



## Press Release

Paris, 30 January 2017

### **The liver, a reflection of individual health** **New pathologies in hepatology**

The 10th PHC, this year now known as the Paris Hepatology Conference<sup>1</sup>, opens this Monday, January 30th, at the Palais des Congrès in Paris, attended by an ever greater number of experts from the world over who come to take part in what is a continuous forum of medical learning of the highest level.

Organised by Professor Patrick Marcellin, PHC has for the past 13 years supported the rapid progress made with treatments for Hepatitis C, which affects nearly 170 million people worldwide. On the occasion of this 10th edition, hepatologists will be concerning themselves with the growing but silent increase in other serious liver diseases (NASH/Non Alcoholic Steatohepatitis, Liver Cancer) for which screening is inadequate at the present time: with hepatology, pathologies are changing. Your heart can kill you, but so can your liver if not treated at a sufficiently early stage...

#### **Hepatitis... are things really on the move?**

After the announcement of universal access to treatment for Hepatitis C in May 2016, 2017 could be the year when we see treatment for all in our country, which would then join the ranks of Germany, Portugal, Georgia and Australia in this field. Yet there is still progress to be made if we are to care for all patients, who are not all on an equal footing when it comes to treatment, specifically those cases that are harder to deal with such as Hepatitis C sufferers who also have cirrhosis of the liver, hepatocellular carcinoma, cancer, or who have received a liver transplant. Research is ongoing to improve results. Laboratories are working on new drugs, which will be released between 2017 and 2020. The race is far from over. For all concerned, the goal is to shorten the length of treatment with the projected aim of treatments lasting 1 month (the present figure being between 2 and 6 months). Concomitant with real political commitment, the introduction of universal screening remains an issue.

With regards Hepatitis B, patients may be put into remission through virus suppression but their treatment is for life. Clinical research is now headed towards finding a cure. In this respect, "HBV Cure" is a world research programme into new molecules able to act on the cccDNA (implicated in viral persistency) and lead to viral elimination. Some of these molecules today are at the very earliest stage of clinical research.

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<sup>1</sup> Link to the scientific programme: <http://www.aphc.info/program.php>

**Right now, other liver diseases are lurking in the shadows...**

**Non-Alcohol Steatohepatitis (NASH), a frequent yet seldom mentioned disease and a new player in the incidence of cirrhosis and liver cancer, linked to excess weight and obesity, is on the increase in industrialised countries**

A slow developer and ignored for too long, NASH is linked to an inflow of free fatty acids from adipose tissue to the liver, where they are stored in liver cells and then trigger an oxidative process and mitochondrial toxicity leading to the destruction of hepatic cells<sup>II</sup>. Yet, it is the most frequently-occurring hepatic disease and today the prime cause of hepatic transplants in the United States. Diseases linked to fatty livers constitute a serious societal problem in industrialised countries.

In France, fatty liver is the hepatic complication of the metabolic syndrome defined by 3 of the 5 following elements: diabetes, central obesity, arterial hypertension, higher levels of triglycerides, a drop in levels of HDL cholesterol. The percentage of obese persons has risen from 8 to 12% in just 15 years. The number of cases of NASH will inevitably grow in the years ahead.

**Almost 80% of cases of cirrhosis are reportedly due to NASH, specifically with the elderly.** NASH would seem to explain 60 to 70% of unexplained disorders seen with liver function tests. Pure steatosis (absence of inflammation, necrosis and fibrosis), a stage that precedes NASH, is said to affect 15 to 20% of the French population.

Today, the **bedrock for the treatment of NASH lies with hygiene and dietary measures, including a low-calorie diet (low in quickly absorbed and slowly absorbed carbo-hydrates) and the practice of a physical activity.** Weight loss of between 8 and 10% is indispensable to improve the liver function and reduce cardio-vascular risks, the primary cause of mortality with these patients. Encouraging a patient to change his or her eating habits is neither simple nor easy to do but in most cases it is effective, providing the person is given individualised support and regular monitoring. Educational programmes to promote the benefits of a healthy lifestyle must therefore be reinforced.

### **Other serious liver diseases: cancer and transplantation**

Hepatologists have observed that cases of liver cancer and cirrhosis caused by viral hepatitis are on the increase in very many countries. Firstly because not all countries dispose of existing antiviral drugs, and when they do the drugs concerned do not totally prevent the risk of cancer; some people already have cancer, others will develop a cancer despite treatment. We can cure the virus but we cannot systematically cure the liver.

The excessive and prolonged intake of alcohol, chronic infections from the Hepatitis B and C viruses, and the metabolic syndrome, the main causes of chronic liver disease, lie at the origin of primary cancer of the liver. In the event of cirrhosis, the incidence of liver cancer is around 2% a year, meaning that any patient with cirrhosis of the liver runs a high risk of contracting cancer and so must be closely monitored.

**Primary liver cancer or hepatocellular carcinoma (HCC) has the unfortunate distinction of having one of the highest mortality rates of all cancers.<sup>III, IV</sup>** It is the main cause of death in people with cirrhosis of the liver with which it is associated in 90% of cases. Any delay in detecting and diagnosing the cancer seriously jeopardizes a patient's chances of receiving curative treatment and achieving lasting full remission.

This cancer is one of the so-called silent cancers because it remains asymptomatic until the disease has reached an advanced stage. This explains the often late diagnosis and poor prognosis. Once symptoms have appeared, the 5-year survival rate is estimated at 10%. 75% of cancers that are detected early on can be given curative treatments and be fully cured.

Considering the gravity of the consequences, these diseases, particularly NASH, must be given wider and more extensive screening.



## Press Contacts



Sylvie du Cray-Patouillet et Alexandra Deleuze

Tél. : 01 45 03 50 34 – 01 45 03 56 58

Email : s.ducraypatouillet@ljcom.net – a.deleuze@ljcom.net

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