

NEWS RELEASE



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For immediate release

Age-Based Screening for Hepatitis C Virus Could Lead to Fewer Cases of Advanced Liver Disease and Related Deaths, According to New Study

Age-based screening would extend lives at relatively low cost of \$25,279 per quality-adjusted life-year gained

1.6 million U.S. residents ages 40-64 are infected with hepatitis C virus but are undiagnosed

Research presented at Digestive Disease Week 2011 in Chicago

CHICAGO, Ill., May 9, 2011 – New research indicates that screening people born between 1946 and 1970 for hepatitis C virus (HCV) instead of current risk-based screening practices is cost effective and could lead to 106,000 fewer cases of advanced liver disease and 59,000 fewer HCV-related deaths. An estimated 1.6 million U.S. residents ages 40 to 64 are infected with HCV but do not know it.

The study, “The Impact of Birth-Cohort Screening for Hepatitis C Virus (HCV) Compared with Current Risk-Based Screening on Lifetime Incidence of and Mortality from Advanced Liver Disease (AdvLD) in the United States (US),” was conducted by Ingenix Life Sciences, Baylor University, Inova Health System and the Harvard School of Public Health and was presented Sunday at Digestive Disease Week® (DDW®) in Chicago.

The U.S. Preventive Services Task Force currently does not recommend HCV screening of the general population and instead recommends primary-care screening for HCV risk factors, such as intravenous drug use, and testing those at high risk. However, approximately three-quarters of the U.S. HCV-infected population are unaware of their condition, according to the Institute of Medicine. Researchers explored the clinical and cost implications of age-based screening because current risk-based screening practices have had limited success, given the number of undiagnosed cases in the U.S.

“Current risk-based hepatitis C virus screening practices are often limited to people who have symptoms of liver disease or who are considered high risk,” said Lisa McGarry, MPH, lead author of the study and director of health economics and outcomes research in Ingenix Life

Sciences. “A shortcoming in risk-based screening is that symptoms of the hepatitis C virus might not appear until 20 years or more after an individual has been infected, which is one of the reasons there is a high percentage of undiagnosed cases of HCV. With particularly high hepatitis C infection rates among Baby Boomers, it was important to explore the implications of a targeted, age-based screening approach.”

Methodology and Findings

Researchers used an epidemiologically based mathematical computer model to project economic and clinical outcomes of an age-based screening program. The model first sought to determine how many people in the United States are currently infected and undiagnosed, and how far the disease is likely to have progressed in this population. Then, researchers examined the implications of implementing a screening program targeted at the “Baby Boomer Plus” birth cohort (people born between 1946 and 1970) vs. the current practice of risk-based screening. Finally, they ran the model forward to the remainder of people’s lifetime to see how screening would affect progression to advanced liver disease and mortality.

The model suggests the following:

- Among approximately 102 million people ages 40-64 in the United States, about 1.6 million are infected with HCV but do not know it. Age-based (or “birth-cohort”) screening could lead to 106,000 fewer cases of advanced liver disease and 59,000 fewer HCV-related deaths
- Age-based screening would lead to higher overall costs than risk-based screening (\$45.1 billion vs. \$32 billion), but would yield lower costs related to advanced liver disease (\$21.7 billion vs. \$25.8 billion)
- Age-based screening would also extend lives at a relatively low cost of \$25,279 per quality adjusted life-year² gained – a cost comparable to similar diseases.

“This study is the first to look at birth-cohort screening outcomes for hepatitis C virus and provides compelling evidence for putting age-based screening guidelines into practice,” said Zobair M. Younossi M.D., MPH, vice president for research at Inova Health System and executive director of the Center for Liver Diseases at Inova Fairfax Hospital, Falls Church, Va. “The cost of just over \$25,000 per quality-adjusted life-year gained through earlier detection and treatment is below U.S. willingness-to-pay thresholds and compares favorably with the economics of screening for many other serious diseases. These findings are especially encouraging given the potential impact of the new treatments for hepatitis C virus that are on the horizon, which weren’t considered in the study.”

Support for the study was provided by Vertex Pharmaceuticals.

About Hepatitis C¹

Hepatitis C is a contagious liver disease that results from infection with the hepatitis C virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis C is usually spread when blood from a person infected with the hepatitis C virus enters the body of someone who is not infected.

Today, most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the blood supply began in the United States, hepatitis C was also commonly spread through blood transfusions and organ transplants.

Hepatitis C can be either “acute” or “chronic.” Acute hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis C virus. For most people, acute infection leads to chronic infection. Chronic hepatitis C is a serious disease than can result in long-term health problems, or even death.

There is no vaccine for hepatitis C. The best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use.

About DDW

Jointly sponsored by the American Association for the Study of Liver Diseases, the American Gastroenterological Association (AGA) Institute, the American Society for Gastrointestinal Endoscopy and the Society for Surgery of the Alimentary Tract, DDW takes place May 7-10, 2011, at McCormick Place, Chicago, Ill. The meeting showcases approximately 5,000 abstracts and hundreds of lectures on the latest advances in GI research, medicine and technology. For more information, visit www.ddw.org.

About Ingenix

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¹ Centers for Disease Control and Prevention, “Hepatitis C Information for the Public”:
<http://www.cdc.gov/hepatitis/C/index.htm>

² Quality adjusted life year refers to units of measure of utility which combine life years gained as a result of health interventions/health care programs with a judgment about the quality of these life years. Source: National Information Center on Health Services Research and Health Care Technology (NICHSR), “Glossary of Frequently Encountered Terms in Health Economics”: <http://www.nlm.nih.gov/nichsr/edu/healthecon/glossary.html>