ILC 2017: Successful treatment for Hepatitis C in decompensated cirrhosis allows for sustained removal from the liver transplant waiting list in over 90% of patients

Of 38 patients (26.7%) that were delisted due to clinical improvement, one died as a result of rapidly progressing hepatocellular carcinoma while two (5.2%) other patients had to be relisted or considered for relisting

April 21, 2017, Amsterdam, The Netherlands: A new European study presented today demonstrated that patients with chronic Hepatitis C virus (HCV) and severe liver damage, taken off the liver transplant list as a result of successful direct-acting antiviral (DAA) therapy, had a favourable outcome over a year later. The study, presented at The International Liver Congress™ 2017 in Amsterdam, The Netherlands, showed that 38 of 142 patients (26.7%) could be removed from the waiting list due to clinical improvement. Of the 38 patients taken off of the transplant list, one (2.6%) died as a result of rapidly progressing HCC while two other patients (5.2%) had to be relisted or considered for relisting.

Severe liver damage, also known as decompensated cirrhosis, is a life threatening condition in which extensive scarring of the liver results in its inability to function properly.¹ Decompensated cirrhosis is a leading reason for liver transplantation. Chronic HCV is the leading cause of liver transplantation in adults.² Over 8,500 people in Europe³ and over 16,000 people in the United States of America are waiting for a liver transplant, with this number expected to increase.⁴

"The results of this study are very encouraging with clinical improvement due to direct-acting antiviral therapy lasting over a year in nearly all patients," said Dr Luca Belli, Gastroenterology and Hepatology Liver Unit, Niguarda Hospital, Milan, Italy and lead author of the study. "We still need to follow these patients for much longer to confirm the results and assess the long-term risks of deterioration, but so far the risk of dying after delisting is much lower than that of dying after receiving a liver transplant."

The retrospective European study followed 38 patients who originally had decompensated cirrhosis without liver cancer (hepatocellular carcinoma) and were taken off the liver transplant list as a result of clinical improvement after DAA therapy. The median follow up time was 28 months from start of therapy and 15 months from delisting.

Of the patients included in the study, 37 of the 38 were alive at the end of the study and one patient had to be relisted for clinical re-decompensation. Median Model of End-Stage Liver Disease scores at the start of DAA therapy were 14 (IQR:12-17) and improved to 9 (IQR:8-11) 78 weeks afterwards; median Child-Pugh scores at the start of DAA therapy were 9 (IQR:8-10) and improved to 6 (IQR:5-6) after 78 weeks. The advantages of delisting are two-fold as any liver saved by delisting a patient can be offered to another patient.
“This study is very important as it shows that HCV therapy may be effective in avoiding or reducing the need of transplantation in a significant number of cases. It is an excellent example of the fact that clearing the Hepatitis C virus can provide immediate advantages for patients, in addition to the longer term advantages,” said Prof Marco Marzioni, Professor of Gastroenterology, Università Politecnica delle Marche – “Ospedali Riuniti” University Hospital of Ancona, Italy and EASL Governing Board Member.

- Ends -

About The International Liver Congress™
This annual congress is the biggest event in the EASL calendar, attracting scientific and medical experts from around the world to learn about the latest in liver research. Attending specialists present, share, debate and conclude on the latest science and research in hepatology, working to enhance the treatment and management of liver disease in clinical practice. This year, the congress is expected to attract approximately 10,000 delegates from all corners of the globe. The International Liver Congress™ 2017 will take place from April 19 – 23, at the RAI Amsterdam, Amsterdam, The Netherlands.

About The European Association for the Study of the Liver (EASL) (www.easl.eu)
Since its foundation in 1966, this not-for-profit organisation has grown to over 4,000 members from all over the world, including many of the leading hepatologists in Europe and beyond. EASL is the leading liver association in Europe, having evolved into a major European Association with international influence, with an impressive track record in promoting research in liver disease, supporting wider education and promoting changes in European liver policy.

Contact
For more information, please contact the ILC Press Office at:
- Email: ILCpressoffice@ruderfinn.co.uk
- Telephone: +44 (0)7841 009 252

Onsite location reference
Session title: Parallel session: Liver transplantation: clinical and experimental
Time, date and location of session: 16:00 – 18:00, Friday 21 April, Amtrium 1
Presenter: Luca Belli, Italy
Abstract: Delisting of liver transplant candidates with chronic HCV infection after viral eradication: outcome after delisting: a European study (PS063), 16:00 – 16:15

Author disclosures
Grant/research support from Gilead, AbbVie and Bristol.

References