2017 10th Paris Hepatology Conference

www.aphc.info

Paris Hepatology Conference 2017
Day 2 Wrap-Up and Summary

Michael W. Fried, M.D., FAASLD
Professor of Medicine
Director of Hepatology
University of North Carolina,
Chapel Hill, NC, USA

30 & 31 January 2017 / **PARIS** - Palais des Congrès

Current Situation of Hepatitis B

- ✓ The « *Come-Back Virus* »
  - Prof. Marcellin reminded us of the global impact of HBV on morbidity and mortality
    - ~350 million infected worldwide, 600,000 deaths annually
    - Current therapies highly effective in suppressing HBV and improving outcomes
    - Renewed interest in finding curative therapies
  - Prof. Lau: Many clinical insights
    - Can we ever stop NUCs?
      - Rarely, Recommendations differ across multiple regional guidelines
      - qHBsAg being investigated as predictor of relapse
    - HBV reactivation associated with HCV DAA therapy
      - Screen everyone for HBV, Monitor closely, Selective NUCs

When Can We Stop NUCs?

- ✓ Prof Seng-Gee Lim
  - HBeAg seroconversion is very durable: 88% at 24 months
  - HBeAg-negative HBV: More challenging
    - Duration of NUC is predictive of long-term remission (>24 months of treatment)
    - Remission rate decreases over time, less durable than HBeAg-seroconversion
  - APASL stopping rules for cirrhosis-Controversial, potentially risky
    - Meta-analysis: 0.8% decompensation, 0.4% Death
    - Individual studies Severe flares: 16%, Other clinical flares ~40%
    - HBsAg seroconversion is very durable >90%
    - qHBsAg may help predict in whom NUCs can be stopped: Threshold not optimized

Long-term Impact of NUC Thearpy

- ✓ Prof Lampertico:
  - NUCs highly effective; >97% remain HBV DNA suppressed after 5 yrs
  - BUT only 1% of HBeAg- patients have HBsAg seroconversion
  - Rare risk of renal toxicity usually in older patients but need more studies with better tubular markers.
  - TAF appears to have better bone safety and renal safety profile
  - Decompensation is prevented by NUC therapy
  - HCC risk reduced but not eliminated: Continue HCC surveillance
  - Survival in cirrhotics is excellent
  - Non-hepatic Causes of Death increasing frequency
  - Only hepatic CODnow is due to HCC (not decompensation)

New Targets for HBV Therapy

- ✓ Prof Zoulim:
  - New goals: Functional cure (HBsAg-) vs Complete cure (-cccDNA)
  - Viral entry inhibitors
  - Targeting cccDNA
  - Viral capsid inhibitors
  - HBsAg targeted therapies (siRNA)
  - Enhance immune response: PD1 blockade enhances T-cell function
  - Likely will need combination of DAAs and immunotherapeutics

  - « *We See the Summit* » Many drugs in the pipeline

New Anti-HBV Therapies

- ✓ Prof Gane:
  - Explored why current therapeutic strategies do not cure HBV
  - Combinations will require therapies to inactivate cccDNA and overcome T-cell exhaustion
  - Safety will be priority- no flares or off-target effects
  - In light of global epidemiology including high prevalence of HBV in low resource environments- curative therapies must be convenient to administer
  - Do we need an HBV cure?
    - Vaccination is impacting chronicity but HBV curative therapies can rapidly reduce costs

Improving Access to HBV Therapies

- ✓ Prof Manns:
- ✓ Universal vaccination highly effective but uptake has varied: Germany started universal vaccination only in 1995
- ✓ Need universal policies adopted across all high prevalence (usually low income) regions and adapt for other regions:
  - Awareness
  - Surveillance
  - Screening
  - Treatment
- ✓ Focus on eliminating vertical transmission
  - Better access to HBIG and antivirals if high maternal viral load

Treatment of Variceal Hemorrhage 2017

- ✓ Prof Bosch:
  - « *Think of Portal HTN as a fever gradient* »
  - Clinical significant Portal HTN > 10 mmHg
  - Controlling portal pressures have greatest impact on outcomes
  - Carvedilol (NSBB) more effective than propranolol to decrease portal pressures
  - PREDESCI study evaluated patients CSPH but no prior decompensation
    - NSBB decreased decompensation and ascites
  - Simvastatin improves survival with lower rates of infection via affects on LPs; Also lower risks of decompensation

