

# HCV ELIMINATION IN ROMANIA

## The Clinician Perspective

Assoc. Prof. Mircea Manuc

University of Medicine and Pharmacy Carol Davila

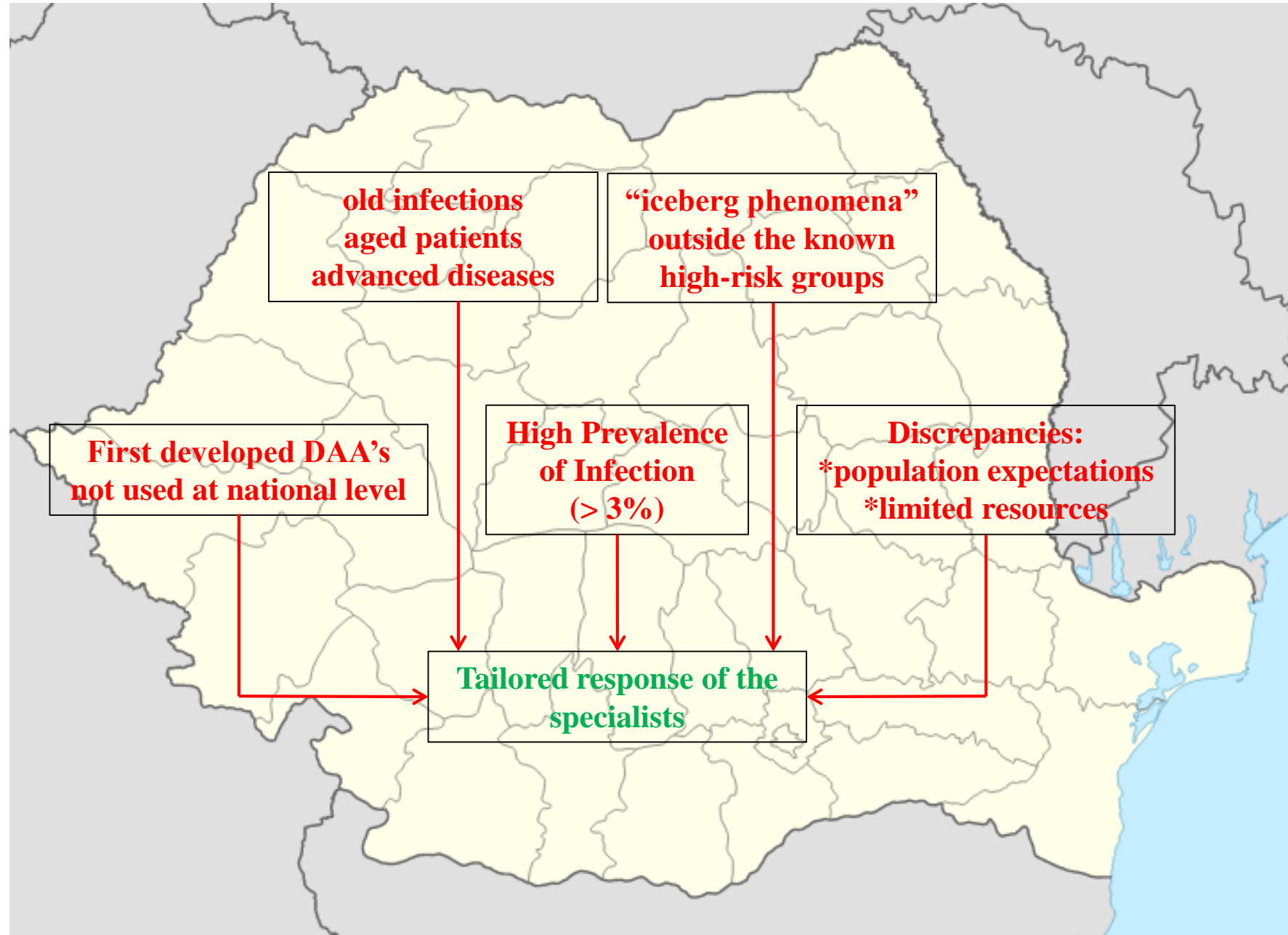
Clinic of Gastroenterology and Hepatology

