



**BMGI**

Welcomes our newest member of our team!  
Noele Myers, CRNP



We at Buxmont GI wish to welcome [Noele Myers, CRNP](#), to our practice. Noele is a Nurse Practitioner trained at Thomas Jefferson University in Philadelphia. In addition to her NP training, Noele brings nine years of experience as a floor nurse at Fox Chase Medical Center. Noele will be joining Tracey McGinley, CRNP participating in all areas of our practice, assisting with hospital rounds and seeing patients in our Sellersville and Quakertown offices. We are excited to have her join our team.

**New Treatments for Hepatitis C**

Hepatitis C virus is a global health problem affecting over 200 million people worldwide. Over 90% of these individuals develop chronic infection and 30% will develop cirrhosis with all its attendant complications including hepatocellular carcinoma. In 1997, statistical analysis indicated that hepatitis C was responsible for a cost of \$5.6 billion to the United States health care system. Moreover, hepatitis C remains the leading indication for liver transplantation in our country.

Data from NHANES (National Health and Nutrition Examination Survey) in 2006 estimated that 3.2 million Americans, or 1.3% of the population were infected with hepatitis C. Screening efforts targeted high risk individuals including those with a history of intravenous drug use, a history of transfusion prior to 1992, incarceration, hemodialysis, and those with abnormal ALT. ALT levels can be normal in HCV patients and individuals are often embarrassed to admit to a prior history of IV drug use. Despite this strategy, only half of these individuals are aware they are infected. **Continued...**

**HOW ARE WE DOING?**

Patient satisfaction is one of the key factors in providing quality care. The ability to use benchmark studies to identify ways to improve service will help to streamline the overall process. At Bux-Mont Endoscopy Center (BMEC), patient satisfaction data is collected in two ways. Patients are given a "patient survey" on discharge and are asked to return it at their convenience. Patients also receive post-procedure phone calls on the next business day to ascertain if the patient is doing well and one of the questions asked is whether there is anything BMEC could do to improve its services. The data below depicts a one-year summary (October 2013 through September 2014) of what our patients are saying to us about their overall satisfaction with our services.



**Patient Overall Satisfaction Results At BMEC**

Number of Procedures	Number of Patients	Surveys Returned	4 and 5 Responses	1, 2, 3 Responses
3764	3470	375 (9.3%)	99.9%	0.1%

The survey uses a 5-point scale (1=poor; 2=inadequate; 3=fair; 4=good; 5=excellent). In order to present the data in a summarized manner, numbers 1, 2, 3 have been combined; and numbers 4 and 5 have been combined.

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## New Treatments for Hepatitis C Continued..

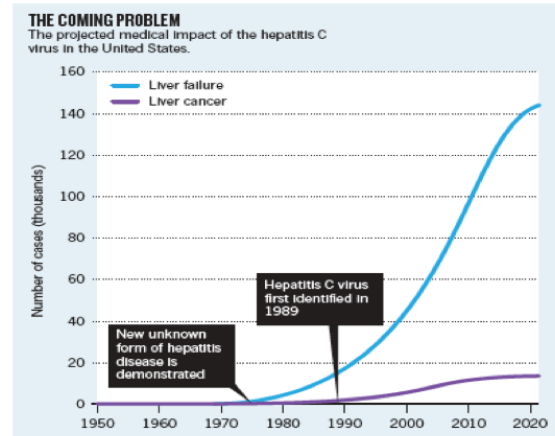
Recognizing that a large reservoir of HCV infected individuals remain undiagnosed, the CDC with the support of the US Task Force on Preventive Service advised that individuals born between 1945 in 1964 be screened for HCV. This “baby boomer” population accounts for about 75 percent of those infected in the United States affecting roughly 3 percent of that group.

On a positive note, there has been major progress in the treatment of hepatitis C in the last 2 years. Direct-acting antiviral agents (DAAs), 2 of which (Sofosbuvir and Simeprevir) were approved by the FDA in December 2013 and have greatly advanced the treatment of HCV. Until now, Interferon and Ribavirin have been the mainstay of treatment. These agents primarily work by stimulating the host immune response to eliminate the virus.

Unfortunately, this therapy is fraught with side effects including flulike symptoms, anemia, and depression. Moreover, treatment for the most common strain of hepatitis C in the United States, genotype 1, required 48 weeks of therapy and is only effective in about 50% of patients at best.

The new DAAs target specific processes of the HCV life cycle. Simeprevir, a protease inhibitor, prevents protein synthesis vital for the virus’s replication while Sofosbuvir, a polymerase inhibitor, acts to terminate RNA chains and alter protein configuration. In December of 2013, the FDA approved an Interferon-free treatment for genotypes 2 and 3 with Sofosbuvir and Ribavirin for a 12 week course, which results in a 90% cure rate. Use of this combination, thus far, has been unavailable to most treatment naïve patients from insurers primarily because of its high cost. Clinical trials have shown combinations of DAAs (including Sofosbuvir and Simeprevir) to be highly effective in historically difficult to treat hepatitis C patients including those with genotype 1, cirrhosis, failure to respond to prior to therapy, and African Americans. Sustained virologic response rates of 80 to 90% have been attained in these individuals in phase 2 and 3 studies with shorter duration of therapy (12-24 weeks) and improved tolerance of treatment. Much like the development of antivirals in the 1990s to treat HIV, multiple agents currently under development hold much promise for the treatment of a HCV going forward.

The regimen of Peg Interferon, Ribavirin and Sosfosburvir for 12 weeks is FDA approved and produces a 80-90 percent cure rate in newly treated genotype 1 patient with less impressive results in retreated groups and those who have cirrhosis. In a revolutionary breakthrough in the treatment of HCV, the combination DAA agent Harvoni (Ledipasvir/Sososbuvir) was approved for use on October 10, 2014. This agent treats HCV genotype 1 patient with high efficacy across most patient groups in the form of a once a day pill. Similar treatments are in advanced stages of development. As a result of tremendous scientific progress, there is now great hope and the treatment and containment of this once dreaded disease.



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