THE INTERNATIONAL LIVER CONGRESS™
PRESS KIT 2018
The European Association for the Study of the Liver (EASL): Promoting liver research and education across Europe since 1966

The European Association for the Study of the Liver (EASL), The Home of Hepatology, is Europe’s leading organisation dedicated to advancing the scientific, medical and public understanding of the liver and liver disease. Since its foundation in 1966, EASL has evolved into a driving force by supporting the education of healthcare professionals, promoting research in the field of liver disease and fostering policy changes to support liver health.

EASL – a not-for-profit organisation – is an ever-growing global liver community with over 4,000 members from all over the world. EASL provides an annual platform, The International Liver Congress™, for approximately 10,000 liver experts to meet and share best practices, research, new data and ideas for the future of hepatology. EASL’s members include many of the world’s leading hepatologists. The association has prompted a large number of clinical practice guidelines and international research collaborations in liver disease, to the benefit of patients all over the world.

EASL’s mission is to ensure that all those who are involved with liver disease can realise their full potential to cure and prevent it. To achieve this mission, EASL has six key priorities, all of which contribute to the aim of ensuring better liver health across the world:

1. Promoting research in the science of liver disease (hepatology)
2. Providing state-of-the-art education for healthcare professionals and scientists
3. Improving public awareness of liver disease, diagnosis and management
4. Advising European health authorities on liver conditions
5. Facilitating scientific exchange and fostering European multi-centre controlled trials
6. Supporting young investigators to ensure that the liver remains at the forefront of research

The International Liver Congress™

The annual congress is the biggest event in the EASL calendar, attracting scientific and medical experts from around the world to learn more about the latest in liver research. Specialists share research studies and findings, and discuss prominent topics related to liver disease.

In 2017, EASL and the hepatology community celebrated the 52nd annual meeting, attracting over 10,000 delegates and around 110 media representatives from all corners of the globe.

The International Liver Congress™ 2018 takes place 11-15 April, at the Paris expo Porte de Versailles, Paris, France.
Supporting research

Through its annual scientific meetings, official journal (the *Journal of Hepatology*), young investigator fellowships and support of multi-centre clinical trials, as well as the provision of funding, EASL promotes research into the liver and liver disease, and supports wide dissemination of vital research findings.

Promoting education

Education is a priority for EASL and the association provides CME-accredited learning opportunities at every level from clinical fellow to professor. EASL runs a vast educational programme including a range of residential courses known as the EASL Schools of Hepatology, which are offered in formats suitable for both basic researchers and clinicians. EASL also provides specialist and monothematic conferences which focus on key topics in liver disease, research and management. Monothematic conferences provide a unique opportunity for industry-academia interaction. Further educational opportunities for investigators at the start of their careers are available through the EASL Masterclass Programme. Find out more about EASL’s educational programme and upcoming events at: [http://www.easl.eu/discover/events/calendar/2018](http://www.easl.eu/discover/events/calendar/2018)

EASL also offers online and mobile-led education to its members:
- Liver Tree™, designed with healthcare professionals in mind, provides a comprehensive e-learning portal collating all EASL educational materials. It provides an online destination for up-to-date research and materials in the field of hepatology, recent and historical webcast presentations, abstracts, ePosters and learning quizzes
- iLiver, an interactive and dynamic app designed for professional use, delivers instant medical information and clinical recommendations to hepatologists, gastroenterologists and internal medicine specialists. The app contains rigorously reviewed and regularly updated information specifically related to liver disease management. The app is free and available on iPhone, iPad and Android devices

To further advocate research and education, EASL funds a range of activities from supporting PhD programmes dedicated to Hepatology, to post-doctoral fellowships and short-term grants for technical education. In addition, EASL provides funds for Registry Grants to support consortia groups. Information about EASL fellowships is available at: [http://www.easl.eu/research/support/easl-fellowship](http://www.easl.eu/research/support/easl-fellowship).

EASL also provides dedicated mentorship programmes to support investigators during the first stages of their careers. The events and opportunities offered by EASL expose attendees to some of the most important opinion leaders in hepatology, giving them invaluable time for scientific exchange and conversations with senior hepatologists with many years of experience. Information about the EASL mentorship programme is available at: [http://www.easl.eu/research/support/mentorship-programme](http://www.easl.eu/research/support/mentorship-programme).

Providing clinical guidance

EASL develops and disseminates Clinical Practice Guidelines to assist physicians and other healthcare providers in the clinical decision-making process to help ensure optimal care across various aspects of liver disease. EASL has developed Clinical Practice Guidelines on managing the following conditions:
- HCV recommendations
- Autoimmune hepatitis
- Vascular liver disease
• Liver transplantation
• Gallstones
• Benign liver tumours
• Non-alcoholic fatty liver disease (NAFLD)

New EASL Clinical Practice Guidelines will be presented at The International Liver Congress™ 2018 and published in the *Journal of Hepatology*:

• EASL Recommendations on Treatment of Hepatitis C 2018
• EASL Clinical Practical Guidelines: Management of patients with decompensated cirrhosis
• EASL Clinical Practice Guidelines: Management of alcohol-related liver disease
• EASL Clinical Practice Guidelines: Management of hepatocellular carcinoma
• EASL Clinical Practice Guidelines: Management of Hepatitis E virus infection


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**References**


Press Conference 1: Wednesday 11 April, 08:00 – 09:00,
EAST 3 Hall 7.3

The official ILC 2018 Press Conference webcast will be available after the ILC.

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<tr>
<td>08:00</td>
<td>Welcome and introductions</td>
<td>Professor Massimo Pinzani</td>
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<td>08:05</td>
<td>HEPAHEALTH Project Report -Risk Factors and the Burden of Liver Disease in Europe and Selected Central Asian Countries</td>
<td>Dr Nick Sheron, University of South Hampton, United Kingdom</td>
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<tr>
<td>08:45</td>
<td>Question and answer session</td>
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Press releases Wednesday 11 April:

1. **SAT-441** Alcoholic liver disease replaces HCV infection as the leading indication for liver transplantation in the United States
   **FRI-018** Alcoholic Liver Disease Surpasses Hepatitis C Virus in 2016 to Become the Leading Indication for Liver Transplantation among Adults Without Hepatocellular Carcinoma in the United States
2. **HEPAHEALTH** - Project Report -Risk Factors and the Burden of Liver Disease in Europe and Selected Central Asian Countries
Press Conference 2: Thursday 12 April, 08:00 – 09:00
EAST 3 Hall 7.3

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<tr>
<td>08:00</td>
<td>Welcome and introductions</td>
<td>Prof Annalisa Berzigotti, University of Bern, Switzerland</td>
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<td>08:05</td>
<td>PS-058 Early versus delayed hepatitis C treatment provides increased health benefits at lower costs: A pan-genotypic cost-effectiveness analysis set in Scotland</td>
<td>Dr Scott Johnson, Medicus Economics, Boston, United States</td>
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<td>08:15</td>
<td>PS-128 Statins are associated with reduced mortality and morbidity in primary sclerosing cholangitis (PSC)</td>
<td>Prof Annika Bergquist, Center for Innovative Medicine (CIMED), Stockholm, Sweden</td>
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Combined:
GS-013 Real-life effectiveness and safety of Glecaprevir/Pibrentasvir among 723 Italian patients with chronic hepatitis c: the Navigator-II study
GS-007 First real-world data on safety and effectiveness of glecaprevir/pibrentasvir for the treatment of patients with chronic hepatitis C virus infection: data from the German hepatitis C-registry

