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50th
THE INTERNATIONAL LIVER CONGRESS™ 2015
VIENNA, AUSTRIA
APRIL 22-26, 2015

ORGANISED BY
EASL, The European Association for the Study of the Liver
THE HOME OF HEPATOLOGY
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THE LONG-AWAITED RESPONSE

Introducing Daklinza, a potent, pan-genotypic (in vitro), NS5A inhibitor with clinical efficacy in genotypes 1-4, which cures* the vast majority† of patients with chronic hepatitis C virus (HCV).

Daklinza is indicated in combination with other medicinal products for the treatment of chronic HCV infection in adults.† Daklinza must not be administered as monotherapy.†

* Cure corresponds to an undetectable HCV RNA at 24 weeks (lower limit of detection <15 IU/ml, SVR₉) which has a 99% concordance with SVR, as the definitive cure of HCV infection.
† Vast majority based on UK epidemiology corresponding to 90% of HCV patients with genotype 1 or genotype 3.
‡ Advanced fibrosis is defined as a score ≥F3 based on FibroTest data. The META VIR score was derived from the FibroTest Score and classified according to the manufacturer’s instructions (www.biopredictive.com); patients with a score of F4 were required to have no evidence of cirrhosis on the basis of a liver biopsy.
§ Percentage of patients achieving SVR₉ after 12 or 24 weeks of Daklinza combined with sofosbuvir across subgroups and treatment arms (+/- ribavirin). Patients who had missing data at follow-up week 12 were considered responders if their next available HCV RNA value was <LLQ.
A HISTORY OF INNOVATION

A SUSTAINED COMMITMENT TO CHRONIC HEPATITIS C

MSD is dedicated to improving the lives of people with chronic HCV infection through innovation. Join us as we continue our pursuit of solutions that help meet the changing demands of the HCV community.

Visit Booth #350 to learn more about MSD’s continuing commitment to patients with chronic hepatitis C virus (HCV) infection.
SAFETY INFORMATION

NAME OF THE MEDICINAL PRODUCT: Viekirax 12.5 mg/75 mg/50 mg film-coated tablets

QUALITATIVE AND QUANTITATIVE COMPOSITION: Each film-coated tablet contains 12.5 mg of ombitasvir, 75 mg of paritaprevir and 50 mg of ritonavir.

THERAPEUTIC INDICATIONS: Viekirax is indicated in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults (see sections 4.2, 4.4, and 5.1 of the SmPC). For hepatitis C virus (HCV) genotype specific activity, see sections 4.4 and 5.1 of the SmPC.

CONTRAINDICATIONS: Hypersensitivity to the active substances or to any of the excipients. Patients with severe hepatic impairment (Child-Pugh C). Use of ethinylestradiol-containing medicinal products such as those contained in most combined oral contraceptives or contraceptive vaginal rings. Medicinal products that are highly dependent on CYP3A4 for clearance and which elevated plasma levels are associated with serious events must not be co-administered with Viekirax. Examples of CYP3A4 substrates are alfuzosin hydrochloride; amiodarone; astemizole, terfenadine; cisapride; colchicine in patients with renal or hepatic impairment; ergotamine, dihydroergotamine, ergonovine, methylergometrine; fusidic acid; lovastatin, simvastatin, atorvastatin; oral midazolam, triazolam; pimozone; quetiapine; quinidine; salmeterol; sildenafil (when used for the treatment of pulmonary arterial hypertension); ticagrelor. Co-administration of Viekirax with or without dasabuvir with medicinal products that are strong or moderate enzyme inducers is expected to decrease ombitasvir, paritaprevir, and ritonavir plasma concentrations and reduce their therapeutic effect and must not be co-administered. Examples of concomitantly strong or moderate enzyme inducers are carbamazepine, phenytoin, phenobarbital; efavirenz, nevirapine, etravirine; enzalutamide; mitotane; rifampicin; St. John’s Wort (Hypericum perforatum). Co-administration of Viekirax with or without dasabuvir with medicinal products that are strong inhibitors of CYP3A4 are expected to increase paritaprevir plasma concentrations and must not be co-administered with Viekirax. Examples of concomitantly strong CYP3A4 inhibitors are cobicistat; indinavir, lopinavir/ritonavir, saquinavir, tipranavir; itraconazole, ketoconazole, posaconazole, voriconazole; clarithromycin, telithromycin; convivaptan.

LIST OF EXCIPIENTS: Tablet core: Copovidone, Vitamin E polyethylene glycol succinate, Propylene glycol monolaurate, Sorbitan monolaurate, Colloidal anhydrous silica (E551), Sodium stearyl fumarate. Film-coating: Polyvinyl alcohol (E1203), Polyethylene glycol 3350, Talc (E553b), Titanium dioxide (E171), Iron oxide yellow (E172), Iron oxide red (E172), Iron oxide black (E172). Polyvinyl alcohol (E1203), Titanium dioxide (E171), Colloidal anhydrous silica (E551), Sodium stearyl fumarate.

MARKETING AUTHORISATION HOLDER: AbbVie Ltd, Maidenhead, SL6 4XE, United Kingdom

PRESCRIPTION STATUS: restricted to medical prescription

PHARMACOTHERAPEUTIC GROUP: Antivirals for systemic use; direct-acting antivirals, ATC code not yet assigned

For information on special warnings and precautions for use, interaction with other medicinal products and other forms of interaction, fertility, pregnancy and lactation and undesirable effects please refer to the published Summary of Product Characteristics.

