2016 9th Paris Hepatitis Conference

Organised by Pr Patrick Marcellin

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11th & 12th January 2016
PARIS - Palais des Congrès

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Hepatitis B: The Come Back
Hepatitis B: Very high prevalence

350 million HBV patients
HBV is coming back

Researchers and Investments focus now on HBV

- High prevalence (350 million carriers/ 600 000 deaths/year)
- More contagious than HCV (vertical transmission)
- Increased prevalence in countries welcoming immigrants
- More complex virus (ccc DNA and integration of DNA)
- More complex disease (from inactive carriers to cirrhosis)
- Difficult to manage populations
HBV is coming back

- Current therapies: remission and not cure
- Significant cost (indefinite therapy)
- HBsAg loss is the ultimate end-point
- HBsAg loss=clinical cure with improved outcome
- Persistence of cccDNA
- HBsAg loss rare with NUCs

- 2 innovative concepts:
  - qHBsAg
  - Combination therapy PEG IFN+NUC
Innovative concept: qAgHBS

- Standardized and simple test
- Identification of inactive carriers
- Assessment of severity of liver disease
- Probability of HBsAg loss
- Indication of treatment
- Choice of the drug: IFN Peg vs Nuc
- When to stop NUCs?
Innovative concept: PEG IFN + NUC

Accelerates HBsAg decline
Increases HBsAg loss
Good tolerance and safety
Simultaneous better than add on?
On-Treatment Changes in HBsAg Levels at Week 48

Results: Change in Serum HBsAg Levels

Marcellin et al. Gastroenterology en révision
Results: HBsAg Loss Over Time (Week 72)

TDF + PEG 16 wk → TDF 32 wk
TDF + PEG 48 wk
PEG 48 wk
TDF 120 wk

Week 48:
- TDF + PEG 48 wk: 9.0%
- PEG 48 wk: 2.8%
- TDF + PEG 16 wk → TDF 32 wk: 2.8%
- TDF 120 wk: 0%

Week 72:
- TDF + PEG 48 wk: 0%

Significance:
- p = 0.003
- p < 0.001
- p = NS
Future therapeutic innovation pipeline

Very early stage development

New immunomodulators

New antiviral compounds acting on different targets (cccDNA, receptors, proteins…)

THE FUTURE = COMBINATION
Enjoy your HBV day!