

Long-Term Liver Disease, Treatment, and Mortality Outcomes Among 17,000 Persons Diagnosed with Chronic Hepatitis C Virus Infection



Current Chronic Hepatitis Cohort Study Status and Review of Findings

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KEYWORDS

- Hepatitis C • Comorbidities • Cirrhosis • Sustained viral response
- Direct-acting antiviral • Mortality • Real-world cohort

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Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

KEY POINTS

- The Chronic Hepatitis Cohort Study (CHeCS) was established to improve the understanding of chronic viral hepatitis in “real-world” US patients and the impact of their screening, care, and treatment.
- This report summarizes CHeCS results to date and updates the clinical experience among more than 17,000 current HCV cohort patients.
- The more than 40 CHeCS publications have described access to care, status of hepatic disease, and comorbidities in this population. Current activities center on comorbidities, impact, and access to new therapies.

INTRODUCTION

Accurately delineating the progression and rates of liver disease and death in patients with chronic viral hepatitis infection requires following many affected patients for a long period. The Chronic Hepatitis Cohort Study (CHeCS), an ongoing dynamic, retrospective/prospective observational cohort study, was launched in 2008 to study the natural history of chronic viral hepatitis with and without antiviral treatment in the United States.¹ It is one of the largest cohorts of “real world” chronic hepatitis patients in the world. CHeCS currently includes a geographically and demographically diverse population of more than 4300 persons with chronic hepatitis B virus (HBV) infection and more than 17,000 persons with chronic hepatitis C virus (HCV) infection. Major objectives of the study are to determine the health burden and mortality associated with chronic viral hepatitis, monitor the implementation and effectiveness of recommended screening and care practices, understand the costs and potential savings of appropriate care and treatment, monitor access to care and treatment, and better understand the epidemiology of currently infected persons. This report summarizes CHeCS HCV cohort study findings to date and updates the clinical experience among current cohort patients.

METHODS

Criteria for inclusion and composition of the CHeCS cohort as well as details of the database created have been summarized in previous reports.^{1–4} Briefly, the cohort was based on analysis of electronic health records (EHR) and administrative data of about 2.7 million patients aged ≥ 18 years who had a clinical service (ie, outpatient or inpatient, emergency department, or laboratory) visit provided on or after January 1, 2006 at 1 of 4 integrated health care systems: Geisinger Health System in Danville,

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