DATE OF INFORMATION: 01/2015

SAFETY INFORMATION

NAME OF THE MEDICINAL PRODUCT: Exviera 250 mg film-coated tablets

QUALITATIVE AND QUANTITATIVE COMPOSITION: Each film-coated tablet contains 250 mg of dasabuvir (as sodium monohydrate). Excipient with known effect: each film-coated tablet contains 44.94 mg lactose (as monohydrate).

THERAPEUTIC INDICATIONS: Exviera is indicated in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults (see sections 4.2, 4.4 and 5.1 of the SmPC). For hepatitis C virus (HCV) genotype specific activity, see sections 4.4 and 5.1 of the SmPC.

CONTRAINDICATIONS: Hypersensitivity to the active substances or to any of the excipients. Use of ethinylestradiol-containing medicinal products such as those contained in most combined oral contraceptives or contraceptive vaginal rings. Medicinal products that are highly dependent on CYP3A4 for clearance and reduce their therapeutic effect. Examples of concomitantly strong or moderate enzyme inducers are carbamazepine, phenytoin, phenobarbital; efavirenz, nevirapine, etravirine; enzalutamide; mitotane; rifampicin; St. John’s Wort (Hypericum perforatum). Co-administration of Exviera with or without dasabuvir with medicinal products that are strong inhibitors of CYP3A4 are expected to increase dasabuvir plasma concentrations and reduce its therapeutic effect. Examples of concomitantly strong CYP3A4 inhibitors are cobicistat; indinavir, lopinavir/ritonavir, saquinavir, tipranavir; itraconazole, ketoconazole, posaconazole, voriconazole; clarithromycin, telithromycin; conivaptan.

LIST OF EXCIPIENTS: Tablet core: Microcrystalline cellulose (E460(i)), Lactose monohydrate, Copovidone, Croscarmellose sodium, Colloidal anhydrous silica (E551), Magnesium stearate (E470b). Film-coating: Polyvinyl alcohol (E1203), Polyethylene glycol 3350, Talc (E553b), Iron oxide red (E172), Iron oxide black (E172).

MARKETING AUTHORISATION HOLDER: AbbVie Ltd, Maidenhead, SL6 4XE, United Kingdom

PRESCRIPTION STATUS: restricted to medical prescription

PHARMACOTHERAPEUTIC GROUP: Antivirals for systemic use; direct-acting antivirals, ATC code not yet assigned

For information on special warnings and precautions for use, interaction with other medicinal products and other forms of interaction, fertility, pregnancy and lactation and undesirable effects please refer to the published Summary of Product Characteristics.

DATE OF INFORMATION: 01/2015
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The International Liver Congress™ has been EASL’s flagship event for 50 years – together, we have made groundbreaking contributions to liver research since 1966.

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Enjoy FREE ACCESS until December 31, 2015
WELCOME MESSAGE

Dear Colleague,

Welcome to The International Liver Congress™ 2015! We are delighted that you have joined us at the Reed Messe Wien Congress & Exhibition Centre, Vienna, Austria to celebrate the 50th annual meeting of the European Association for the Study of the Liver (EASL). We are looking forward to celebrating 50 years of hepatology together over the course of the coming days.

These are very exciting times for hepatology and for our society in particular. EASL was founded 50 years ago as a society to promote and exchange science in the field of liver diseases. Still today, this remains the most important task for our Association. We are happy to witness the exciting data presented at The International Liver Congress™ (ILC) and to be published in the Journal of Hepatology, which recently surpassed an impact factor of 10 and consequently ranks as one of the two premier Journals in the field of liver disease.

EASL strives to promote research through high level presentations at the ILC and through educational activities EASL offers. This is highlighted by the enormous interest that the educational activities generate at the annual congress – last year saw a record number of over 10,800 delegates in London! Is it possible to exceed this number in 2015 to trump the ILC record and mark our 50th celebration? Only time will tell.

We hope that Young Investigators, EASL members, and everyone involved in hepatology are keen to celebrate this special moment and remarkable achievement.

The EASL Governing Board has been eagerly working on several new and ground-breaking initiatives to lead hepatology education and research into the future and we will present our ideas and projects to you in Vienna. Become part of the exciting developments in our very fast moving field and join EASL. Take an active role in the most forward thinking and dynamic hepatology community worldwide!

We look forward to greeting you at ILC 2015 in Austria.

Best regards,

Prof. Markus Peck-Radosavljevic
EASL SECRETARY GENERAL

Dr. Laurent Castera
EASL VICE-SECRETARY
WHAT IS YOUR **HOPE** FOR THE NEXT 50 YEARS?

