - **France :**
 - . **men between 18 and 60-year old**
 - . **combined detection of HCV, HBV and HIV**
-

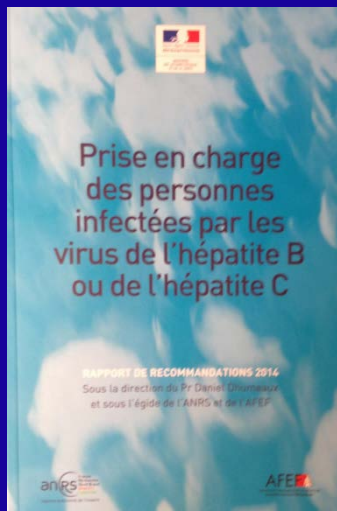
Screening rate of hepatitis C in European countries

	Belgium	France	Germany	Italy	Spain	UK
HCV Screening, %						
Observed, % (year)	37 (2000)	57 (2004)	40 (2004)	40 (2005)	33 (2008–9)	30 (2004)
Estimated in 2011, %	50	64	48	46	35	34
HCV Genotype						
G1, %	60	56	60	62	65	44
G2/3, %	27	32	37	34	23	53
Other genotypes, %	13	12	3	4	12	3

Accessibility to Peg-IFN antiviral therapy in different European countries



Treating



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