Prof Markus Cornberg, Hannover Medical School, Hannover, Germany
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<tr>
<td>08:35</td>
<td>GS-1 Epidemiology, predictors and outcomes of multi drug resistant bacterial infections in patients with cirrhosis across the world. Final results of the &quot;Global study&quot;</td>
<td>Dr Paulo Angeli, University of Padova, Padova, Italy</td>
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<td>08:45</td>
<td>PS-089 Decentralized care is effective in management of patients with hepatitis C in public health care setting: The Punjab Model</td>
<td>Dr Gagandeep Grover, HCV Program, Punjab, India</td>
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<tr>
<td>14:00</td>
<td>Welcome and introductions</td>
<td>Prof Markus Cornberg, Hannover Medical School, Hannover, Germany</td>
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<tr>
<td>14:05</td>
<td><strong>LBP-021</strong> The percentage of patients with HCV infection in need of a liver transplant is rapidly declining while their survival after transplantation is improving: A study based on European Liver Transplant Registry</td>
<td>Dr Chiara Mazzarelli, Ospedale Niguarda, Milan, Italy</td>
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<td>14:15</td>
<td><strong>PS-063</strong> Cases of transfusion-transmitted hepatitis E Virus infections at a tertiary referral center</td>
<td>Dr Sven Pischke, UNI-Klinikum Hamburg, Germany</td>
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<td><strong>LBP-014</strong> Long-Term Obeticholic Acid (OCA) Treatment Associated with Reversal or Stabilization of Fibrosis/Cirrhosis in Patients with Primary Biliary Cholangitis (PBC)</td>
<td>Dr Christopher Bowlus, UC Davis, California, United States</td>
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<td>14:35</td>
<td><strong>PS-057</strong> Substantial comorbidities and rising economic burden in real-world non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH) patients with compensated cirrhosis (CC): A large German claims database study</td>
<td>Dr Ali Canbay, University of Magdeburg Medical School, Germany</td>
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<tr>
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<td>LBO-002</td>
<td>NGM282, an Engineered Analogue of FGF19, Significantly Improves Markers of Bile Acid Synthesis, Hepatic Injury and Fibrosis in PSC Patients: Results of a Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial</td>
<td>Prof Gideon Hirschfield, University of Birmingham, United Kingdom</td>
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<td>LBO-005</td>
<td>The impact of combining Selective Internal Radiation Therapy (SIRT) with sorafenib on overall survival in patients with advanced hepatocellular carcinoma: the SORAMIC trial palliative cohort</td>
<td>Prof Jens Ricke, LMU - Munich, Germany</td>
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<td>PS-060</td>
<td>Food insecurity increases the risk of advanced fibrosis in diabetics with non-alcoholic fatty liver disease</td>
<td>Dr Sonal Kumar, New York Presbyterian Hospital, United States</td>
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HEPAHEALTH Project Report - Risk Factors and the Burden of Liver Disease in Europe and Selected Central Asian Countries

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

11 April 2018, Paris, France: The HEPAHEALTH Project Report, which was presented today in a press conference at The International Liver Congress™ 2018 in Paris, France, is the second overview commissioned by EASL on the burden of liver disease in Europe. The report encompasses 35 countries in total: the EU region, Iceland, Kazakhstan, Norway, Russia, Serbia, Switzerland and Uzbekistan.

The aims of the report were to: report on the latest epidemiological burden of liver disease in the wider European region; present the data on the main risk factors for liver disease; and, carry out a review of review on public health interventions.

Since EASL published its first overview in 2013, the situation has not improved. In particular, liver cancer mortality has increased and only a few countries have seen a decrease or even a stabilisation in rates since 1980.

The European region is the highest consumer of alcoholic beverages in the world and efforts to reduce alcohol consumption are stalling in many countries. Likewise, rates of obesity have risen across almost every country the report surveyed since 2013 and the rates of Non-Alcoholic Fatty Liver Disease (NAFLD) are increasing accordingly. In Southern and Eastern Europe viral hepatitis is the leading cause of liver disease mortality.

Two key points stand out in the findings of the report:

Liver disease kills early: Two thirds of all potential years of life lost due to liver disease were working years of life. This contrasts with other diseases, such as stroke, where the majority of deaths occur after the age of 65.

A geographical and income divide: Liver disease mortality has decreased across Western and Central Europe since 1970. Most of the countries with high stable or increasing rates of liver disease are located in the poorer parts of the European Union and the countries of the former
Soviet Union. The UK and Finland deviate from the rest of Western European and Nordic trends: Both countries have seen steep increases in liver disease mortality since 1970.

What needs to be done?

Vaccinations for Hepatitis B virus and screening of blood products across the EU since the early 1990s has helped to drastically reduce the number of HBV infections. Better harm reduction policies and micro-elimination strategies must be implemented across the region if there is to be an impact on Hepatitis C Virus infection rates. The new generation of direct acting antivirals will largely eliminate cases of HCV provided that governments ensure that all patients who need them have access to treatment.

It is clear that prevention is the key to reducing other liver diseases, particularly for alcohol and obesity related liver disease where effective treatments do not exist or are not very effective. European countries must do more to promote a reduction in alcohol consumption and to reduce levels of obesity. The European Union and its member states used to be a world leader in progressive public health policies: It is time for them to get back in the saddle and save another generation from liver disease.

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**About The International Liver Congress™**

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Since its foundation in 1966, this not-for-profit organization 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: press@easloffice.eu
- Telephone: +41 (0) 22 807 29 88

References
1. The Burden of Liver Disease in Europe, EASL, 2013
PUBLIC RELEASE: 11 APRIL 2018

Animated short created to raise public awareness about liver failure

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL) & ALIVER CONSORTIUM

11 April 2018, Paris, France: An animated short-film produced by the ALIVER consortium titled “Life After Liver Failure”, premieres tomorrow morning at the BioTech Village in The International Liver Congress™ 2018. The ad was developed in order to raise public awareness about the challenges of liver failure and liver cirrhosis. The ad highlights the innovative DIALIVE technology, a novel ‘liver dialysis device’ which after 25 years of research is undergoing two clinical trials which will assess its safety and efficacy.

The incidence of liver disease is increasing and it can lead to liver failure. An estimated 170,000 patients die from liver failure each year in Europe. During liver failure, an accumulation of protein-bound toxins and increased susceptibility to infection cause multiorgan failure and death. Liver transplantation is the only treatment, but it is limited by organ availability.

ALIVER is a project that has received funding from the European Union’s Horizon 2020 Research and Innovation Programme under grant agreement number 733057.

Background

Each year over 170,000 people die from liver cirrhosis in Europe.1 There are over 1 million deaths globally. 29 million EU citizens and 650 million people globally suffer from a chronic liver disease. The economic burden of liver disease in Europe has been estimated at over €15.8 billion per annum.
The causes of liver disease are complex, but current rates of obesity and other lifestyle factors will lead to increasing rates of liver failure in coming years. The only treatment that will ensure long term survival and quality of life is a liver transplant. Despite efforts made across Europe to increase organ donation, the number of patients requiring a liver transplant is increasing and supply is not keeping up with demand. There are currently over 1,500 patients on the Eurotransplant waiting list for a new liver, and many more in other countries of the EU who are not members of the Eurotransplant network.

Contact

For more information, please contact the ILC Press Office at:

Email: press@easloffice.eu  
www.aliver.info
Alcoholic liver disease replaces hepatitis C infection as the leading cause of liver transplantation in patients without hepatocellular carcinoma in the USA

**ILC 2018: Two independent US studies confirm that, from 2016 onwards, alcoholic liver disease has led to more liver transplants than hepatitis C infection in patients without hepatocellular carcinoma (HCC)**

**EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)**

**EMBARGO UNTIL WEDNESDAY 11 APRIL 2018 07:00**

11 April 2018, Paris, France: Two independent studies have today reported that alcoholic liver disease has now replaced hepatitis C virus (HCV) infection as the leading cause of liver transplantation in the USA in patients without HCC. Non-alcoholic steatohepatitis (NASH) is also on the increase, now ranking second as a cause of liver transplantation due to chronic liver disease.

Chronic HCV infection has remained the leading indication for liver transplantation in the USA for the last two decades. However, the availability of second-generation direct-acting antiviral agents (DAAs) in late 2013 led to a decline in the number of HCV-related liver transplant waiting list registrations and surgeries from 2015 onwards. Alcohol consumption began to increase markedly in the US during the 1990s and early 2000s, with data highlighting dramatic rises in alcohol use and high-risk drinking in recent years.

The two studies presented this week at The International Liver Congress™ 2018 in Paris, France, were conducted to evaluate recent trends in the aetiology of liver disease among liver transplant recipients in the USA in view of the changing landscape of potential risk factors. In the first study, data from the United Network for Organ Sharing (UNOS) between 2005–2016 were analyzed, looking at four indications for chronic liver disease: alcoholic liver disease (ALD), NASH, HCV infection, and HCV/ALD combined. According to the results of the study, the number of liver transplant recipients with HCV peaked in 2014 (1,905 individuals) and has been declining ever since. In contrast, the number of liver transplants due to ALD and NASH has been
steadily increasing and, in 2016, there were 1,624 liver transplants performed as a result of ALD, compared with 1,535 due to HCV, 1,334 due to NASH, and 424 due to HCV/ALD.