- **More Organ Donation. More Transplants!!!**
  - EASL@ILC2015
  - 1 minute ago

- **One day... Hepatocytes are free from the tyranny of stellate cells & viruses.**
  - EASL@ILC2015
  - 3 minutes ago

- **Innovative treatments, educated patients and healthy livers.**
  - #ILCinspiration
  - EASL@ILC2015
  - 3 minutes ago

- **A Cure for NASH**
  - #ILCinspiration
  - EASL@ILC2015
  - 4 minutes ago

- **One day I would love a cure for all my patients**
  - #ILCinspiration
  - EASL@ILC2015
  - 5 minutes ago

- **My hope is that we can have access to treatment for all**
  - #ILCinspiration
  - EASL@ILC2015
  - 7 minutes ago

- **My hope is that we can have fundings for young investigators**
  - EASL@ILC2015
  - 8 minutes ago
My wish is to be even more productive and effective offering cure for the vast majority of patients with liver disease! #ILCinspiration

Healthy livers and people #ILCinspiration

Prevention of HCV goes parallel with TCT #ILCinspiration

To have patients who are better informed about their liver and understand what causes liver disease #ILCinspiration

I would like to see better prevention measures for hepatitis B and C #ILCinspiration

My wish is to be even more productive and effective offering cure for the vast majority of patients with liver disease!

My hope is a fibrosis-free future #ILCinspiration

Let us know on the EASL Inspiration Wall!

Contribute to the Wall

#ILCinspiration

EASL Facebook page

inspiration@ilc-congress.eu
COME AND VISIT THE EASL BOOTH

RENEW YOUR MEMBERSHIP
JOIN THE EASL COMMUNITY TODAY

www.easl.eu/membership
Dear Colleagues,

I wish to extend a warm welcome to all participants of The International Liver Congress™ 2015. I have had the opportunity to attend almost all of the EASL meetings since the foundation of the Association 50 years ago. It is thus a special honour to serve as Honorary President on this occasion. The quality of the scientific research has been constantly improving over the years, and the volume has somewhat increased; initially the congress was limited to 36 presentations! This increase allows us to measure the progress of European Hepatology, which now compares favourably with that of our American friends and colleagues.

Vienna is an ideal venue for The International Liver Congress™ 2015. The city has seen the birth of Hans Popper, certainly one of the founders of hepatology and probably its most famous member. In addition, Mozart, Haydn and Beethoven, and, more recently, Zweig or Klimt make Vienna one the most important cultural capitals of the world.

I am certain that this 50th EASL celebration will be a memorable event and a huge success, both scientifically and socially.

Serge Erlinger, M.D

Paris, France

ILC 2015 HONORARY PRESIDENT
ACKNOWLEDGEMENTS

The European Association for the Study for the Liver thanks all the abstract reviewers for their time and effort and appreciates their contribution towards the success of The International Liver Congress™ 2015:

Adams David, United Kingdom
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EASL RECOGNITION AWARDS

EASL’S annual award recognises the outstanding contribution of an individual to liver diseases care and research in Europe.
The following awards will be presented during General Session 2 (Friday April 24 from 8:30-10:30 in Hall D)

EASL RECOGNITION AWARD RECIPIENT
Roberto de Franchis, Italy

EASL RECOGNITION AWARD RECIPIENT
Dominique-Charles Valla, France

EASL INTERNATIONAL RECOGNITION AWARD RECIPIENT
Shiv Kumar Sarin, India
EASL AWARDS

FRIDAY, APRIL 24, 2015
09:15 – 09:45
Hall D

AWARD CEREMONY I:
- EASL Recognition Awards
- EU Recognition Awards
- International Recognition Award

SATURDAY, APRIL 25, 2015
09:15 – 09:45
Hall D

AWARD CEREMONY II:
- EASL Sheila Sherlock Fellowships
- Best Basic and Best Clinical Oral Abstract Awards
- Best ePoster Presentations
- YI Awards
- Registry Grants Awards

SCIENTIFIC PROGRAMME SYMBOL KEY CODE

**TOP 10% YI:** Abstracts in the top 10% YI ePosters
**YI:** The presenting author is a Young Investigator
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The coloured ribbons that are attached to the EASL badges indicate the following:

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- EASL GOVERNING BOARD & EASL STAFF
- NEW EASL MEMBER
- FACULTY
- YOUNG INVESTIGATOR
- EASL PREMIUM SPONSOR
- ILC 2015 HONORARY PRESIDENT
- EASL SECRETARY GENERAL
- EASL VICE-SECRETARY

COLOURED BADGE POCKETS

- DELEGATES
- EXHIBITORS
- MEDIA
YOUR INVITATION TO AN EASL MONOTHEMATIC CONFERENCE WITH A DIFFERENCE!

The EASL Governing Board has decided to host this Monothematic Conference only in relation to some European countries in the periphery of the EU, neighbouring countries to the East, and certain areas in Africa. However, this term also now seems to apply to countries within the heart of Europe, exemplified by recent discussions about financing new therapies for hepatitis C in virtually all European nations.

As economic difficulties continue to persist, we will continue to face economic decisions in healthcare that are not necessary in the best interest of our patients. We are also facing tough competition not only between health, and other areas, but also between different sectors within healthcare, where economists often decide on the questions of where and how to invest funds most efficiently in order to obtain the most cost-effective medicine. Since chronic liver diseases are more prevalent in less affluent areas of the world, this poses a big problem for global health, and is a problem on the increase.

EASL will try to elucidate some of the questions in the upcoming conference in Bucharest by bringing together experts from different stakeholders involved with battling chronic liver disease, from academia to governmental agencies, and NGO’s.

