Preface

The field of hepatitis C saw a historic year in 2011 with the approval of the first two direct-acting antiviral agents targeting a nonstructural protein of the virus. This advance has been heralded as revolutionary in its potential impact on the care of the hepatitis C patient and the direction of future research.

While these two new compounds, boceprevir and telaprevir, offer a significant improvement in sustained response rates, they are still used with a backbone of interferon and ribavirin. The adverse event profile remains problematic and not all patients are eligible to receive these agents. The field is now quickly progressing toward less toxic regimens, including some with no interferon.

This issue of *Clinics in Liver Disease* begins with Drs Esteban and Buti looking back at the career of interferon, and its ongoing utility in the treatment of hepatitis. Dr Reau then assesses the treatment landscape to tell us who is left to treat. Dr Thompson reviews the exciting emerging field of genetic variability and its impact on treatment decision-making. Drs Kwo and Jacobson then give us a very in-depth overview of the two new protease inhibitors, followed by Dr Manns’ assessment of the next wave of this class of drug. Dr Lawitz and Gish explore the polymerase inhibitors and NS5A inhibitors, which are likely to be major players in the combination therapy arena, while Dr Flamm gives a review and insight into other compounds we have heard less about but may have a future impact. The excitement of having so many new compounds to experiment with is tempered by the realization that mixing and matching drugs may not be so straightforward. Dr Zeuzem tells us what makes sense in this regard, while Drs Vierling and Bacon gives us some practical considerations on how to treat patients today with what we currently have available. There are many subgroups of special interest when treating hepatitis C, and Drs Dieterich and Vachon discuss one of these important groups, the HIV co-infected patient. Finally, Dr Shiffman peers into the future and speculates on what the treatment of hepatitis C will look like without interferon, and when that may happen.

I think this issue will spark interest in observing where the field of hepatitis C therapy is going, and I would like to thank all of the authors for their hard work and excellent
contributions. I would like to thank Dr Norman Gitlin for giving me the honor of guest editing this issue and particularly Kerry Holland for her patience and support.

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