‘Although we found that, overall, alcoholic liver disease became the leading indication for liver transplantation in the US in 2016, NASH was not far behind’, said Dr Jennifer Wang from the California Pacific Medical Center in San Francisco, USA, who presented the study findings. ‘Importantly, NASH is now the leading cause of liver transplantation in women, which is not entirely surprising given the higher rates of metabolic syndrome in women and the resultant increased risk of non-alcoholic fatty liver disease’.

‘In African Americans and those with hepatocellular carcinoma, HCV remains the leading cause of transplantation and a major burden’.

The second study presented today also evaluated data from the UNOS registry, looking at first liver transplants performed in individuals without HCC between January 2012 and October 2017. As in the first study, HCV infection remained the leading aetiology for liver transplant recipients until 2016, when ALD surpassed it, accounting for 24% of liver transplants performed compared with 19% for NASH and 18% for HCV. In 2017, ALD, NASH, and HCV were responsible for 24%, 18%, and 17% of liver transplants, respectively, according to the results of this study.

‘One of our most worrying findings was that patients with ALD are being listed for liver transplantation at a much younger age and with more severe disease than patients with either HCV infection or NASH’, said investigator, Dr George Cholankeril from Stanford University Medical Center, California, USA. ‘These are very ominous trends and we need to take aggressive action to address these rising rates of liver transplantation in patients with alcoholic liver disease’.

‘So far, alcoholic liver disease has received much less attention with regards to clinical and basic research than either hepatitis B or C’, said Prof. Helena Cortez-Pinto from the University Hospital of Santa Maria, Lisbon, Portugal, and EASL Governing Board Member. ‘It is time to change and turn our attention to ALD, both in research and of course in policies that have been shown to reduce consumption, such as increases in taxation, in order to decrease affordability’.

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**Contact**

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- **Email:** press@easloffice.eu
- **Telephone:** +41 (0) 22 807 29 88

**Session title:** Poster presentations

**Time, date and location of session:** Poster area (Hall 7.2)

**Presenters:** Jennifer Wang and George Cholankeril, USA

**Abstracts:**

Alcoholic liver disease surpasses hepatitis C virus in 2016 to become the leading indication for liver transplantation among adults without hepatocellular carcinoma in the United States (13 April 2018 9:00-17:00) and Alcoholic liver disease replaces HCV infection as the leading indication for liver transplantation in the United States (14 April 09:00-17:00)

**Author disclosures**

Jennifer Wang: None reported

Robert Gish: Dr. Gish has received Grants/Research Support from AbbVie, Benitec Biopharma, Gilead Sciences, and Merck & Co. Dr. Gish has performed as Consultant and/or Advisor to AbbVie, Akshaya Pharmaceuticals, AstraZeneca, Bristol-Myers Squibb, Genentech, Gilead Sciences, Hoffman-LaRoche, Ltd., Ionis Pharmaceuticals, Janssen, Merck & Co., Nanogen
Biopharmaceutical, and Presidio Pharmaceuticals. Dr. Gish has current activity with the scientific or clinical advisory boards of AbbVie, AstraZeneca, Genentech, Gilead Sciences, Janssen, Merck & Co., and Nanogen Biopharmaceutical. Dr. Gish is a member of the Speakers Bureau for AbbVie, Bristol-Myers Squibb, Gilead Sciences, and Merck. Dr. Gish is a minor stock shareholder of Cocrystal Pharma.

Benny Liu: None reported

Taft Bhuket: None reported

Robert Wong: Dr Wong receives research funding from Gilead Sciences and AbbVie, has served as a consultant and member of the advisory board for Gilead Sciences, and serves on the speaker’s bureau for Gilead Sciences, Salix, and Bayer. Dr Wong is also funded by an AASLD Foundational Clinical and Translational Research Award in Liver Diseases.

George Cholankeril and co-authors: None reported

References
Mediterranean-style diet improves gut microbial diversity and reduces hospitalization in liver cirrhosis

ILC 2018: Diets rich in vegetables, fermented milk products, tea, coffee and chocolate may improve outcomes in patients with liver cirrhosis

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: A diet that is Mediterranean style, and rich in vegetables and fermented milk products such as yoghurt, along with coffee, tea and chocolate, is associated with greater gut microbial diversity and a lower risk of hospitalization in patients with liver cirrhosis, according to the results of an international study presented today at The International Liver Congress™ 2018 in Paris, France. The study, which enrolled almost 300 individuals in the USA and Turkey, showed that the entire Turkish cohort, including healthy individuals as well as those with compensated and decompensated cirrhosis, had a significantly higher microbial diversity than their counterparts in the USA.1

Liver cirrhosis is a major, growing, and largely preventable cause of death worldwide, accounting for more than 1 million deaths globally per year.2 The risk of death from liver cirrhosis differs markedly between countries, driven primarily by alcohol consumption, the type and quality of alcohol consumed, and the presence of viral hepatitis B and C infections.2 Gut microbiota have been implicated in the pathogenesis and progression of cirrhosis,3,4 and a progressive decrease in microbial diversity is observed in healthy individuals, individuals with compensated cirrhosis, and those with decompensated disease.3

‘Diet is a major determinant of gut microbial composition, but there is very little information currently linking diet, microbial diversity and clinical outcomes in patients with cirrhosis’, said Dr Jasmohan Bajaj from Virginia Commonwealth University and McGuire VA Medical Center in Richmond, USA, and lead author of the study. ‘Our hypothesis for this study was that diet and the severity of cirrhosis might interact to determine microbiota composition and, ultimately, clinical outcomes in patients with liver cirrhosis’.

The study presented by Dr Bajaj recruited three groups of individuals in the USA (n=157) and Turkey (n=139): healthy controls, outpatients with compensated cirrhosis, and outpatients with decompensated cirrhosis. All individuals underwent dietary and stool microbiota analysis and
those with liver cirrhosis were followed for at least 90 days to capture data on non-elective hospitalizations. The US population tended to follow a Western diet with a relatively low consumption of fermented foods (yoghurt, ayran, curds) and a high consumption of coffee and carbonated drinks, while the Turkish cohort consumed a Mediterranean-style diet that was rich in fermented foods and vegetables.

Stool sample analysis revealed that the entire Turkish cohort had a significantly greater diversity in their gut microbiota than the US cohort and that there was no difference in diversity between healthy controls and those with liver cirrhosis in Turkey. In contrast, in the US cohort, diversity was highest in the control group and lowest amongst those with decompensated cirrhosis. Coffee, tea, vegetables, chocolate, and fermented milk intake predicted a higher diversity, while the Model for End-stage Liver Disease (MELD) score, lactulose use and carbonated drink consumption predicted a lower microbial diversity. There was a significantly higher number of all-cause and liver-related hospitalizations during the 90-day follow-up in the US cohort compared with the Turkish cohort (p=0.016 for all-cause; p=0.02 for liver-related).

‘This study demonstrates that patients with cirrhosis have gut microbiota profiles that are highly responsive to dietary factors, and it is the first study to confirm a link between diet, microbial diversity and clinical outcomes in liver cirrhosis’, said Dr Bajaj. ‘Additional studies are now required to evaluate whether dietary modification might improve both microbial diversity and clinical outcomes in these patients’.

‘This is an important study stressing that an antioxidant-rich Mediterranean diet has a protective effect not only in the early phases of chronic liver disease, but also in its more advanced phases’, said Prof. Annalisa Berzigotti from the University of Bern, Switzerland, and EASL Governing Board Member. ‘Whether or not dietary changes can be used as a non-pharmacological tool to improve patients’ outcomes in cirrhosis remains to be tested by specifically designed studies that take into account possible confounders. Nonetheless, this study adds to the existing evidence indicating a robust, pleiotropic beneficial effect of following a “Mediterranean-style diet” on human health’.

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**Contact**

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- Telephone: +41 (0) 22 807 29 88

**Onsite location reference**

Session title: Parallel session: Cirrhosis and its complications: Experimental and pathophysiology

Time, date and location of session: 17.45–18.00, Thursday 12 April 2018, South 1

Presenter: Jasmohan S Bajaj, USA

Abstract: Diet affects gut microbiota and modulates hospitalization risk differently in an international cirrhosis cohort (1056)

**Author disclosures**

None reported.