Join us at a meeting that will be somewhat different from other EASL Monothematic Conferences, but that will address important questions for liver health in Europe and beyond.
# PROGRAMME WEEK AT A GLANCE

The registration desk will open on Tuesday, April 21 between 16:00 – 20:00 hours

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<td>07:30-08:00</td>
<td>General Session 2 &amp; Award Ceremony 1</td>
<td>General Session 3 &amp; Award Ceremony 2</td>
<td>30 Years of Journal of Hepatology</td>
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<tr>
<td>08:00-08:30</td>
<td>State of the Art</td>
<td>State of the Art</td>
<td>Coffee Break</td>
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<tr>
<td>08:30-09:00</td>
<td>Post-Graduate Course cont.</td>
<td>Literature Highlights</td>
<td>Poster Sessions</td>
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<tr>
<td>09:00-09:30</td>
<td>General Session 4 &amp; Closing Ceremony</td>
<td>Symposia (Parallel Sessions)</td>
<td>Lunch</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>EASL EFSUMB Hands-on Sessions</td>
<td>EASL JSH WS</td>
<td>Poster Sessions</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Parallel Sessions</td>
<td>Symposia (Parallel Sessions)</td>
<td>Farewell Brunch</td>
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<td>State of the Art</td>
<td>EASL WS</td>
<td>Lunch</td>
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<tr>
<td>11:00-11:30</td>
<td>Poster Sessions</td>
<td>YI Forum</td>
<td>Lunch</td>
</tr>
<tr>
<td>11:30-12:00</td>
<td>Symposia (Parallel Sessions)</td>
<td>Literature Highlights</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>Parallel Sessions</td>
<td>EASL EFSUMB Hands-on Sessions</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>12:30-13:00</td>
<td>Literature Highlights</td>
<td>Late Breaker Session</td>
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<tr>
<td>13:00-13:30</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30-14:00</td>
<td>Major Sponsor Industry Satellite Symposia</td>
<td>Abdominal Sonography Course</td>
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<tr>
<td>14:00-14:30</td>
<td>Business Meeting</td>
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<tr>
<td>14:30-15:00</td>
<td>Abdominal Sonography Course</td>
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<td>15:00-15:30</td>
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<td>19:30-20:00</td>
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</tbody>
</table>

**WS** = Joint Workshop  
**cont.** = continued session  
**YI** = Young Investigator
# DAILY PROGRAMME AT A GLANCE

**WEDNESDAY, APRIL 22, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 09:30</td>
<td>Hall C</td>
<td><strong>Joint Workshops</strong></td>
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<td><strong>Hall C</strong> ILC Viral Hepatitis</td>
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<tr>
<td></td>
<td></td>
<td><strong>Strauss 2</strong> EASL-FLIP</td>
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<tr>
<td></td>
<td></td>
<td><strong>Lehar 4</strong> EASL-MSF-Prolifica-TAG</td>
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<tr>
<td></td>
<td></td>
<td><strong>Stolz 1</strong> EASL-ILCA</td>
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<td></td>
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<td><strong>Stolz 2</strong> EASL-Virtual Liver Network</td>
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<td><strong>Schubert 2</strong> EASL-VALDIG</td>
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<td>09:30 - 10:00</td>
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<td><strong>Coffee Break</strong></td>
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<tr>
<td>10:00 - 11:00</td>
<td></td>
<td><strong>Joint Workshops</strong></td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td></td>
<td><strong>Break</strong></td>
</tr>
<tr>
<td>11:30 - 13:30</td>
<td>Hall D</td>
<td><strong>Post-Graduate Course</strong> Metabolic Liver Disease</td>
</tr>
<tr>
<td>13:30 - 14:00</td>
<td></td>
<td><strong>Lunch Break</strong></td>
</tr>
<tr>
<td>14:00 - 15:30</td>
<td>Hall D</td>
<td><strong>Post-Graduate Course</strong> Metabolic Liver Disease</td>
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<tr>
<td>15:30 - 16:00</td>
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<td><strong>Coffee Break</strong></td>
</tr>
<tr>
<td>16:00 - 17:30</td>
<td>Hall D</td>
<td><strong>Post-Graduate Course</strong> Metabolic Liver Disease</td>
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<tr>
<td>17:30 - 18:00</td>
<td></td>
<td><strong>Break</strong></td>
</tr>
<tr>
<td>18:00 - 19:30</td>
<td>Hall C</td>
<td><strong>Major Sponsor Industry Satellite Symposium</strong></td>
</tr>
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</table>

