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9th PARIS
HEPATITIS
CONFERENCE

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11th & 12th January 2016
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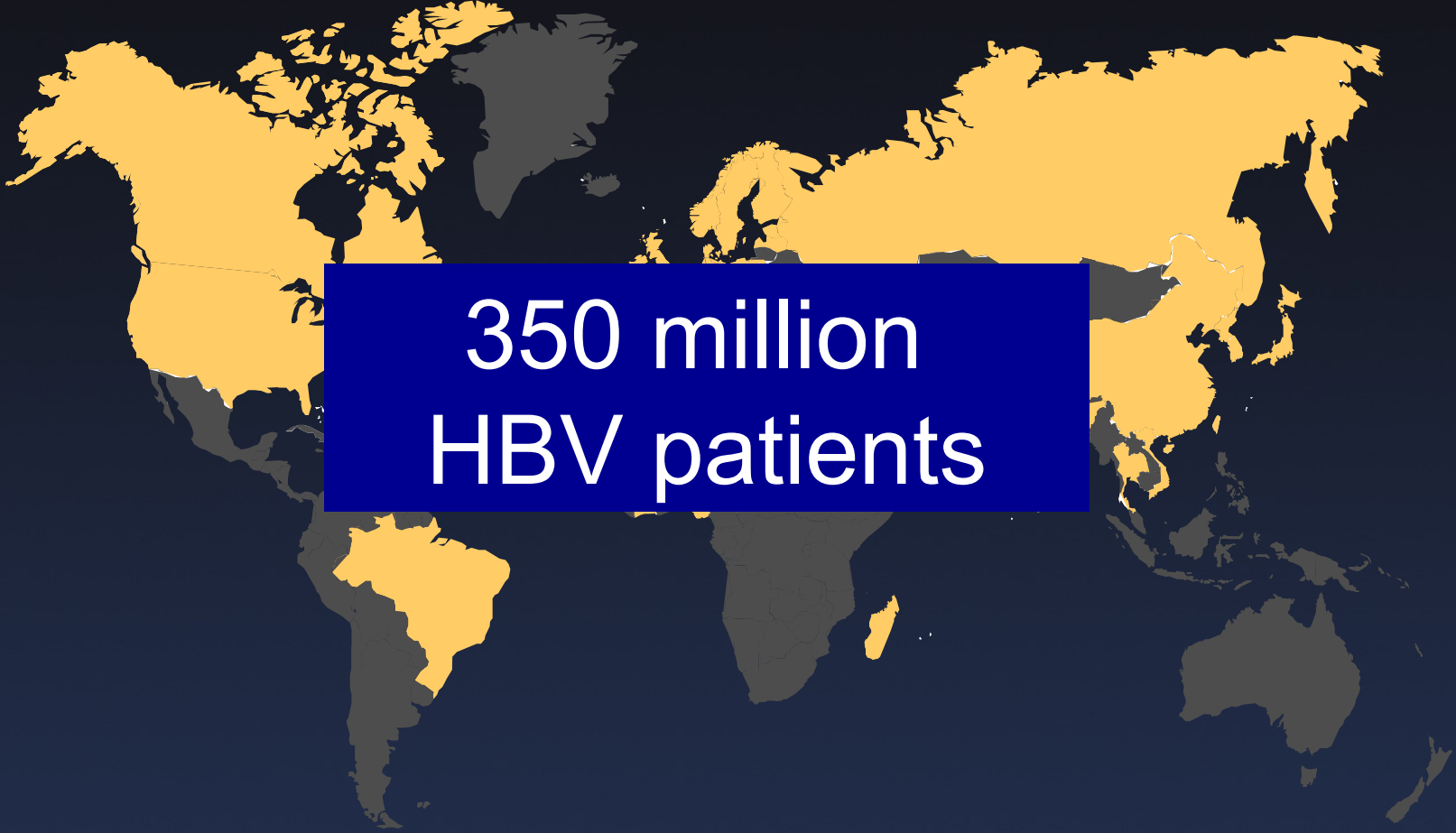
Patrick MARCELLIN

PRESIDENT OF PHC

Hepatitis B: The Come Back

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Hepatitis B : Very high prevalence

A world map is shown in the background, with the landmasses colored in a light blue. A dark blue rectangular box is overlaid on the map, centered over the Atlantic Ocean. Inside this box, the text "350 million HBV patients" is written in white, bold, sans-serif font.

