



A NEWSLETTER FOR THE HALT- C TRIAL

HALT-C NEWS

Hepatitis C Antiviral Long-term Treatment against Cirrhosis

April 2001 Volume 1, Number 1



WELCOME HALT-C PARTICIPANTS!

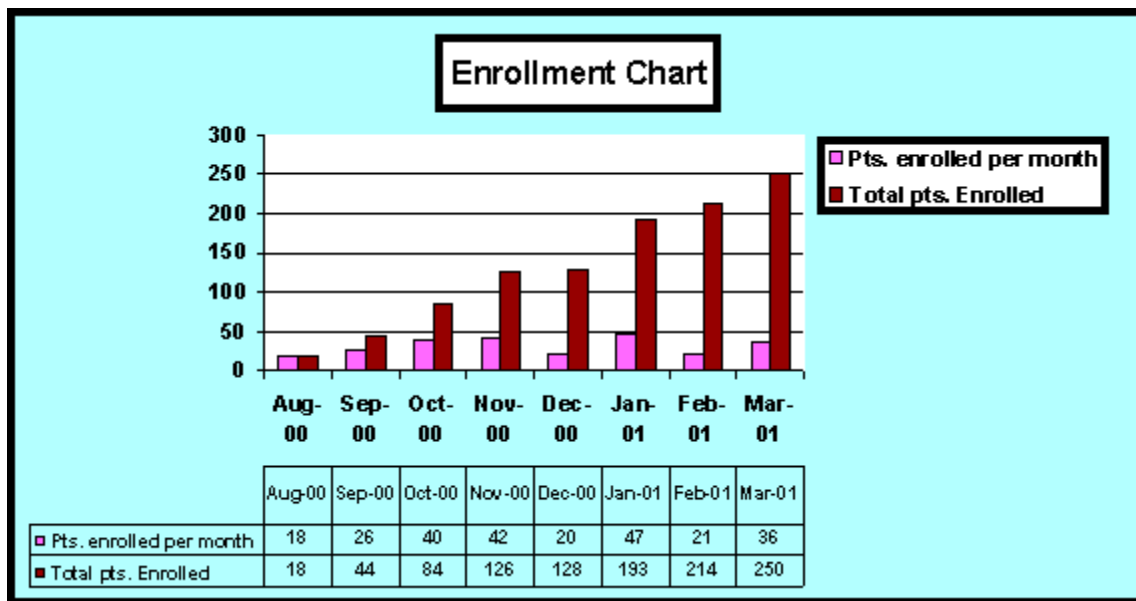
In May of 1999, a group of physicians, nurses, and statisticians gathered to begin planning what would become the HALT-C Trial. Over the next year, via meetings, conference calls, and emails, HALT-C began evolving. On June 15, 2000, patient enrollment into the HALT-C Trial finally began. During the next few years, over 1300 patients from all over the country will join you in this study. Your participation means that better treatments for Hepatitis C can be developed. As of March 2001, 250 patients had been enrolled.

The HALT-C Trial is expected enroll patients over

a two year period. The ten clinical centers will enroll approximately 1350 patients.

The chart below indicates the great strides clinical center staff have made in enrolling patients into the HALT-C Trial. With the majority of centers up and running, enrollment hovers around 30-40 patients per month, with growth expected.

In January 2001, the first patients completed the initial, Lead-in Phase of the trial (treatment with peginterferon and ribavirin). Non-responders were then randomly assigned to treatment versus no treatment groups.



ISSUES OF INTEREST
Current topics from experts in the field

HCV-RNA VIRAL LOAD AND TESTING

What does it all mean?

By Dr. Mitchell Shiffman
Medical College of Virginia

Measuring hepatitis C virus is useful in the management of patients with chronic HCV infection. However, many physicians and patients remain uncertain how the results of such testing should be interpreted and utilized. Here are some important points to remember regarding HCV-RNA testing. This month's column will be devoted to the HCV viral load and testing.