## SESSION TYPES

- Post Graduate Course
- Basic Science Seminar
- State of the Art Lecture
- General Session
- Parallel Session
- Late Breakers
- Symposium
- YI Seminar/Forum
- Joint Workshop
- Abdominal Sonography Course
# Joint Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
</table>
| 08:00 - 09:30 | Strauss 1
EASL-ICA  
Lehar 1&2
EASL-Public  
Health CAG  
Lehar 3
EASL-ISHEN|
| Strauss 3  
EASL-ILTS  
ELITA-LICAGE| 08:00 - 09:30 |
| 09:30 - 10:00 | Coffee Break |
| 10:00 - 11:00 | Joint Workshops  
Strauss 3
EASL-ILTS  
ELITA-LICAGE| 10:00 - 11:00 |
| 11:00 - 11:30 | Break |
| 11:30 - 13:30 | Hall C
Basic Science Seminar  
Liver Tumours  
Schubert 3
EASL-International PSC study group  
Schubert 4
EASL-INHSU  
Lehar 3
EASL-ILTS  
ELITA-LICAGE| 11:30 - 13:30 |
| 13:30 - 14:00 | Lunch Break |
| 14:00 - 15:30 | Hall C
Basic Science Seminar  
Liver Tumours  
Lehar 3
Nurses and Associates Forum|
| 15:30 - 16:00 | Coffee Break |
| 16:00 - 17:30 | Hall C
Basic Science Seminar  
Liver Tumours  
Lehar 3
Nurses and Associates Forum|
| 17:30- 18:00 | Break |
| 18:00 - 19:30 | Strauss 3
Industry Sponsored Satellite Symposium |

- Live session
- Public Health
- Early Morning Workshop
- Grand Rounds
- Nurses and Associates Forum
- Other
- ePosters
- Oral ePoster
- Industry Satellite Symposium
- Break/Lunch
### DAILY PROGRAMME AT A GLANCE
**THURSDAY, APRIL 23, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Hall C</th>
<th>Strauss 1 &amp; 2</th>
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<tbody>
<tr>
<td>07:00 - 08:00</td>
<td>Major Sponsor Industry Satellite Symposium</td>
<td>Industry Sponsored Satellite Symposium</td>
</tr>
<tr>
<td>08:00 - 08:30</td>
<td>Break</td>
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</tr>
<tr>
<td>08:30 - 10:00</td>
<td>Hall D</td>
<td>Post-Graduate Course</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metabolic Liver Disease</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Coffee Break</td>
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</tr>
<tr>
<td>10:30 - 12:00</td>
<td>Hall D</td>
<td>Post-Graduate Course</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metabolic Liver Disease</td>
</tr>
<tr>
<td>12:00 - 12:30</td>
<td>Lunch Break &amp; Poster Viewing</td>
<td>Hall B ePoster Oral Sessions</td>
</tr>
<tr>
<td>12:30 - 13:00</td>
<td></td>
<td>Lehar 4 Fellowship and Registry Grant Presentations</td>
</tr>
<tr>
<td>13:00 - 13:30</td>
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<tr>
<td>13:30 - 15:30</td>
<td>Hall D</td>
<td>General Session 1 &amp; Opening Ceremony</td>
</tr>
<tr>
<td>15:30 - 16:00</td>
<td>Coffee Break</td>
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</tr>
<tr>
<td>16:00 - 18:00</td>
<td>Parallel Sessions</td>
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<tr>
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<td>Hall D</td>
<td>Parallel Sessions</td>
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<tr>
<td></td>
<td>Hall C</td>
<td>Parallel Sessions</td>
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<tr>
<td></td>
<td>Strauss 1</td>
<td>Parallel Sessions</td>
</tr>
<tr>
<td>18:00 - 18:30</td>
<td>Break</td>
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</tr>
<tr>
<td>18:30 - 20:00</td>
<td>Hall D</td>
<td>Major Sponsor Industry Satellite Symposium</td>
</tr>
</tbody>
</table>

### SESSION TYPES
- Post Graduate Course
- Basic Science Seminar
- State of the Art Lecture
- General Session
- Parallel Session
- Late Breakers
- Symposium
- YI Seminar/Forum
- Joint Workshop
- Abdominal Sonography Course
## THURSDAY, APRIL 23, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 - 10:00</td>
<td><strong>Lehar 1 &amp; 2</strong> Major Sponsor Industry Satellite Symposium</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>10:30 - 12:30</td>
<td><strong>Lehar 1 &amp; 2</strong> Joint Workshop EASL - KASL</td>
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<tr>
<td>13:30 - 15:30</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>16:00 - 18:00</td>
<td><strong>Lehar 4</strong> Joint Workshop EASL - ESGAR</td>
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<tr>
<td>18:30 - 20:00</td>
<td><strong>Lehar 3</strong> Abdominal Sonography Course for Beginners</td>
</tr>
</tbody>
</table>

### Parallel Sessions

- **Strauss 3** Fatty Liver Disease: Clinical
- **Lehar 1 & 2** Alcohol and DILI
- **Stolz 1** Liver Immunology

### Additional Events

- **Live session**
- **Public Health**
- **Early Morning Workshop**
- **Grand Rounds**
- **Nurses and Associates Forum**
- **Other**
- **ePosters**
- **Oral ePoster**
- **Industry Satellite Symposia**
- **Break/Lunch**

