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Summary

Hepatitis C

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UEG Week Barcelona 2026 | Presentation

Pancreas | Hepatobiliary | Endoscopy

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The speaker presented common mistakes that prevent hepatitis C elimination despite highly effective therapy, emphasizing that pathway failures—not virological failures—are the main barrier to achieving WHO 2030 elimination targets.

KEY POINTS

- The speaker stated that pangenotypic oral therapy achieves over 95% cure rates, yet 11 million people remain untreated globally and elimination targets for diagnosis and treatment coverage are not being met.
- Missing diagnosis due to restrictive screening is a key mistake; the speaker recommended risk-based screening in high-prevalence groups, point-of-care testing, and decentralization to lower barriers.
- Losing patients between diagnosis and treatment can be reduced through reflex testing, test-and-treat programs on-site, and bringing care to prisons and primary care settings.
- The speaker emphasized that SVR is the end of the virus but not necessarily the end of liver disease, requiring confirmed cure with RNA testing at 12 weeks and continued follow-up for patients with advanced fibrosis or cirrhosis.
- Pre-treatment assessment should include staging liver disease with tools like fibroscan, checking for drug-drug interactions, and evaluating co-infections and comorbidities, as cirrhosis status influences treatment choice.
- The speaker stated that the biggest mistake is losing patients along the care cascade and advocated for micro-elimination strategies that actively re-engage those lost to follow-up using programs that review records and recall patients.

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