Assessing Renal Function in Cirrhosis 2017

- ✓ Prof Angelli:
- ✓ sCreatinine overestimates GFR
- ✓ Reviewed more recent criteria to better detect AKI and CKD in patients with cirrhosis
- ✓ Biggest challenge is differentiating ATN AKI vs HRS AKI
- ✓ Assessment of renal function (absolute GFR cutoffs and duration of AKI) is critical for prognosis and evaluation of transplant strategy: Liver only vs Dual Liver-Kidney

Management of Cholestatic Liver Disease 2017

- ✓ Prof Beuers:
- ✓ PBC: New concepts in pathophysiology related to decreased levels of biliary HCO_3
- ✓ Urso is first line therapy
- ✓ GLOBE score differentiates successful Urso therapy from need for secondary therapies such as OCA
  - OCA recently approved by FDA and EMA
- ✓ PSC:
  - ~20 years of transplant free survival
  - Urso should be used in PSC but scant evidence to support
  - Investigational agents being explored
- ✓ Genetic investigations undertaken after serologies and imaging are negative for cholestatic disease

Future of Liver Transplantation 2017

- ✓ Prof Durand:
  - HCV acounts for ~20% of LT in France
  - NASH indication will increase over time
  - DAAs for HCV cirrhosis has the potential to impact multiple areas of transplant:
    - Prevent transplant in some cirrhotics (~20% may be delisted for positive effect)
    - Prevent reinfection after transplant
    - Treat reinfection after transplant to prevent retransplant
  - HBV is rare indication for LT, usually related to HCC rather than hepatic decompensation
  - HBIG + NUCs highly effective in preventing reinfection of grant
  - Lifelong NUCs also effective

Update of Eradication Programs 2017

- ✓ Prof Esmat: Egypt (6 million infected)
  - 150 treatment centers distributed across Egypt
  - Utilizing generic medications at a cost of 1% of similar drugs in U.S.
  - 1.5 million patients registered on line for treatment through 2016
  - 942,000 patients treated with 95% adherence rate
  - SVR >95% for most regimens
- ✓ Prof Tsertsvadze: Georgia (150,000 infected)
  - Active case finding underway 400,000 screened to date
  - 29,000 started on therapy, 19000 completed treatment
    - All levels of fibrosis are treated
  - SVR results > 95% with current regimens
  - Treatment program coupled with prevention strategies

HCC Molecular Pathogenesis 2017

- ✓ Prof Zucman-Rossi:
  - Elegant molecular techniques will:
    - Better define the heterogeneity of HCC
    - Identify new molecular targets
    - Allow for more personalization of treatment for HCC
    - Hopefully, lead to better outcomes

DAAs and HCC 2017

- ✓ Prof Bruix:
  - DAA treatment does not reduce risk of de novo HCC or recurrent HCC within the 1st year of treatment
  - May be associated with unexpected increased risk of HCC recurrence in patients with a prior HCC
  - May be associated with more aggressive recurrence
  - Mechanism may be related to perturbed immunologic response

  - More studies are needed in this controversial area

Liver Transplant and HCC 2017

- ✓ Prof Samuel:
  - LT treats both cancer and cirrhosis and is the best curative option for patients with HCC
  - Limited donors, therefore strict criteria for LT must be applied to maximize outcomes
  - Milan criteria are most commonly used but other strategies under investigation


2017
10th
Paris
Hepatology
Conference
Participants List
ALBANIA
BABAMETO Adriana
ALGERIA
BERKANE Saadi
YOUSFI Mohamed
ARGENTINA
AMEIGEIRAS Beatriz Margarita
DESCALZI Valeria Ines
FUENTES Analia
GONZALEZ BALLERGA Esteban
PERALTA Mirta
REGGIARDO Maria Virginia
VAZQUEZ Maria Eugenia
VUJACICH Claudia
AUSTRALIA
CROALL Danielle
SASADEUSZ Joe
SHACKEL Nick
AUSTRIA
BENIN
BOSNIA & HERZEGOVINA
BRAZIL
BULGARIA
CAMEROON
CANADA
CHINA
CONGO
COTE D'IVOIRE
CROATIA
CZECH REPUBLIC
DENMARK
EGYPT
EL SALVADOR
ESTONIA
ETHIOPIA
FINLAND
FRANCE