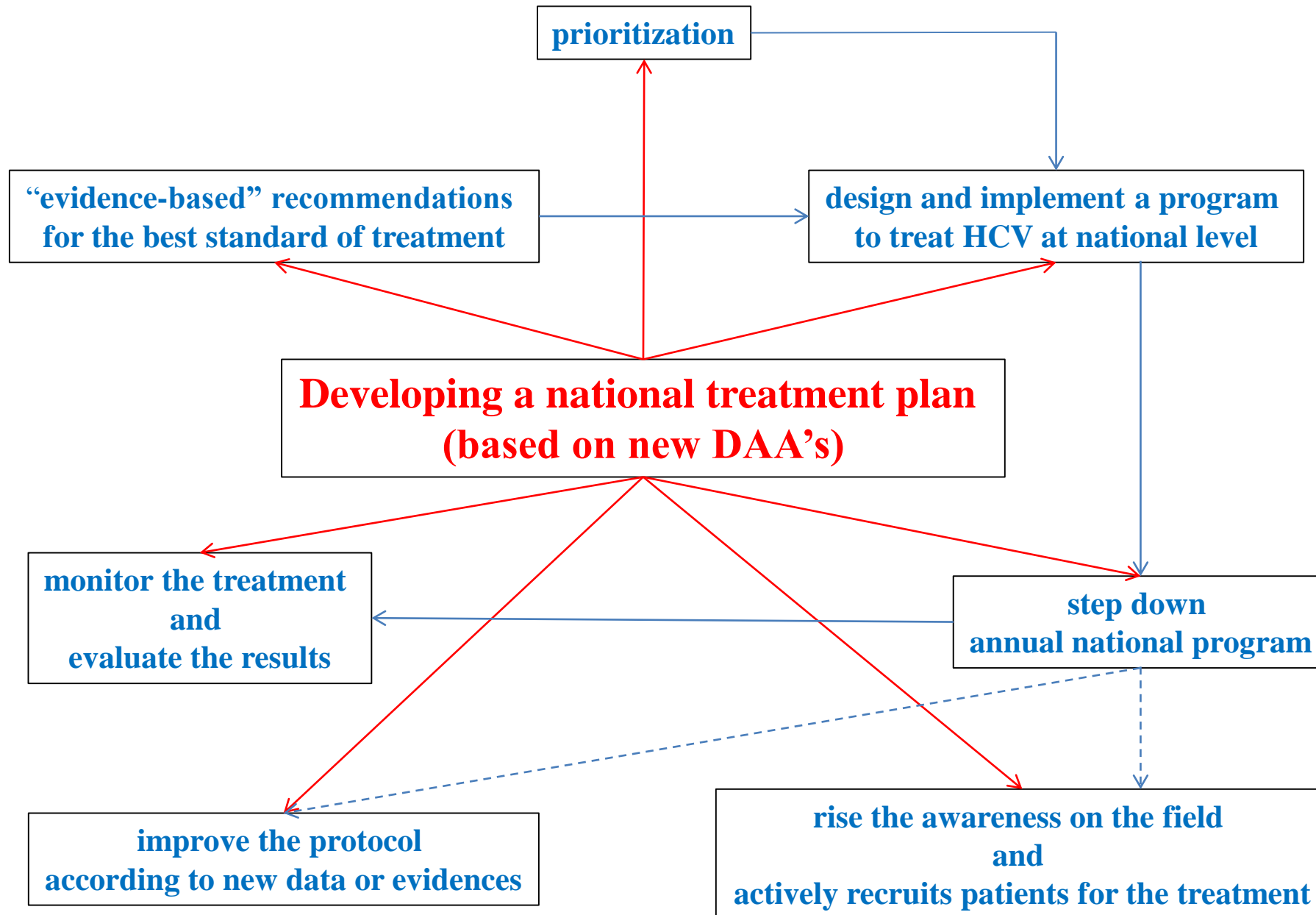
Fundeni Clinical Institute

Bucharest Romania



# Facts about HCV and Romania





# DAA national programs 2016-2018

- Option to have a centralized control (all dossiers endorsed by a national committee in the first year)
- Option to choose an objective test for fibrosis (fibromax)
- Option to allowed to treat only in expert centers, by senior specialists (first year)
- Option to treat irrespective of age
- Option to treat the most advanced diseases
  - Started with F4 (compensated cirrhosis) – 5000 pt. (over 5400)
  - Continued with decompensated cirrhosis – 2000 pt
  - Continued with F3 together with F4 – 10000 pt
- Option to treat healthcare workers irrespective of fibrosis
- Option to treat difficult subgroups
  - Post liver transplant, chronic dialysis, concomitant hematological disorders, coinfection HIV-HCV