**References**


Personalized T cell therapy shows signs of clinical effectiveness against HBV-related hepatocellular carcinoma

ILC 2018: HBV DNA integration profile of tumour cells used to guide T cell adoptive immunotherapy in a liver transplant patient with HBsAg-negative HCC metastases in the lungs

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: Multiple adoptive transfers of T cells engineered to carry hepatitis B virus (HBV)-specific T cell receptors (TCRs) has resulted in an objective positive response in a patient with hepatitis B surface antigen (HBsAg)-negative HCC metastases in the lungs following liver transplant. The patient, described today in a presentation at The International Liver Congress™ 2018 in Paris, France, had a volumetric reduction of almost all lung lesions and no new lesions detected in the lung or liver.

HCC is the most common primary liver cancer and more than 50% of cases around the world are thought to be associated with chronic HBV. With a poor prognosis and limited therapeutic options, HCC is the second most common cause of cancer mortality worldwide. Liver transplantation is an option for some patients but HCC recurs in up to 20% of cases, with the lungs the most common site of metastases. Cytotoxic T cells play a key role in killing cancerous and infected cells when TCRs on their surface recognize short epitopes presented on the affected cell’s surface and initiate a series of cytotoxic mechanisms. In HBV-related HCC tumours, integrated HBV DNA can result in both oncogenic transformation and expression of HBV epitopes on the cell surface.

‘We hypothesized that HBV transcriptomic profiles of HCC cells could guide the selection of HBV-specific TCRs to be used in engineering T cells for HCC-targeted immunotherapy.’ explained Dr Anthony Tan from the Emerging Infectious Diseases Programme at Duke-NUS Medical School in Singapore, the lead author of the study. ‘We first had to test if short, integrated HBV DNA fragments in tumour cells can produce HBV epitopes recognized by cytotoxic T cells’. 
Characterization of the expression of short, specific regions of integrated HBV DNA in natural HBV-related HCC lines negative for serological markers of HBV infection identified HBV epitopes that were functionally presented on the cell surface. These HCC cells could be lysed in vitro by T cells engineered to express TCRs specific for the epitopes that had been identified. A similar analysis was able to identify a region of HBV envelope encoded by integrated HBV DNA fragments derived from the primary HCC of a liver transplant patient with HBsAg-negative HCC metastases in the lungs. The TCR specific for this HBV envelope region was introduced into T cells using mRNA electroporation. Multiple adoptive transfers of the resulting HBV-specific TCR T cells into the patient were performed over a period of 6 months.

No therapy-related adverse events were observed, and computed tomography imaging performed before and during therapy showed an objective positive response with a volumetric reduction of nearly all lung lesions detected, with no new lesions detected in the lung or liver to date. As of January 2018, the tumour lesions in the lung remain stable.

‘The use of mRNA electroporation for exogenous TCR expression reduces the potential toxicity of this approach compared with previous techniques using viral vectors,’ said Dr Tan. ‘Further development of this new immunotherapeutic strategy may offer new hope of a cure for HCC’.

‘This study further explores the potentially beneficial role of immunotherapy in the management of advanced HCC’, said Prof. Alejandro Forner from the Hospital Clinic Barcelona, Spain, and EASL Governing Board Member. ‘With this interesting approach, the authors have been able to develop a personalized T cell adoptive immunotherapy for patients with HBV-related HCC with promising signs of clinical effectiveness. Further studies will be needed to confirm that this strategy is a viable option for patients’.

**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™ 2018 will take place from 11–15 April 2018 at the Paris Convention Centre, Paris, France.
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Onsite location reference

Session title: Liver tumours: Therapy
Time, date and location of session: Thursday 12 April 2018, 16:00 – 18:00, North 1
Presenter: Anthony Tan, Singapore
Abstract: Personalized T cell therapy against HBV-related hepatocellular carcinoma (2782)

Author disclosures

None reported.

References


PUBLIC RELEASE: 12 APRIL 2018

Hepatitis E virus infections can be life threatening and transmitted through blood products

ILC 2018: Hepatitis E virus infections are associated with significant morbidity and mortality in both immunocompromised and immune-competent individuals – blood products are confirmed as an important source of infection

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: Hepatitis E virus (HEV) infection is once again in the spotlight, with two studies presented today at The International Liver Congress™ 2018 in Paris, France challenging the ideas that HEV infections are benign and self-limiting, and that blood-borne transmission is a rare event. Researchers from Hamburg and Hannover in Germany collaborating on these studies have demonstrated that HEV infections can be fatal in immunocompromised, and in some cases, immune-competent individuals. They also demonstrated that blood products are an important source of infection in those who are immunosuppressed.

Hepatitis E virus infection is one of the leading causes of acute viral hepatitis worldwide,\(^8,9\) with two main genotypes (genotypes 1 and 3) affecting humans.\(^10\) Genotype 1 predominates in low-income countries and is transmitted via the faecal–oral route, while genotype 3 predominates in high-income countries and has been linked to the consumption of contaminated pork or shellfish products.\(^8\) The reported incidence of HEV infection has been increasing steadily across Europe, with more than 21,000 cases reported in a recently evaluated decade (2005–2015).\(^8\)

In a large observational study presented this week in Paris, 150 HEV RNA-positive individuals were identified retrospectively from the records of two tertiary referral hospitals and transplant centres in Northern Germany. Of the 69 immune-competent individuals identified, 37 (53%) were hospitalized for a total of 74 days, and two of these individuals who had preexisting liver disease died after developing acute-on-chronic liver failure. Eight (10%) immunosuppressed patients died within 5 years of being diagnosed with HEV infection, with three of these deaths considered to be related to the HEV infection.
We have shown in this study that HEV infection can be associated with significant morbidity and mortality, and that a severe disease course is not limited to those who are immunocompromised’, said Dr Sven Pischke from the University Hospital Hamburg-Eppendorf in Germany. ‘Based on these findings, we urge all hepatologists to consider HEV as a differential diagnosis in any patient who presents with acute-on-chronic liver failure’.

The second study involved a retrospective analysis of data from 37 immunosuppressed patients with HEV infection. Eleven of these patients (30%) developed chronic HEV infection and, in four of these individuals (36%), the source of infection could be traced to an HEV-positive blood donation. Two of these patients were heart transplant recipients who had been treated with a combination of plasmapheresis and rituximab for humoral rejection.

‘The number of notified transfusion-transmitted HEV infections has so far been relatively low, probably due to under-reporting and under-recognition’, said Dr Dirk Westhölter from the University Hospital Hamburg-Eppendorf, who presented the study findings today. ‘This study confirms that blood products are an important source of HEV infection for immunosuppressed individuals and it has led us to recommend HEV RNA screening of all blood products destined for transplant or immunosuppressed patients’.

‘Both studies emphasize the severity of hepatitis E virus infection in vulnerable patients’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member. ‘Acute infection needs to be prevented by all measures in patients with advanced liver disease, and in immunocompromised patients. Blood products can be an important source of transmission. These studies will lead to further discussions around if and how HEV screening of blood products should be carried out’.

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Onsite location reference

Session title: Poster
Time, date and location of session: 14. April 2018, 09:00 AM - 05:00 PM & 12. April 2018, 05:30 PM - 05:45 PM
Presenters: Johannes Hartl (4850) and Dirk Westhölter (4598), Germany
Abstracts: Clinical impact, morbidity and mortality of hepatitis E at tertiary referral centres in central Europe (Location: Poster area) and Cases of transfusion-transmitted hepatitis E virus infections at a tertiary referral center (Location: West 2)

Author disclosures

None reported in relation to the presented studies.

References


PUBLIC RELEASE: 12 APRIL 2018

Italy: Ongoing hepatitis A virus outbreak among men who have sex with men is linked to current outbreaks in Europe

ILC 2018: Phylogenetic analysis of circulating viruses in an ongoing acute hepatitis A outbreak in Lombardy, Italy links the majority of cases to two virus strains responsible for recent outbreaks in the UK and the Netherlands

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: Hepatitis A viruses (HAVs) circulating in an ongoing outbreak among men who have sex with men (MSM) in the Lombardy region of Italy are predominantly attributable to strains linked to two other recent outbreaks in Europe, according to a study presented today at The International Liver Congress™ 2018 in Paris, France. The study found that earlier cases in the Lombardy outbreak were related to an HAV strain reported in the Netherlands, while later cases were more frequently linked to a strain seen in the UK.