Vienna, Austria • April 22–26, 2015
<table>
<thead>
<tr>
<th>Time</th>
<th>Hall C</th>
<th>Strauss 1</th>
<th>Strauss 2</th>
<th>Strauss 3</th>
</tr>
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<tbody>
<tr>
<td>07:30 - 08:30</td>
<td>Managing HCV patients with decompensated cirrhosis</td>
<td>Viral hepatitis from a payer-perspective</td>
<td>Finite Treatment of Chronic Hepatitis B</td>
<td>Alcohol &amp; Nonalcoholic Steatohepatitis (NASH) – important challenge for the Public Health</td>
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<tr>
<td></td>
<td>Stolz 1</td>
<td>Stolz 2</td>
<td>Schubert 1</td>
<td>Schubert 2</td>
</tr>
<tr>
<td></td>
<td>IFN-free regimens in the OLT setting</td>
<td>Novel treatments in autoimmune liver disease</td>
<td>Selection of patients for TACE</td>
<td>Optimal Management of IFN containing regimens</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Hall D</th>
<th>Hall D</th>
<th>Hall D</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 - 10:30</td>
<td>General Session 2 and Award Ceremony 1</td>
<td>State of the Art Session - Iron and the liver…of pathogens, metabolic adaptation and human disease</td>
<td>Coffee Break</td>
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<tr>
<td>11:00 - 11:30</td>
<td>Coffee Break</td>
<td>Grand Rounds</td>
<td>EASL Symposia</td>
</tr>
<tr>
<td></td>
<td>Hall D</td>
<td>Hall D</td>
<td>Strauss 1</td>
</tr>
<tr>
<td></td>
<td>Viral Hepatitis</td>
<td>Complications of end-stage liver disease and link with liver transplantation</td>
<td>Liver transplantation – new challenges in an aging population</td>
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<tr>
<td>12:30- 14:00</td>
<td>Lunch Break &amp; Poster Viewing</td>
<td>EASL Recommendations on treatment of hepatitis C 2015</td>
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<table>
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<tr>
<th>Time</th>
<th>Hall D</th>
<th>Hall C</th>
<th>Strauss 1</th>
<th>Strauss 2</th>
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<tbody>
<tr>
<td>14:00 - 15:30</td>
<td>Clinical Symposium Towards HCV eradication</td>
<td>Basic Symposium Hepatokines and their role in energy homeostasis</td>
<td>Translational Workshop - Liver mitochondria: plastic mediators of organ and integrated body responses</td>
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<td>EASL Symposia</td>
<td>Coffee Break</td>
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<tr>
<td>15:30 - 16:00</td>
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<thead>
<tr>
<th>Time</th>
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<th>Hall C</th>
<th>Strauss 1</th>
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</thead>
<tbody>
<tr>
<td>16:00 - 18:00</td>
<td>Viral Hepatitis C: Clinical</td>
<td>Cirrhosis and Complications 1</td>
<td>Autoimmune and Genetic Liver Disease</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Hall D</th>
<th>Hall C</th>
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</thead>
<tbody>
<tr>
<td>18:00 - 18:30</td>
<td>Break</td>
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<tr>
<td>18:30 - 20:00</td>
<td>Major Sponsor Industry Satellite Symposium</td>
<td>Major Sponsor Industry Satellite Symposium</td>
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## FRIDAY, APRIL 24, 2015

### Early Morning Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>07:30 - 08:30</td>
<td>Lehar 1 &amp; 2 Endpoints for antifibrotic trials: what does it take to be a game changer?</td>
</tr>
<tr>
<td>07:30 - 08:30</td>
<td>Lehar 3 Clinical use of HBsAg quantification</td>
</tr>
<tr>
<td>07:30 - 08:30</td>
<td>Lehar 4 Regression of fibrosis/cirrhosis: clinical implications</td>
</tr>
<tr>
<td></td>
<td>Schubert 6 Controversies in the diagnosis of HCC</td>
</tr>
<tr>
<td></td>
<td>Schubert 3 HBV in immunocompromised patients</td>
</tr>
<tr>
<td></td>
<td>Schubert 4 Selecting patients for artificial liver support</td>
</tr>
<tr>
<td></td>
<td>Schubert 5 Non-coding RNAs in liver pathophysiology</td>
</tr>
</tbody>
</table>

