

**Why is HepCBC's Public Interactive Forum on CASL's new Canadian
"Consensus Guidelines for the Management of Chronic Viral Hepatitis"
(March 2, 2012 in Victoria, BC) so important?**

**KNOWLEDGE OF NEW CASL CONSENSUS GUIDELINES IS NEEDED BY THE WIDE VARIETY OF
STAKEHOLDERS IN BC'S VIRAL HEPATITIS COMMUNITY**

Recently, the world of viral hepatitis medicine has been treated to an exciting but confusing array of new treatments resulting from intense international pharmaceutical research. A treatment choice for any particular patient is no longer a simple Yes/No matter. Several treatment choices have passed through (or are soon to be proceeding through) all the hoops of the federal Common Drug Review and various provincial assessments. When they become available, each has a unique protocol, regimens, and price. While the Canadian Association for the Study of the Liver (CASL) has been issuing new Consensus Guidelines every five years or so, and is issuing a new set at the end of its February 2012 meeting, provincial assessment criteria and official treatment protocols have yet to acknowledge -- much less catch up to -- this new and still-shifting landscape. The March 2nd forum hopes to provoke informed but lively discussion of both the substance and the implications of the new CASL Consensus Guidelines for viral hepatitis care in BC.

TREATMENT ASSESSMENT/ELIGIBILITY CRITERIA CAN DETERMINE LIFE OR DEATH; CRITERIA MUST BE BASED ON CURRENT DATA AND TECHNOLOGY. The carefully-considered guidelines of these specialists must be heard and heeded by policy-makers. While precedent and bureaucratic simplicity cannot be ignored, eligibility rules should also reflect new research results and data, new treatment protocols, and availability of new tests (such as genetic testing and less-invasive biopsy tools, etc.). These show potential for allowing earlier interventions, fewer transplants, more customized and shorter treatments, lower medical costs, plus longer lives that are more productive and less painful. Patient voices will address these topics forcefully on March 2nd.

LIVER SPECIALISTS NEED HELP. The number of hepatologists, gastroenterologists, and hepatology nurses is limited, and the viral hepatitis epidemic is growing. Liver specialists will need help as they cannot deal adequately with every patient. But if other practitioners such as rural doctors, primary-care physicians, and public health nurses are to assist in treatment, they will require significant professional development in order to customize treatment efficiently for each patient, to follow and monitor new protocols and serious or unusual side-effects, and to train patients in self-care. The March 2nd forum will offer a chance to acknowledge and explain why such training will be critical, and possibly to facilitate networking among some parties concerned.

VIRAL HEPATITIS STAKEHOLDERS' COMPETING NEEDS MUST BE CONSIDERED AND BALANCED FAIRLY. Viral hepatitis stakeholders comprise both this public forum's presenters and its intended audience: liver specialist physician-researchers and nurse-educators, health care providers, patients, caregivers, pharmaceutical researchers and representatives, policy-makers, and taxpayers who will all be in one room for one day to hear and consider one another's perspectives. This is a critical time for BC's Ministry of Health and Pharmacare policy-makers responsible for addressing the province's viral hepatitis epidemic. As they lay out new treatment protocols, patient access criteria and Pharmacare coverage eligibility, policy-makers must somehow balance demands for fiscal responsibility, efficient allocation of resources, long-term public health and justice for individuals and their families. In the March 2nd forum, all of these issues and more will be discussed by both those updating policies and those who will most be affected by them. "Smarter viral hepatitis policies in British Columbia, with all stakeholders on board" may be too much to ask from a one-day forum, but surely it is a goal which all participants will embrace.