Although HAV is rarely fatal, 10–15% of symptomatic patients experience an illness lasting several months, and comorbidities increase the chance of serious liver complications. HAV is generally transmitted through the faecal/oral route, although sexually transmitted outbreaks of HAV have occurred among MSM. Genetic sequencing of the HAV circulating in a particular outbreak can help determine its source and potentially help identify at-risk populations. Effective vaccines have become available within the last 25 years and routine vaccination is widely recommended.

‘We wanted to understand the ongoing HAV outbreak within a large group of patients including MSM from seven hospitals in the Lombardy region’, explained Dr Massimo Iavarone from the Fondazione IRCCS Ca’ Granda Maggiore Hospital in Milan, Italy, and lead author of the study. ‘We used viral phylogenetic analysis to see if this outbreak was linked to other recent European outbreaks’.

The study prospectively analyzed 244 cases of acute HAV between January and May 2017 (median age 33 years, range 18–76; 94% male; 59% MSM). The incidence rate of HAV in Lombardy was also analyzed and was found to be 9.512 per 100,000 inhabitants during the
study period, compared with 1.069 in 2016 and 0.750 in 2015. The phylogenetic correlation between the viruses currently circulating in Lombardy and other HAV strains was assessed by sequencing the VP1/2A region.

Hospitalization was required by 80% of patients (median stay 7 days, range 2–44), and the median (range) alanine aminotransferase and bilirubin peak levels were 2,652 (47–8,914) IU/mL and 6.6 (0.4–18) mg/dL, respectively. Severe liver injury according to the EASL definitions occurred in 14% of patients, with no cases requiring liver transplants.

The molecular phylogenetic analyses revealed that 93% of patients were infected by HAV genotype IA and 7% with genotype IB. All of the genotype IA infections matched strains from one of three European outbreaks (UK, 54%; The Netherlands, 45%; Germany, 1%). Interestingly, the proportion of cases infected by each strain varied with time; the strain from the Netherlands accounted for 100% of the January cases, but the strain from the UK dominated the later months of the outbreak (May 68%, June 70%).

‘There is a high hospitalization rate for the patients in these linked HAV outbreaks involving young active workers, which may impact admissions to liver and infectious disease units and have significant direct and indirect economic consequences’, said Dr Iavarone. ‘Efforts to increase hepatitis A vaccine coverage in high-risk groups must be taken to strengthen population protection from HAV’.

‘This study emphasizes the risk of acute HAV infection via sexual transmission in risk groups such as MSM’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member. ‘Awareness campaigns for the prevention of sexually transmitted infections are important, and in this case of HAV, vaccination can prevent infections’.

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Onsite location reference

Session title: Viral hepatitis A/E: Clinical aspects
Time, date and location of session: 12. April 2018, 04:30 PM - 04:45 PM
Presenter: Dr Massimo Iavarone, Italy
Abstract: Outbreak of acute hepatitis A involving young men in Lombardy region, Italy: risk factors, clinical and virological characteristics

Author disclosures

None reported in relation to this study.

References

Punjab, India: Mass treatment of a population with chronic hepatitis C infection produces high rates of cure

ILC 2018: Programme of decentralized public healthcare achieves high rates of cure regardless of genotype or the presence of cirrhosis: the Punjab Model

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: A large-scale study evaluating the feasibility of decentralized care and the provision of free direct-acting antiviral agents (DAAs) has reported high rates of cure among a population of almost 20,000 individuals completing treatment for hepatitis C virus (HCV) infection. The study conducted in Punjab, India, which was reported today at The International Liver Congress™ 2018 in Paris, France, validated the efficacy and safety of generic all-oral DAA regimens delivered using a decentralized algorithm-based public health model.

'We have shown in our study that it is possible to cure more than 90% of individuals with HCV infection in a highly dispersed population using well-trained teams in government medical colleges and district hospitals, and widely available DAAs', said Professor Radha Krishan Dhiman from the Postgraduate Institute of Medical Education and Research, Chandigarh, India and lead author of the study. 'We believe the Punjab Model could be applied to many different populations with the aim of eliminating HCV'.

Hepatitis C virus (HCV) infection represents a major healthcare burden in India, with an estimated 12–18 million people infected.1 The burden is particularly heavy in the Indian state of Punjab, owing to the high prevalence of risk factors such as unsafe medical practices – including unsafe medical injections, blood transfusions and dental procedures – and intravenous drug use.2,3 Similar to other geographical regions in India, genotype 3 predominates in the state of Punjab.3,4

The study presented today by Prof. Dhiman formed part of a concerted effort in the Punjab region to both decrease the reservoir of HCV by treating established cases and reduce the incidence of new cases,3,5 and was made possible by the foundation in 2016 of the Mukh Mantri Punjab Hepatitis C Relief Fund,6 which provides free treatment to all individuals with chronic HCV infection. The study assessed the feasibility of delivering decentralized HCV care via three government medical colleges and 22 district hospitals, and required the training of approximately
90 medical specialists, pharmacists and data managers. Epidemiological data were managed with support from the Clinton Health Access Initiative. A cost-effective treatment algorithm was developed using sofosbuvir-based regimens to treat all patients with HCV infection, with regimens selected based on the presence/absence of cirrhosis and HCV genotype. A total of 29,371 patients (61.7% male; mean age 42 years) were enrolled in 1 year, of which 19,646 patients completed treatment with a sustained virological response (SVR) at 12 weeks of 92.5%. Cure rates among individuals with cirrhosis (93.1%) and without cirrhosis (92.4%), and those with genotype 3 (92.6%) and other genotypes (93.1%), were similar. No major adverse events were reported.

‘This study is an impressive example of how to upscale the treatment of hepatitis C, which is important to reduce hepatitis C-related complications, particularly the development of hepatocellular carcinoma’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member.

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Onsite location reference

Session title: Parallel session: HCV: Striving towards elimination
Time, date and location of session: 13. April 2018, 04:00 PM - 04:15 PM, South 2
Presenter: Radha Krishan Dhiman, India
Abstract: Decentralized care is effective in the management of patients with hepatitis C in a public health care setting: The Punjab Model

Author disclosures

None reported.

References
12 April 2018, Paris, France: Two presentations given this week at The International Liver Congress™ 2018 in Paris, France illustrate the impact that DAAs can have in averting HCV-related liver disease, and reducing the clinical and economic burden of this chronic infection. The first presentation summarized data from Scottish national records providing country-level evidence of a reduction in HCV-related decompensated cirrhosis since the introduction of DAAs in 2014. The second presentation described modelling data based on clinical trials of glecaprevir/pibrentasvir and UK patient tracker data, and suggested that the health and economic benefits of DAAs may be increased if treatment is initiated at an earlier stage of disease.

Rapid advances in the field of HCV treatment have led to the availability of several DAAs that now offer a cure, in the form of a sustained virological response (SVR), for more than 90% of people with chronic HCV infection. The impact of DAAs on the incidence and cost of liver morbidity and mortality at the population level is not yet known. Scotland is home to an estimated 34,500 people chronically infected with HCV and is regarded as a world leader in facing this problem. The Hepatitis C Action Plan (2006–2011) and the Sexual Health and Blood Borne Virus Framework (2011–2020) have resulted in significant increases in HCV diagnosis and treatment over the past decade. Informed by modelling work, Scotland set the ambitious target of reducing the incidence of HCV-related decompensated cirrhosis by 75% between 2015 and 2020.

The Scottish HCV Clinical and Diagnosis databases, linked with the national inpatient hospital database, provided data on the use of HCV therapy up to March 2017 and on the numbers of patients with a chronic HCV diagnosis that had presented and been admitted to hospital for the
first time with decompensated cirrhosis during 2000–2016. Among 4,800 people initiated on HCV therapy in Scotland between April 2014 and March 2017, 83% were treated with DAAs and 94% achieved SVR. This scale up of therapy, compared with the 3 preceding years, was associated with a 29% and 39% reduction in first-time presentations for decompensated cirrhosis among those previously diagnosed with chronic HCV and those with chronic HCV at the time of admission, respectively.