### Hall D

**General Session 2 and Award Ceremony 1**

### Hall D

**State of the Art Session - Iron and the liver...of pathogens, metabolic adaptation and human disease**

### Grand Rounds

**Stolz 1 Basic Science - *in vivo* Imaging**

**Lunch Break & Poster Viewing**

**Lehar 1 & 2 Young Investigator Seminar Liver Cell Death**

**Hall B ePoster Oral Sessions**

**Stolz 2 Joint Workshop EASL-EFSUMB Lecture 1**

**Stolz 3 Endoscopy and Liver Vein Catheter Live Session**

### Coffee Break

### EASL Symposia

**Stolz 2 EASL-EFSUMB – Hands-on session 1**

### Strauss 2 Clinical Symposium PBC

**Stolz 2 EASL-EFSUMB – Hands-on session 2**

### Parallel Sessions

**Stolz 1 Recent Highlights from the Literature: Ask the Authors**

**Stolz 2 EASL-EFSUMB Hands-on session 3**

**Stolz 2 EASL-EFSUMB Hands-on session 4**

### Break

**Lehar 3 Abdominal Sonography Course - Advanced**

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*Vienna, Austria • April 22–26, 2015*
DAILY PROGRAMME AT A GLANCE
SATURDAY, APRIL 25, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Hall C</th>
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<tbody>
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<td>07:30- 08:30</td>
<td>Major Sponsor Industry Satellite Symposium</td>
<td>General Session 3 &amp; Award Ceremony 2</td>
<td>Industry Sponsored Satellite Symposium</td>
</tr>
<tr>
<td>08:30 - 10:30</td>
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<td>Hall D</td>
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<td>10:30- 11:00</td>
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<td>Hall D</td>
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<tr>
<td>10:30- 11:00</td>
<td>Major Sponsor Industry Satellite Symposium</td>
<td>State of the Art Session</td>
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<tr>
<td>11:00 - 11:30</td>
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<td>Coffee Break</td>
</tr>
<tr>
<td>11:30 - 13:00</td>
<td>Hall D</td>
<td>Hall C</td>
<td>Strauss 1</td>
</tr>
<tr>
<td>11:30- 13:00</td>
<td>Major Sponsor Industry Satellite Symposium</td>
<td>EU and Public Health</td>
<td>Liver Inflammation Regeneration and Cancer</td>
</tr>
<tr>
<td>13:00 - 13:30</td>
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<tr>
<td>13:30 - 14:00</td>
<td>Lunch Break &amp; Poster Viewing <em>(starts at 13:00)</em></td>
<td></td>
<td>EASL Symposia</td>
</tr>
<tr>
<td>14:00 - 15:30</td>
<td>Hall D</td>
<td>Hall C</td>
<td>Strauss 1</td>
</tr>
<tr>
<td>14:00 - 15:30</td>
<td>Future of HBV treatments</td>
<td>Basic Symposium</td>
<td>Clinical Symposium - Treatment decisions in intermediate stage HCC</td>
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<tr>
<td>15:30- 16:00</td>
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<td></td>
<td>Coffee Break</td>
</tr>
<tr>
<td>16:00- 18:00</td>
<td>Hall D</td>
<td></td>
<td>Late Breakers</td>
</tr>
<tr>
<td>18:00- 18:30</td>
<td></td>
<td></td>
<td>Stolz 1</td>
</tr>
<tr>
<td>18:30- 20:00</td>
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<td>EASL Business Meeting</td>
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SESSION TYPES
- Post Graduate Course
- Basic Science Seminar
- State of the Art Lecture
- General Session
- Parallel Session
- Late Breakers
- Symposium
- YI Seminar/Forum
- Joint Workshop
- Abdominal Sonography Course
## SATURDAY, APRIL 25, 2015

<table>
<thead>
<tr>
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<th>Location</th>
<th>Event</th>
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<tbody>
<tr>
<td>07:30-08:30</td>
<td>Hall D</td>
<td>General Session 3 &amp; Award Ceremony 2</td>
</tr>
</tbody>
</table>
| 08:30-10:30| Hall D   | State of the Art Session
Reengineering the microenvironment to improve treatment of fibrotic diseases |
| 10:30-11:00|          | Coffee Break                                                                                   |
| 11:30-13:00| Hall D   | EASL Symposia
Stolz 2
Joint Workshop EASL-EFSUMB Lecture 2 |
| 13:00-15:30|          | EASL Symposia
Lehar 1 & 2
Young Investigator Forum |
| 14:00-15:30|          | Stolz 2
Joint Workshop EASL-JSH                                                                  |
| 15:30-16:00|          | Coffee Break                                                                                   |
| 16:00-18:00|          | Hall D
Late Breakers                                                                            |
| 18:30-20:00|          | Lehar 3
Abdominal Sonography Course- ‘Acute Medicine’ in Hepatology                                |

### Parallel Sessions

<table>
<thead>
<tr>
<th>Location</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>Strauss 2</td>
<td>Liver Transplantation</td>
</tr>
<tr>
<td>Strauss 3</td>
<td>Viral Hepatitis B &amp; D: Clinical</td>
</tr>
</tbody>
</table>

### Live Session

- Live session
- Public Health
- Early Morning Workshop
- Grand Rounds
- Nurses and Associates Forum

### Other

- ePosters
- Oral ePoster
- Industry Satellite Symposia
- Break/Lunch
DAILY PROGRAMME AT A GLANCE
SUNDAY, APRIL 26, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Hall</th>
<th>Session Type</th>
</tr>
</thead>
</table>
| 07:30 - 08:30 | Hall C | Early Morning Workshops:  
- Strauss 1: Public health and viral hepatitis: what can we do to reduce the future burden of disease?  
- Strauss 2: Diagnosis and Treatment of chronic HDV infection  
- Strauss 3: New oral anticoagulants in patients with liver disease  
- Lehar 1 & 2: Interventional strategies in patients with portal hypertension  
- Lehar 3: Update on classification and management of liver adenomas  
- Lehar 4: Study design in gut microbiome assessments  
- Stolz 1: Animal models of liver fibrosis |
| 08:30 - 10:00 | Hall C | 30 Years of Journal of Hepatology: Emerging issues in Hepatology |
| 10:00 - 10:30 |      | Coffee Break |
| 10:30 - 11:30 | Hall C | EASL Symposia:  
- Basic Symposium: Liver stem cells  
- Clinical Symposium: Multidisciplinary management of alcoholic liver disease |
| 11:30 - 13:00 | Hall C | General Session 4 & Closing Ceremony |
| 13:00 - 14:00 |      | Farewell Brunch Reception |

SESSION TYPES
- Post Graduate Course
- Basic Science Seminar
- State of the Art Lecture
- General Session
- Parallel Session
- Late Breakers
- Symposium
- YI Seminar/Forum
- Joint Workshop
- Abdominal Sonography Course