The viral load:

The amount of hepatitis C virus in the blood of infected patients is often referred to as viral load, viral burden or viral titer. Unfortunately, many physicians and patients think that the viral load reflects the severity of chronic HCV and that the level of HCV-RNA increases over time and with worsening of the liver disease. However, this is incorrect. Studies have clearly demonstrated that there is no relationship between the level of HCV-RNA in the blood and the amount of liver damage or fibrosis on liver biopsy. In addition, the HCV-RNA level remains very stable and does not decline in the absence of interferon or interferon/ribavirin therapy. In treated patients who fail to eradicate HCV-RNA and achieve a sustained virologic response, HCV-RNA returns to the pre-treatment baseline following discontinuation of interferon therapy or following relapse. HCV-RNA levels can rise following treatment with certain drugs which suppress the immune system. However, the significance of this rise remains uncertain. When these medications are discontinued the HCV-RNA level also returns to the pre-treatment baseline. As a result, there is no logical reason to monitor the HCV-RNA level in a patient with known chronic HCV at periodic intervals. The most common reason for a patient such as this to have a sudden large change in HCV-RNA titer, in the absence of any medical therapy, is that a different test with a different scale different was utilized to measure HCV-RNA.

HCV-RNA testing:

For the past several years HCV-RNA has been measured in copies/ml. A copy represents a single HCV virus. Unfortunately, no universal standard for measuring HCV-RNA was defined until recently. As a result, different laboratories would report different values for HCV-RNA

in the same blood sample. For example, a sample of blood would be reported to have 2 million copies/ml in one laboratory but only 500,000 copies/ml in another. In addition, different laboratories had different minimum values for detectable HCV-RNA. As a result, some laboratories would report HCV-RNA as being undetectable while another laboratory might detect as much as 200,000 copies/ml in the same blood sample. These discrepancies in the way different laboratories have measured HCV-RNA has led to tremendous confusion for both physicians and their patients. As noted previously, differences in the way different laboratories measure HCV-RNA is the most common reason why patients develop sudden changes in their HCV-RNA level over time. Recently, a universal standard for measuring HCV-RNA was established. This is referred to as the international unit (IU). In the very near future HCV-RNA will be reported as IU/ml and this should be the same for all laboratories. In general, an IU for HCV-RNA corresponds to about 2-2.5 copies of hepatitis C virus, although this will vary from lab to lab. HCV-RNA levels will be reported in IU/ml during the HALT-C study.

HCV-RNA during therapy

During interferon therapy some patients will have a decline in HCV-RNA to an undetectable level. Patients who remain HCV-RNA negative until the end of treatment are considered to have had a virologic response. If HCV-RNA remains undetectable 6 months after the discontinuation of interferon therapy this is referred as a sustained virologic response. Many other patients will have a decline in HCV-RNA during interferon treatment but continue to have detectable HCV-RNA in their blood at the end of therapy. Many physicians believe that patients who have a decline in their HCV-RNA level by at least 100 to 1,000 fold (that is a decline from 1,000,000 IU/ml to 100,000 or 10,000 IU/ml) do have a reduction in the amount of ongoing liver damage. It is important to keep in mind that this belief has yet to be proven. The relationship between the decline in HCV-RNA level and the improvement in liver damage will be more closely evaluated. in the HALT-C study.

WHAT IS A NON-RESPONDER?

The various types of interferon are one of the more common treatments for Hepatitis C. Unfortunately, not everyone responds to this treatment. But what exactly does that mean? The goal of interferon treatment is to suppress the Hepatitis C virus to the point where it is no longer detectable in blood tests. If there is no Hepatitis C virus detected in the blood during or after treatment with interferon, the patient has responded to the treatment. When there is still virus found in the blood after treatment, the person is considered **not** to have responded to the treatment. Hence the term, **non-responder**. All the patients in HALT-C have been on interferon previously, and all of them still had virus found in their blood at the end of this previous interferon treatment.



PATIENT'S CORNER TIPS FROM FELLOW PATIENTS!

When taking your interferon/ribavirin, you will be able to tolerate the side effects much better by eating at least 3 regular or 6 small, healthy meals per day, and drinking 8-10 glasses of water per day. Also, try doing some light exercise like walking 3-4 times per week. Try to get plenty of rest.