‘Scotland’s national surveillance of HCV treatment and disease means we are ideally placed to examine the early impact of DAA treatment on HCV-related disease progression at a population level’, explained Professor Sharon Hutchinson from Glasgow Caledonian University, UK. ‘We have been able to show that scale up of therapy has resulted in substantially fewer patients presenting with decompensated cirrhosis but has highlighted the need to address comorbidities that pose a continued risk of liver disease progression in those clear of the virus’.

In the second study, a health state transition model of the natural history of HCV was developed to forecast liver-related clinical and economic outcomes over a lifetime. The model population and treatment efficacy data were based on clinical trials of glecaprevir/pibrentasvir. Genotype, fibrosis distribution and costs were based on Scottish patient tracker data and on literature review. Rates of decompensated cirrhosis, hepatocellular carcinoma, liver transplant and liver-related death were predicted to be lower if treatment was initiated when disease was mild (F0–1) rather than delayed until compensated cirrhosis was present. As a consequence, early versus delayed treatment resulted in lower lifetime costs, including those associated with extrahepatic manifestations (F0–1: £33,297; compensated cirrhosis: £61,204), and greater lifetime quality-adjusted life years (F0–1: 16.20; compensated cirrhosis: 10.05).

‘This study shows the impact that delayed treatment can have on a patient’s life, including consequences such as liver morbidity and mortality, as well as extrahepatic complications’, said Dr Sammy Saab, Professor of Medicine and Surgery at the University of California, Los Angeles. ‘Beyond benefits to the patients, early treatment can generate significant savings by reducing clinical risks and allowing for a shorter, 8-week duration of treatment across all genotypes’.

‘The studies from Scotland are important because they discuss the impact of HCV therapy and cure on patient-relevant outcomes’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member. ‘Recently, the value of DAA therapies has been challenged by a Cochrane review. These data are therefore very important in
documenting not only sustained virological response, but also the prevention of morbidity and mortality’.

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**Onsite location reference**

Session title: General Session III: Public Health
Time, date and location of session: 14. April 2018, 11:30 AM - 11:45 AM – Main Plenary
Presenter: Sharon Hutchinson, UK
Abstract: Reduction in the incidence of hepatitis C-related decompensated cirrhosis associated with national scale-up of direct-acting antiviral therapies targeting patients with advanced liver fibrosis

Presenter: Scott Johnson, USA
Abstract: Early versus delayed hepatitis C treatment provides increased health benefits at lower costs: a pan-genotypic cost-effectiveness analysis set in Scotland (1184)
Author disclosures

Abstract 4515: Outside the submitted work: Sharon Hutchinson reports personal fees from Gilead Sciences; Hamish Innes reports personal fees from Gilead Sciences; John Dillon reports grants and personal fees from Gilead, Merck Sharp & Dohme, AbbVie, and Janssen; Peter Hayes reports personal fees from Merck Sharp & Dohme, Gilead, AbbVie, Janssen, Bristol-Myers Squibb, and Pfizer, and grants and personal fees from Roche; Raymond Fox is an Advisory Board member for AbbVie, Gilead, and Merck Sharp & Dohme, and reports personal fees from Gilead, AbbVie, and Merck Sharp & Dohme; Stephen Barclay reports personal fees from Gilead and Merck Sharp & Dohme, and grants and personal fees from AbbVie; Nicholas Kennedy is an Advisory Board member for AbbVie, Gilead, and Merck Sharp & Dohme, and reports personal fees from Gilead, AbbVie, and Merck Sharp & Dohme.

Abstract 1184: Design, study conduct and financial support for the study were provided by AbbVie, Inc. AbbVie Inc. participated in the interpretation of data, and review and approval of the abstract. All authors contributed to the development of the publication and maintained control over the final content. Brett Pinsky and Yuri Sanchez Gonzalez are employees of AbbVie Inc. and may own stocks and/or options in the company. Dominic Mitchell and Scott J Johnson are employees of Medicus Economics, LLC. Dominic Mitchell is a contractor to Medicus Economics, LLC. Medicus Economics, LLC received consulting fees for research from AbbVie. Sammy Saab is a consultant to and serves on speaker bureaus for AbbVie Inc., Bristol-Myers Squibb, Gilead, Janssen, and Merck.

References


Screening for hepatocellular carcinoma in patients with hepatitis C-related cirrhosis achieving sustained virological response is likely to be cost effective

ILC 2018: Canadian study suggests that biannual or annual ultrasound screening for HCC is likely to be cost effective after a sustained virological response in those with hepatitis C-related cirrhosis, but not in those with advanced fibrosis without cirrhosis

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

12 April 2018, Paris, France: Surveillance for hepatocellular carcinoma (HCC) by ultrasound is likely to be cost effective in patients with hepatitis C-related liver cirrhosis after they have achieved a sustained virological response (SVR) to direct-acting antiviral agents (DAAs), according to the results of a Canadian study presented today. The study also found that screening is very unlikely to be cost effective in patients with advanced liver fibrosis but without evidence of cirrhosis (e.g. METAVIR stage F3), challenging current clinical practice guidelines.

Hepatitis C virus (HCV) infection is a major cause of HCC worldwide, and although the HCC risk is reduced substantially after SVR, it is not eliminated entirely. Surveillance for HCC among people with HCV infection is considered to be cost effective if the risk of HCC exceeds 1.5% per year prior to SVR; however, after achieving SVR, the values may differ because the risk of liver failure is substantially reduced. Current HCV management guidelines recommend biannual surveillance for HCC for an indefinite period in all patients with stage 3 fibrosis or liver cirrhosis post-SVR.

The study presented today at The International Liver Congress™ 2018 in Paris, France, evaluated the cost effectiveness of biannual or annual ultrasound screening for HCC in HCV-infected patients who had achieved an SVR after DAAs. A Markov model was developed based on parameters extracted from the literature and expert opinion. Primary outcomes assessed were quality-adjusted life years (QALYs), cost and incremental cost-effectiveness ratio (ICER).
The base case for the study was all patients with advanced fibrosis (F3/F4) in whom the risk of HCC post-SVR is estimated to be 0.5% per year. With this low incidence of HCC, biannual or annual screening after DAA-induced SVR provided an additional 0.16 QALYs (ICER $84,242/QALY) and 0.15 QALYs (ICER $53,756/QALY), respectively, putting surveillance near or slightly above the usual willingness-to-pay thresholds ($50,000/QALY). Using recent data suggesting that the annual incidence of HCC in patients with HCV-related cirrhosis post-DAA-induced SVR may be as high as 1.82%, biannual HCC screening was found to be cost effective (ICER $40,803/QALY).

To address the challenge that cirrhosis may be difficult to diagnose, the research team also investigated the cost effectiveness of using simple thresholds for aspartate aminotransferase to platelet ratio index (APRI) and FIB4 to assess fibrosis. In contrast, a biannual screening strategy for those with a pre-treatment APRI of <2 and a corresponding annual HCC incidence of 0.093% was not cost effective (dominated with an ICER of -$1,024,982/QALY), highlighting the utility of this simple test to risk stratify patients for surveillance. With a pre-treatment APRI >2, even without documented cirrhosis, the annual incidence of HCC was 0.89%, leading to an ICER of $55,916/QALY for biannual screening.

‘The results of our study challenge current clinical practice guidelines by suggesting that ultrasound surveillance is very unlikely to be cost effective in patients without cirrhosis’, said Dr Hooman Farhang Zangneh from the University of Toronto, Canada, who presented the study findings today. ‘However, for patients with cirrhosis, even if diagnosed using only pre-treatment APRI/FIB4, biannual or annual ultrasound surveillance after DAA-induced SVR is likely to be cost effective, particularly if the risk of HCC is found to increase with age. Additional long-term follow-up data will help to identify those at higher risk of HCC post-SVR to further tailor surveillance guidelines’.

‘HCC surveillance in HCV patients after sustained virological response is a matter of debate’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member. ‘This study is important because it emphasizes the importance of HCC surveillance by ultrasound in patients with cirrhosis, even if HCV has been eliminated. However, the study also challenges the need for surveillance in patients with advanced fibrosis but without cirrhosis’.

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Onsite location reference

Session title: Parallel session: Public health: General
Time, date and location of session: 12. April 2018, 05:00 PM - 05:15 PM, West 2
Presenter: Hooman Farhang Zangneh, Canada
Abstract: Cost-effectiveness analysis of hepatocellular carcinoma screening in hepatitis C cirrhosis after sustained viral response

Author disclosures

None reported.

