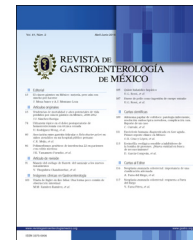




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GUIDELINES AND CONSENSUS STATEMENTS

The Mexican consensus on the treatment of hepatitis C[☆]



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Abbreviations: AASLD, American Association for the Study of Liver Diseases; AFP, alpha-fetoprotein; DAA, direct-acting antivirals; DCV, daclatasvir; EASL, European Association for the Study of the Liver; EBV, elbasvir; EMA, European Medicines Agency; FDA, Food and Drug Administration; GZV, grazoprevir; HBV, hepatitis B virus; HCC, hepatocellular carcinoma; HCV, hepatitis C virus; HIV, human immunodeficiency virus; HVPG, hepatic venous pressure gradient; IDSA, Infectious Diseases Society of America; IFN, interferon; IU, international units; IDU, injection drug user; LDV, ledipasvir; MELD, Model for End-Stage Liver Disease; NHL, non-Hodgkin lymphoma; non-IDU, non-injection drug user; PCR, polymerase chain reaction; pegIFN, pegylated interferon; PR, pegylated interferon-ribavirin; RAV, resistance-associated variant; RBV, ribavirin; SOF, sofosbuvir; SVR, sustained virologic response: undetectable RNA 12 or 24 weeks after completing treatment; VEL, velpatasvir.

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KEYWORDS

Consensus;
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antiviral agents;
Interferon-free
regimens;
Ribavirin

Abstract The aim of the Mexican Consensus on the Treatment of Hepatitis C was to develop clinical practice guidelines applicable to Mexico. The expert opinion of specialists in the following areas was taken into account: gastroenterology, IFNectious diseases, and hepatology. A search of the medical literature was carried out on the MEDLINE, EMBASE, and CENTRAL databases through keywords related to hepatitis C treatment. The quality of evidence was subsequently evaluated using the GRADE system and the consensus statements were formulated. The statements were then voted upon, using the modified Delphi system, and reviewed and corrected by a panel of 34 voting participants. Finally, the level of agreement was classified for each statement. The present guidelines provide recommendations with an emphasis on the new direct-acting antivirals, to facilitate their use in clinical practice. Each case must be individualized according to the comorbidities involved and patient management must always be multidisciplinary.

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PALABRAS CLAVE

Consenso;
Agentes antivirales
de acción directa;
Regímenes libres de
interferón;
Ribavirina

Consenso Mexicano para el Tratamiento de la Hepatitis c

Resumen El objetivo del Consenso Mexicano para el Tratamiento de la Hepatitis C fue el de desarrollar un documento como guía en la práctica clínica con aplicabilidad en México. Se tomó en cuenta la opinión de expertos en el tema con especialidad en: gastroenterología, IFNectología y hepatología. Se realizó una revisión de la bibliografía en MEDLINE, EMBASE y CENTRAL mediante palabras claves referentes al tratamiento de la hepatitis C. Posteriormente se evaluó la calidad de la evidencia mediante el sistema GRADE y se redactaron enunciados, los cuales fueron sometidos a voto mediante un sistema modificado Delphi, y posteriormente se realizó revisión y corrección de los enunciados por un panel de 34 votantes. Finalmente se clasificó el nivel de acuerdo para cada oración. Esta guía busca dar recomendaciones con énfasis en los nuevos antivirales de acción directa y de esta manera facilitar su uso en la práctica clínica. Cada caso debe ser individualizado según sus comorbilidades y el manejo de estos pacientes siempre debe ser multidisciplinario.

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Scope and purpose

Specific questions about therapy were identified and addressed by the participants, based on scientific evidence on hepatitis C management collected from a systematic review of the literature. The development process of the present guidelines took nine months and the first meeting of the steering committee was in September 2016. The face-to-face meeting of the working group of the consensus was held in October 2016 and the presentation of the manuscript for its publication took place in May 2017.

Sources and searches

Physicians at the Department of Gastroenterology of the *Universidad Autónoma de Nuevo León* performed a systematic search on MEDLINE (starting from 1946), EMBASE (starting from 1980), and CENTRAL (Cochrane Central Register of Controlled Trials) up to August of 2016. The search terms were: hepatitis C, interferon, ribavirin, sofosbuvir, ledipasvir, velpatasvir, daclatasvir, asunaprevir, simeprevir, dasabuvir, ombitasvir, paritaprevir, ritonavir (3 D), elbasvir, and grazoprevir. The search was

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