(Thanks to the patients at Medical College of Virginia)



WHO'S INVOLVED IN THE HALT-C TRIAL

Numerous medical personnel, researchers, and support staff have come together to create the HALT-C Trial. The clinical, data coordinating and laboratory centers are spread across 4 time zones and 9 states. Here's where they are located:

Sponsor:

National Institutes of Health: National Institutes of Diabetes, Digestive, and Kidney Diseases

Clinical Centers (where the patients are seen):

University of California at Irvine/VA Medical Center Long Beach

Irvine, California & Long Beach, California

University of Southern California

Los Angeles, California

University of Colorado Health Sciences Center

Denver, Colorado

National Institutes of Diabetes, Digestive, and Kidney Diseases: Liver Diseases Section

Bethesda, Maryland

Massachusetts General Hospital

Boston, Massachusetts

University of Massachusetts Medical Center

Worcester, Massachusetts

University of Michigan

Ann Arbor, Michigan

St. Louis University

Saint Louis, Missouri

University of Texas, Southwestern

Dallas, Texas

Virginia Commonwealth University/Medical College of Virginia

Richmond, Virginia

Data Coordinating Center (where the data are organized and analyzed):

New England Research Institutes

Watertown, Massachusetts

Central Virology Laboratory (where the HCV-RNA levels are measured):

University of Washington

Seattle, Washington

Central Repository (where the blood samples are stored and certain tests are performed):

BBI Biotech

Gaithersburg, MD

Industry Partner:

Hoffman-LaRoche

Nutley, New Jersey

Check out the HALT-C Web Site:
WWW.HALTCTRIAL.ORG

MEET THE STAFF FROM... The Data Coordinating Center

The Data Coordinating Center is located at New England Research Institutes Inc. in Watertown, MA. There, a large group of researchers from a variety of disciplines makes up the team that helps coordinate the study and analyze the information collected. Here is the staff:

Libby Wright, Ph.D.: Principal Investigator

Donald Brambilla, Ph.D.: Co-Principal Investigator

Maggie McCarthy, MCI, MPH: Project Director

Laura Abrams, Research Associate

Margaret Bell, RN, MPH, MS: Clinical Research Associate

Tarah Conaway, MPH: Data Manager

Andrea Hale, RN: Consultant

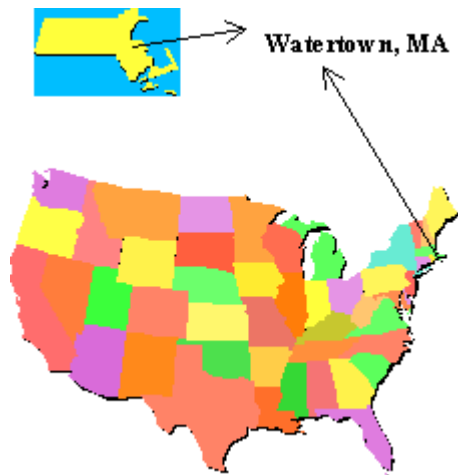
Lisa King: Research Associate

Linda Massey: Administrative Assistant

Tori Mayer: Research Assistant

Latha Padmanabhan, Statistician

Rayshan Rascoe: Research Assistant



**Coming next Issue:
The staff from The University of Massachusetts
Medical Center in Worcester, MA.**

About this issue...

Welcome to the first issue of the HALT-C News. This publication is designed to keep HALT-C Trial participants informed of the progress of the study and the newest developments from the field of Hepatitis C Research. Every three months, the staff at the Data Coordinating Center, New England Research Institutes, in conjunction with the clinical center staff, will bring you a new issue filled with information we feel will be beneficial to the patients who make this study possible. In each edition, there will be a section on study statistics, allowing you to see the number of patients who enrolled into the study, as well as the number of patients who have gone on to enroll in the randomized phase of the trial. There will be a column written each month by staff at a clinical center, discussing a current topic of interest to patients with Hepatitis C. A segment will be devoted each month to introducing you to the various centers involved in the conduct of the HALT-C Trial. Another regular section will include tips for continued health and well being from other patients with Hepatitis C. If there are topics of interest to you, or if you are interested in participating in the publication of this newsletter, please contact your study coordinator for more information.



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The HALT-C News is a publication of New England Research Institutes and is published 4 times a year.