Direct-acting antiviral therapy for chronic hepatitis C

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ABOUT THE AUTHOR

Joep de Bruijne was born on 26th of July 1982 in Hilversum. He went to high school at the Sint Vituscollege in Bussum from which he graduated in 2000. He played in the national baseball team The Netherlands from 1998 until 2001. Thereafter he started studying medicine at the Academic Medical Center, University of Amsterdam. His enthusiasm for gastroenterology and hepatology was stimulated during a research internship at the Hospital for Sick Children, University of Toronto, Canada. Under the supervision of Prof. dr. A.M. Griffiths and dr. H.H.F. Derkx, a pediatric ulcerative colitis activity index was developed.
As an intern he worked in the rural Sint Luke's Hospital (Blantyre, Malawi), where he came in contact with the magnitude and complications of infectious diseases in a low-income country. His Master of Science degree was obtained in 2004 and in 2007 he became a Medical Doctor. Thereafter he started as a research fellow at the hepatology department at the Academic Medical Center under the supervision of dr. H.W. Reesink, dr. R. Molenkamp, Prof. dr. P.L.M. Jansen and Prof. dr. U.H.W. Beuers. During these years he focused on new antiviral therapies for chronic hepatitis C patients and performed several clinical studies. His laboratory studies included viral resistance analysis during direct-acting antiviral therapy and T-cell immune responses during high-dose interferon treatment. He presented the study findings on multiple international conferences, including two abstracts which received the Presidential Abstract of Distinction award from the American Association for the Study of Liver Disease (2008, 2009).
He started his internal medicine residency at the Onze Lieve Vrouwe Gasthuis in the city center of Amsterdam in 2011. From October 2013 on his training in gastroenterology and hepatology in the Academic Medical Center will continue under the supervision of Prof. dr. U.H.W. Beuers.

STATEMENTS

Chronic hepatitis C reflects and magnifies global social and economic inequality.

Treatment of hepatitis C virus infection is unlikely to have a major effect on the worldwide prevalence.

Hepatitis C virus genotype 4 will become the new difficult-to-treat genotype.
(this thesis)

Treatment of hepatitis C should only be performed in specialized medical centers to minimize side effects, optimize treatment duration and increase the sustained viral response rate.

In contrast to the treatment of human immunodeficiency virus infection, the clinical significance of viral resistance in the treatment of hepatitis C virus infection is limited.
(this thesis)

Pegylated interferon and ribavirin should be replaced by a direct-acting antiviral-based treatment regimen.

Antiviral treatment of patients with chronic hepatitis C should only be started after detection of significant liver fibrosis to avoid unnecessary medical costs and side effects.

Within 10 years, a sustained viral response can be achieved in every patient with hepatitis C virus monoinfection, regardless of genotype, race, IL28B genetic polymorphism or fibrosis stage.

"A human being should be able to change a diaper, plan an invasion, butcher a hog, conn a ship, design a building, write a sonnet, balance accounts, build a wall, set a bone, comfort the dying, take orders, give orders, cooperate, act alone, solve equations, analyze a new problem, program a computer, cook a tasty meal, fight efficiently, die gallantly. Specialization is for insects."
Robert Heinlein

"People can come up with statistics to prove anything, 14% of people know that."
Homer Simpson