References


PUBLIC RELEASE: 12 APRIL 2018

Linkage to care specialist facilitates access to hepatitis C treatment for people who inject drugs

ILC 2018: Longitudinal study involving more than 1,000 individuals reports promising role for linkage to care specialists in expanding access to hepatitis C treatment for people who inject drugs

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: A prospective, longitudinal study involving more than 1,000 people who inject drugs has identified a promising role for linkage to care specialists in facilitating rapid access to hepatitis C treatment. The study, which was conducted in Texas, USA, ensured that individuals newly diagnosed with hepatitis C were contacted by a linkage to care specialist within 48 hours of being referred to the service, thereby ensuring that almost 50% of patients referred to a medical practitioner made it to their first appointment and that 60% of those seen were initiated on treatment.

‘We have a major problem with injection drug use in the USA’, explained Zohha Alam from the Austin Hepatitis Center in Texas, USA. ‘At least 75% of new hepatitis C virus (HCV) infections result from injection drug use, and it is often difficult to engage with the users and ensure that HCV infection is both diagnosed and treated’.

The prospective study, which was presented today at The International Liver Congress™ 2018 in Paris, France, evaluated 1,038 patients who were screened and entered into an electronic database in Austin between January and October 2017. A total of 503 individuals were found to be HCV RNA positive and were referred to the linkage to care service. Of those referred, 398 (79%) were contacted within 48 hours by a linkage to care specialist who provided education and linked the individual to a care provider. Of the 249 individuals referred to a medical practitioner, 116 (47%) attended their first appointment, and 69 (59%) had initiated HCV therapy at the time of the analysis.
‘Linkage to care is the missing link in the treatment of chronic HCV infection’, said Zohha Alam. ‘Our study demonstrates a promising role for linkage to care specialists in engaging with people who inject drugs and, importantly, connecting those individuals with HCV care providers’.

The importance of increasing the number of HCV-infected individuals screened and linked to care was highlighted in another study presented at The International Liver Congress™ 2018. The study by a team from the CDA Foundation’s Polaris Observatory in Lafayette, Colorado, USA, used data from 53 countries in Europe to forecast the current and future burden of HCV in the region and to estimate the levels of HCV diagnosis and treatment required to achieve World Health Organization (WHO) Global Health Sector Strategy Goals for Hepatitis by 2030.¹

‘Based on our analysis’, said Sarah Robbins from the Polaris Observatory, ‘we predict that given the current standard of care for the next 15 years, the total HCV-infected population in Europe would increase by an estimated 1% by 2030 and that, in order to meet WHO goals, the number of individuals diagnosed annually would need to increase to at least 800,000 by 2022, with 900,000 being treated each year by 2025. Improving linkage to care coupled with increased access to DAA therapy is needed to achieve such goals’.

Unfortunately, progress towards establishing national policies to support the necessary scale-up of HCV diagnosis and treatment to achieve these goals remains slow, according to the results of a third study presented in Paris. The 2017 Hep-CORE study, which was conducted in 25 European countries, found that an approved national hepatitis C strategy and/or action plan was in place in just 12 (48%) of those countries. Hepatitis C treatment was reported to be available in non-specialist settings in five (20%) countries, although treatment was available in prisons in 18 (72%) countries. Although an improvement from 2016, 52% and 32% of countries in the 2017 Hep-CORE study still restrict access to direct-acting antiviral agents based on the degree of fibrosis and/or current injecting drug use, respectively.

‘HCV can be cured in more than 95% of patients’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member. ‘However, in order to prevent complications such as HCC, patients first need to be identified and treated accordingly. Screening and linkage to care are fundamental if WHO elimination targets are to be achieved, and the data presented here are important in improving these measures’.

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Onsite location reference

Session title: Parallel session: HCV: Striving towards elimination
Time, date and location of session: 16.00–18.00, Friday 13 April 2018, South 2
Presenter: Zohha Alam, USA
Abstract: HCV testing and linkage to care: expanding access to HCV care through electronic health engagement (3558)

See also:

Session title: Poster area
Time, date and location of session: 12. April 2018, 09:00 AM - 05:00 PM & 12. April 2018, 09:00 AM - 05:00 PM
Presenters: Sarah Robbins, USA (3413) and Jeffrey Lazarus, USA (970)

Abstracts: Quantifying the impact of achieving the World Health Organization (WHO) Global Health Sector Strategy (GHSS) goals for hepatitis C in the EURO region (3413) and Patient monitoring of changes in the European policy response to viral hepatitis C treatment: Hep-CORE findings from 2016 to 2017 (970)

Author disclosures

Sarah Robbins: This study was funded by the Polaris Observatory through grants from the John C. Martin Foundation and Center for Disease Analysis.

Zohha Alam: none reported.

References

A third of bacterial infections in patients with cirrhosis across the world are multi-drug resistant

ILC 2018: International study reports a high prevalence of multi-drug-resistant bacteria in hospitalized patients with cirrhosis and significant regional differences in risk

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)
UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: A worldwide study initiated to investigate the epidemiology and outcomes of bacterial infections in hospitalized patients with liver cirrhosis has reported a prevalence of multi-drug-resistant (MDR) bacteria of 34% and significant regional differences in the risk of developing a multi-drug-resistant infection. Research teams from 46 centres across the world collaborated in this international study, which was promoted by the International Club of Ascites, the final results of which were presented today at The International Liver Congress™ 2018 in Paris, France.

Bacterial infections are common in patients with cirrhosis and are one of the most important causes of liver-related complications, progression of liver failure, and mortality in these patients.\(^1\)

Multi-drug-resistant bacteria have emerged as a significant challenge in many countries,\(^2\) and infections caused by these bacteria are associated with a particularly poor prognosis in patients with cirrhosis.\(^3\)

The study presented today in Paris included 1,302 hospitalized patients with cirrhosis and bacterial or fungal infections in North or South America (25%), Asia (32%) and Europe (43%). The most common infections identified were spontaneous bacterial peritonitis (SBP; 27%), urinary tract infection (UTI; 22%), and pneumonia (19%). A total of 740 patients (57%) had at least one positive culture and 959 microorganisms were isolated (58% gram negative, 38% gram positive, 4% fungi).

The global prevalence of MDR bacteria was reported to be 34% (95% CI 31, 37%), with the likelihood of having such an infection being higher in Asia (OR 2.79; p=0.017), particularly India (OR 7.94; p<0.001) or in South America (OR 2.23; p=0.053). In addition, use of antibiotics in the 3 months prior to hospitalization (OR 1.92; p=0.001), the category of infection (nosocomial: OR 2.65; p<0.001; healthcare-associated: OR 1.62; p=0.032) and the site of infection (pneumonia:...
OR 3.20; p<0.001; UTI: OR 2.48; p<0.001; skin and soft tissue: OR 2.92; p=0.004) were associated with an increased risk.

‘Not surprisingly, we found a significantly lower rate of response to empirical antibiotic treatment in patients with infections caused by MDR bacteria compared with those due to non-MDR bacteria’, said the authors of the presentation. ‘We also saw a significantly higher incidence of shock and new organ failures, and a higher rate of in-hospital mortality among those with MDR bacterial infections’.

In light of these findings, they also stressed the urgent need to develop different empirical antibiotic strategies across different parts of the world. ‘In the meantime, while we wait for new antibiotics to be developed, we must focus our efforts on reducing the spread of MDR bacteria among our patients with cirrhosis’.

‘The finding that over one in three of bacterial infections occurring in hospitalized patients with cirrhosis are induced by multidrug resistance microorganisms is very worrisome’, said Prof. Annalisa Berzigotti from the University of Bern, Switzerland, and EASL Governing Board Member. ‘Awareness of this increasing problem is key in implementing the correct management procedures, such as the enhancement of hygiene measures (e.g. contact isolation), and to guide the choice of empiric antibiotic therapy in patients with a high risk of infection by MDR bacteria’.

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Onsite location reference

Session title: General session I and opening ceremony
Time, date and location of session: 12. April 2018, 02:00 PM - 02:15 PM, Main Plenary
Presenter: Salvatore Piano, Italy
Abstract: Epidemiology, predictors and outcomes of multi drug resistant bacterial infections in patients with cirrhosis across the world. Final results of the “Global study” (4005)

Author disclosures

None reported.

