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Best Practice & Research Clinical Gastroenterology



Preface

Without any doubt chronic hepatitis C is one of the most under-estimated infectious diseases. It is unfortunately also a largely under-diagnosed and under-treated disease with an estimated number of 170 million patients around the globe. Furthermore, it is a disease for which the virus was identified only two decades ago and which is currently already curable in the vast majority of patients. The treatment landscape which went from standard interferon to peg-interferon to peg-interferon plus ribavirin to currently triple therapy with either telaprevir or boceprevir, will probably continue to evolve into combination therapy with direct antiviral oral agents. Now that we have such effective treatment in our hands it is of utmost importance that patients are identified early during the course of disease in order to prevent serious complications of this disease, such as liver cirrhosis, liver failure and hepatocellular carcinoma. As chronic hepatitis C infection, in contrast to HIV and hepatitis B, is a curable disease we should be able to achieve this goal with the coming new treatment regimens in the next decades.

Clearly, we are entering a remarkable era of innovation for the treatment of chronic hepatitis C. The aim of this issue of Best Practice and Research: Clinical Gastroenterology is to provide you with an extensive update on all the new advances in chronic hepatitis C diagnosis and treatment in a meaningful way. There will be a particular focus on providing guidelines and on the assessment of what the new scientific developments mean for the present and future management of our daily clinical practice. With the availability of new and effective therapy for chronic hepatitis C the treatment schedules have, until now, only become more complicated. Treatment prediction and response guided therapy are still of major importance in our current treatment paradigm. However, now that we are probably entering this new period with interferon-free and all oral treatment, regimens may well be simplified. Despite this development new challenges will definitely remain: How should we combine direct antiviral agents to prevent resistance? Are peg-interferon and ribavirin truly unnecessary? What are the new side-effects and how does drug-drug interaction effect dosing of medication? How do we handle hepatitis C in patients with decompensated disease or after liver transplantation? These are issues that will all be covered in this issue.

We would like to thank all the authors, without exception thought-leaders in the field, for their generous contribution and we sincerely hope that with the content of this issue of Best Practice and Research: Clinical Gastroenterology you will find it easier to treat and prevent hepatitis C infection.

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