**Improved therapeutic protocols:**

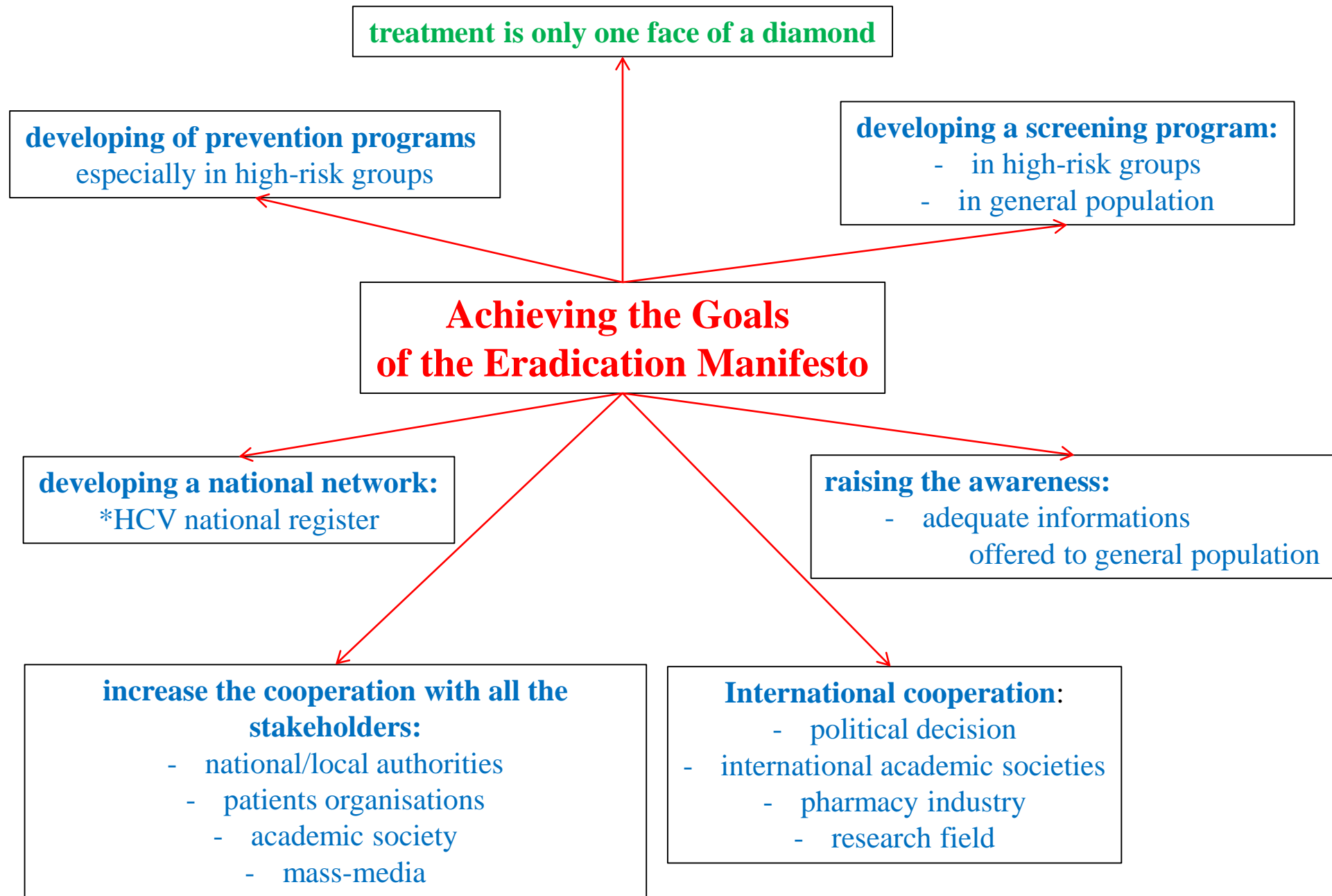
- \*Monitoring adverse events during/after the treatment
- \*New drugs under clinical evaluation
- \*No perfect test for grading fibrosis

**therapeutic program has to be extended**

- to lower grades of fibrosis
- better coverage across the country

**Objectives for the Next Therapeutic Protocols**

**program has to be less centralized  
and  
extended to specialists outside experienced centers**



**... and many other things**

# Conclusions

- The role of the medical specialist is not only to treat the patients, but also to create a positive link between all the stake holders involved in the process
- In Romania the first important steps were made in the last 2 years, but we need to improve and fasten the whole process of prophylaxis, diagnosis and treatment in order to achieve the goals of “eradication manifesto”