References

Statins associated with reduced morbidity and mortality in patients with primary sclerosing cholangitis

ILC 2018: Award-winning\(^1\) register-based study reports a reduced risk of all-cause mortality, liver transplantation, liver cancer, and variceal bleeding in patients with primary sclerosing cholangitis exposed to statins

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL THURSDAY 12 APRIL 2018 07:00

12 April 2018, Paris, France: A large register-based study conducted in Sweden has found that statins are associated with a markedly reduced risk of all-cause mortality, liver transplantation, liver cancer, and variceal bleeding in patients with primary sclerosing cholangitis (PSC). The study, which reviewed the records of almost 3,000 patients diagnosed with PSC between 2005 and 2016, also reported a reduced risk of these outcomes in patients receiving azathioprine, but not in those receiving ursodeoxycholic acid (UDCA).

There is increasing evidence that statins are beneficial in patients with chronic liver and cholestatic diseases.\(^1\)\(^-\)\(^4\) As well as lowering cholesterol, statins act beneficially through different pleiotropic mechanisms on inflammation, fibrosis, endothelial function, thrombosis, and coagulation to potentially improve chronic liver disease,\(^1\) and they have been associated with beneficial effects on markers of cholestasis in patients with cholestatic liver disease.\(^4\)

The award-winning study,* presented today at The International Liver Congress™ 2018 in Paris, France, was conducted to assess the impact of exposure to different drugs, including statins, UDCA, aminosalicylates, antibiotics, azathioprine, and corticosteroids, on various clinical outcomes in patients with PSC. A total of 2,914 patients were identified from different registers and included in the analysis. All patients had Crohn’s disease or ulcerative colitis (or both); the total follow-up time was 11,769 patient years. Of the patients included in the analysis, 74.4% had been exposed to 5-aminosalicylic acid, 60.2% to UDCA, 33.7% to azathioprine/mercaptopurine, 91% to antibiotics, 12.1% to antymycotics, 34.2% to metronidazole, 69.3% to corticosteroids, and 13.9% to statins. Exposure was defined as the time from the first dispensing of the drug after 2005 to the end of the study period.

\(^1\)This study was awarded the PSC Award at the General Session III between 10:45 and 11:15 on Saturday 14 April in the plenary.
‘Both azathioprine and statins were associated with a decreased risk of death, liver transplantation and variceal bleeding in our study’, said Dr Knut Stokkeland from Visby Hospital and the Karolinska Institute in Sweden, who presented the results today. ‘Statins were associated with a decreased risk of all-cause mortality by 32% and a decreased risk of death or liver transplantation by 50%’.

‘This is the first study of statins in PSC – a condition for which, today, there are no other medical therapies’, noted Dr Stokkeland. ‘We think that statins may be promising candidates for the treatment of PSC; however, there is currently insufficient evidence to justify recommending routine use of these agents in PSC. Further evaluation, preferably in a randomized controlled setting, needs to be undertaken’.

‘Primary sclerosing cholangitis is a disease that still has no ideal treatment options’, said Prof. Marco Marzioni from the University Hospital of Ancona, Italy, and EASL Governing Board Member. ‘Although registries are not equivalent to clinical trials and thus cannot lead to any solid therapeutic recommendations, they are of great value in understanding the general features of diseases, particularly in rarer diseases such as PSC. This study offers the possibility to study the potential effectiveness of statins in PSC, and may be helpful in informing future clinical trials to unveil novel therapeutic pathways’.

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Session title: Parallel session: Autoimmune and cholestasis 2
Cholestasis and autoimmune
Time, date and location of session: 14. April 2018, 08:00 AM - 08:15 AM, South 1
Presenter: Annika Bergquist, Sweden
Abstract: Statins are associated with reduced mortality and morbidity in primary sclerosing cholangitis (PSC) (1926)

Author disclosures

None of the authors have anything to disclose.

References

PUBLIC RELEASE: 12 APRIL 2018

First real-world studies report glecaprevir/pibrentasvir to be effective and well tolerated in chronic HCV infection

ILC 2018: Studies conducted in Italy and Germany confirm the effectiveness and safety of glecaprevir/pibrentasvir in patients with chronic hepatitis C virus infection, with viral suppression rates similar to those observed in clinical trials

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

UNDER EMBARGO UNTIL 12 APRIL 2018 07:00-08:00

12 April 2018, Paris, France: The results of the first real-world studies assessing the effectiveness and safety of glecaprevir/pibrentasvir (G/P) in patients with chronic hepatitis C virus (HCV) infection have confirmed high rates of viral suppression and a favourable safety profile in patients receiving 8–16 weeks of treatment. Two real-world studies from Italy and Germany which will be presented at this week’s International Liver Congress™ 2018 in Paris, France, reported high rates of sustained virological response (SVR), defined as undetectable HCV RNA, at 4 and 12 weeks after the end of treatment.

‘The efficacy and safety of G/P as a treatment for HCV-infected patients have so far only been evaluated in controlled clinical trials’, explained Dr Roberta D’Ambrosio from the University of Milan in Italy. ‘Our real-world study involving more than 700 patients with chronic HCV infection confirmed that the effectiveness and safety profile of G/P were excellent across a range of different patient types’.

Glecaprevir (an NS3/4A protease inhibitor) coformulated with pibrentasvir (an NS5A inhibitor) is a relatively new direct-acting antiviral (DAA) combination that was approved in multiple countries during 2017 for the treatment of chronic HCV infection in adults.1 Phase 2 and 3 studies involving tightly defined patient groups with HCV infection have reported high rates of SVR12 and a favourable safety profile.1–6 Until now, no real-world studies with G/P in broader groups of patients with HCV infection have been reported.

The Italian study being presented this week is an interim analysis evaluating the outcomes of 723 consecutively treated patients within the Lombardy Navigator-II Network, with G/P administered according to the drug label. Of those with available data, 99.7% achieved SVR4 (346/347). HCV RNA was reported to be undetectable in 74% of patients at Week 4, and in 98% of patients at end of treatment for the entire cohort. The prevalence of treatment-related adverse
events was low, mainly of mild severity, and only three patients discontinued G/P treatment prematurely.

The ongoing German real-world study, also being reported this week, evaluated 638 patients from the German Hepatitis C-Registry (DHC-R) who received G/P treatment according to the local label. Adult patients with HCV genotypes 1–6, with or without compensated cirrhosis, who were either treatment-naïve or treatment-experienced were included in this interim analysis. The majority of patients were treatment-naïve without cirrhosis and treated with 8 weeks of G/P.

According to Prof. Dr Thomas Berg from the University of Leipzig in Germany, who will present the study findings in Paris, among the 49 patients with available data, 100% achieved SVR12, excluding four patients who prematurely discontinued treatment for reasons other than virological failure. Of those four patients, two discontinued treatment due to adverse events. No grade 3 or higher elevations in alanine aminotransferase (ALT) have been observed.

‘Our real-world study in patients receiving G/P in everyday clinical practice has yielded favourable effectiveness and safety results that were consistent with the clinical trial data’, said Prof. Dr Thomas Berg. ‘We have found G/P to be a very useful addition to our HCV treatment armamentarium as it simplifies treatment decisions for the majority of patients; G/P has the potential to expand the treated population and support the goal of HCV elimination’.

‘These data are important because they confirm the high cure rates of more than 98% observed in Phase 3 trials’, said Prof. Markus Cornberg from the Hannover Medical School, Germany, and EASL Governing Board Member. ‘8 weeks of therapy is possible for all naïve, non-cirrhotic patients, regardless of genotype, and although we still lack data in some difficult-to-treat genotype 3 patients, prevalence of these seems to be declining as shown by the German registry’.

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Session title: General Session II and Award Ceremony I
Time, date and location of session: 08.30–10.30, Friday 13 April 2018, Main Plenary
Presenter: Thomas Berg, Germany
Abstract: First real-world data on safety and effectiveness of glecaprevir/pibrentasvir for the treatment of patients with chronic hepatitis C virus infection: data from the German Hepatitis C-Registry

Session title: General Session III and Award Ceremony II
Time, date and location of session: 10.00–12.00, Saturday 14 April 2018, Main Plenary
Presenter: Roberta D’Ambrosio, Italy
Abstract: Real-life effectiveness and safety of glecaprevir/pibrentasvir among 723 Italian patients with chronic hepatitis C: the Navigator-II study

Author disclosures

None reported.

References