**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

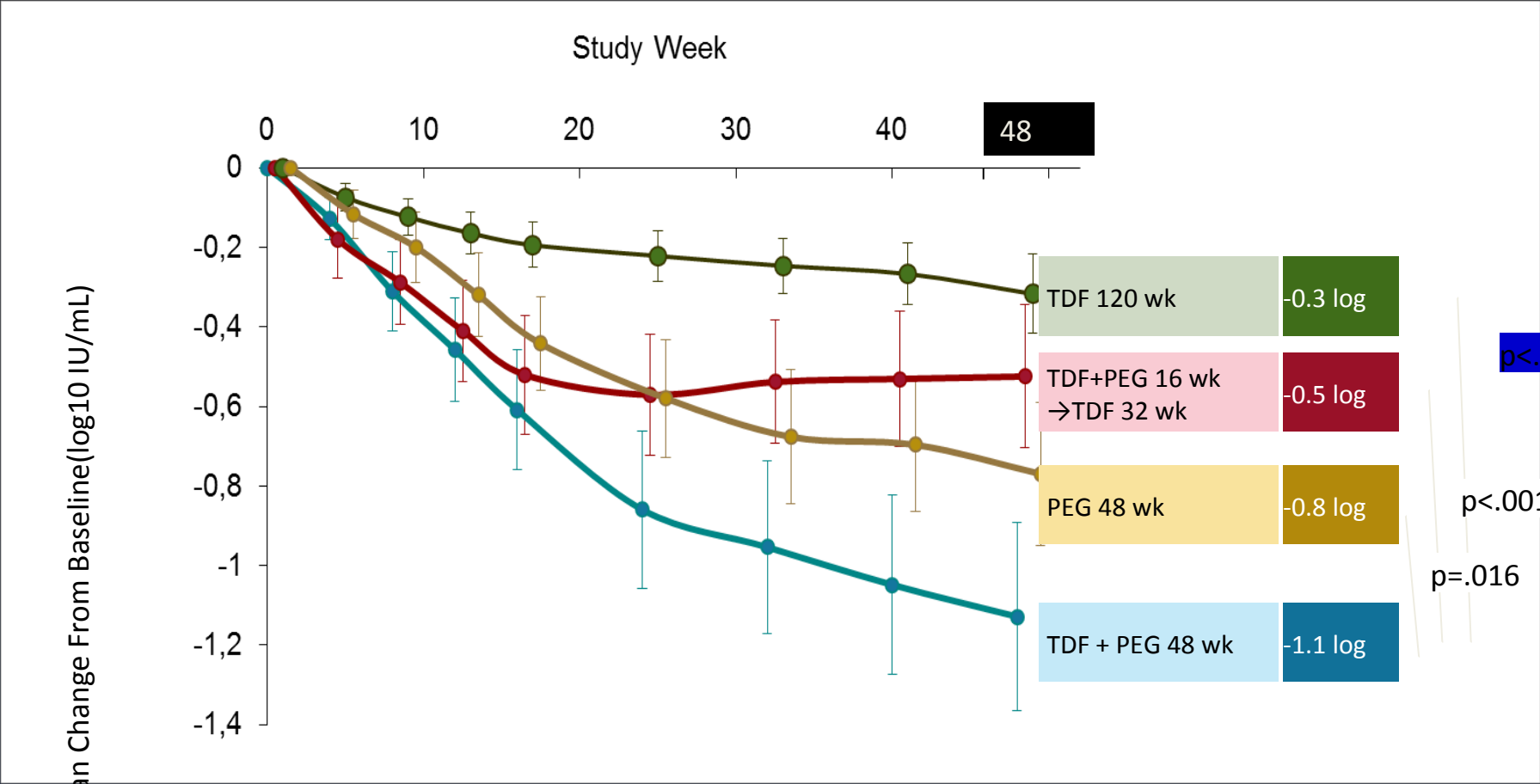
Increases HBsAg loss

Good tolerance and safety

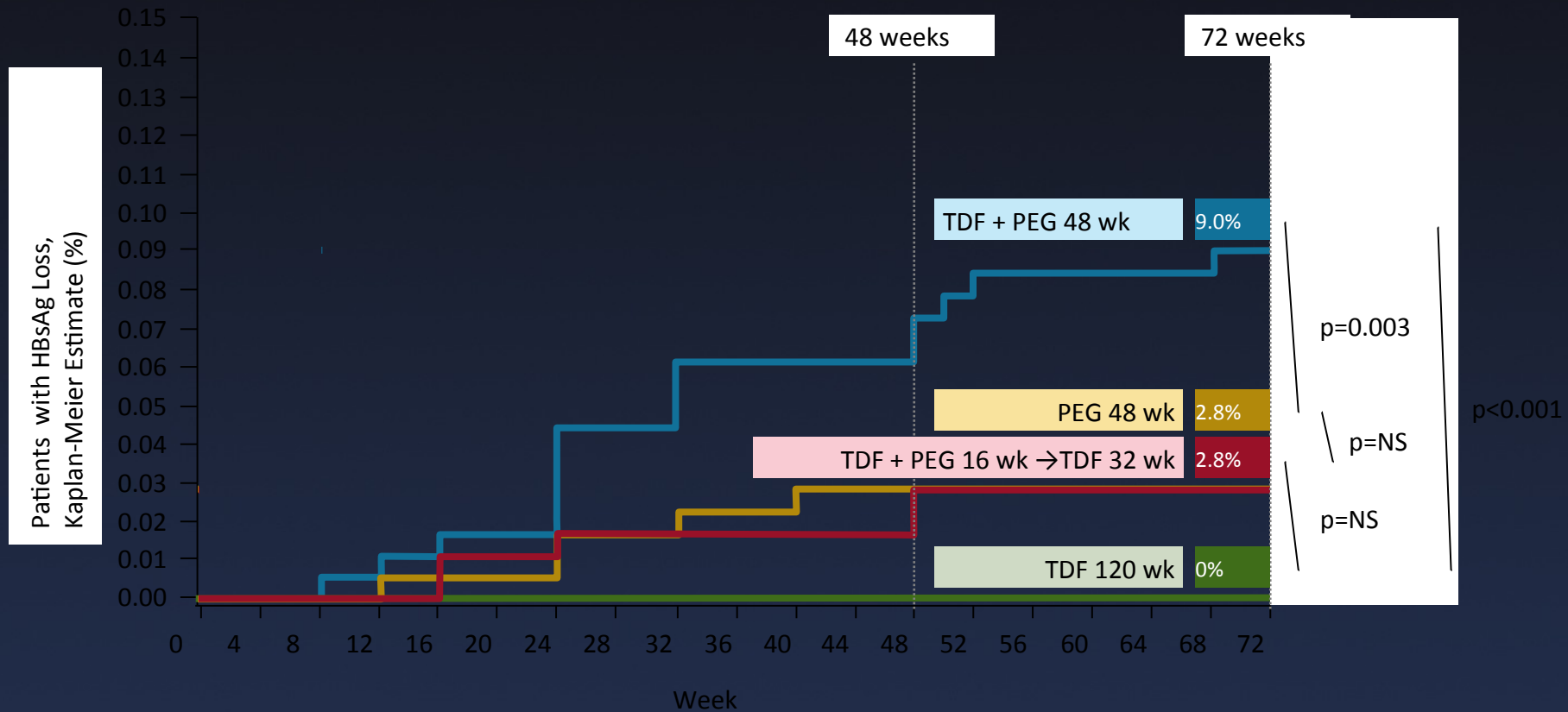
Simultaneous better than add on?

On-Treatment Changes in HBsAg Levels at Week 48

Results: Change in Serum HBsAg Levels



Results: HBsAg Loss Over Time (Week 72)



Future therapeutic innovation pipe line

Very early stage development

New immunomodulators

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

THE FUTURE = COMBINATION



Enjoy your HBV day!

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