The International Liver Congress™ 2015 • ILC Programme
# Sunday, April 26, 2015

## Early Morning Workshops

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<tr>
<th>Time</th>
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<th>Topic</th>
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</table>
| 07:30-08:30 | Hall C | **Schubert 3**
WHO Global Hepatitis Strategy in the Making |
| 07:30-08:30 | Schubert 1 | Fatigue in chronic liver disease |
| 07:30-08:30 | Schubert 2 | Acute on chronic liver failure: new definitions |
| 07:30-08:30 | Schubert 4 | Antiviral Therapy in HIV-HCV coinfected patients |
| 07:30-08:30 | Schubert 5 | Antibody-mediated rejection after liver transplantation: practical implications |
| 07:30-08:30 | Schubert 6 | Immunsuppression after OLT in PSC |

## Hall C

### 30 Years of Journal of Hepatology: Emerging issues in Hepatology

- **Coffee Break**

## EASL Symposia

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<tr>
<th>Time</th>
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</table>
| 10:00-10:30 | Hall C | **Strauss 2**
Liver disease management in Eastern Europe |
| 10:00-10:30 | Strauss 3 | Clinical Symposium
Re-focusing transplant hepatology |
| 10:00-10:30 | Lehar 1 & 2 | Clinical Symposium
Value-Based Medicine in Hepatology |

## Hall C

### General Session 4 & Closing Ceremony

- **Farewell Brunch Reception**

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- Live session
- Public Health
- Early Morning Workshop
- Grand Rounds
- Nurses and Associates Forum
- Other
- ePosters
- Oral ePoster
- Industry Satellite Symposia
- Break/Lunch

Vienna, Austria • April 22–26, 2015
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LIVER CONGRESS™ 2016

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SCIENTIFIC PROGRAMME

WEDNESDAY
APRIL 22, 2015
### Joint Workshop: ILC Viral Hepatitis Workshop

**Hall C (Plenary)**

**Chairs:**
Jean-Michel Pawlotsky, *France*
Markus Peck-Radosavljevic, *Austria*

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<tr>
<th>Time</th>
<th>Title</th>
<th>Speaker</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>8:00 - 8:30</td>
<td><strong>Is HBV infection curable?</strong></td>
<td>Fabien Zoulim, <em>France</em></td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:00</td>
<td><strong>Challenge: the HCC epidemics in «cured» hepatitis patients</strong></td>
<td>Jordan Feld, <em>Canada</em></td>
<td></td>
</tr>
<tr>
<td>9:00 - 9:30</td>
<td><strong>HCV treatment to PWID-results from the ACTIVATE trial</strong></td>
<td>Stéphane Chevaliez, <em>France</em></td>
<td></td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td><em>Coffee Break</em></td>
<td></td>
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</tr>
<tr>
<td>10:00 - 10:30</td>
<td><strong>Management of patients with HCV-related advanced liver disease or in the peritransplant setting with new DAA-based therapies</strong></td>
<td>Norah Terrault, <em>The United States</em></td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td><strong>Are hepatitis C medications too expensive?</strong></td>
<td>Donald Jensen, <em>The United States</em></td>
<td></td>
</tr>
</tbody>
</table>
### Chairs:
Paolo Angeli, *Italy*
Mauro Bernardi, *Italy*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 8:10</td>
<td><strong>Introduction</strong></td>
<td>Mauro Bernardi</td>
<td>Italy</td>
</tr>
<tr>
<td>8:10 - 8:30</td>
<td>Microbiology of bacterial infections in cirrhosis; how has it changed over the last years?</td>
<td>Pierluigi Viale</td>
<td>Italy</td>
</tr>
<tr>
<td>8:30 - 8:50</td>
<td>The microbiome and bacterial translocation in cirrhosis</td>
<td>Bernd Schnabl</td>
<td>The United States</td>
</tr>
<tr>
<td>8:50 - 9:10</td>
<td>Non antibiotic prophylaxis of bacterial infections in cirrhosis; where we are and where we are going to?</td>
<td>Guadalupe Garcia-Tsao</td>
<td>The United States</td>
</tr>
<tr>
<td>9:10 - 9:30</td>
<td><strong>Discussion</strong></td>
<td></td>
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<tr>
<td>9:30 – 10:00</td>
<td><strong>Coffee Break</strong></td>
<td></td>
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</tr>
<tr>
<td>10:00 - 10:20</td>
<td>New protocols of empirical antibiotic treatment of bacterial infections in cirrhosis</td>
<td>Javier Fernandez</td>
<td>Spain</td>
</tr>
<tr>
<td>10:20 - 10:40</td>
<td>The changing role of albumin in the management of patients with cirrhosis and bacterial infections: from plasma expander to immunoregulator and anti-inflammatory agent</td>
<td>Rajeshwar Mookerjee</td>
<td>The United Kingdom</td>
</tr>
<tr>
<td>10:40 - 10:50</td>
<td><strong>Discussion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:50 - 11:00</td>
<td><strong>Conclusions</strong></td>
<td>Paolo Angeli</td>
<td>Italy</td>
</tr>
</tbody>
</table>
**WEDNESDAY, APRIL 22, 2015**

**Joint Workshop: EASL-FLIP**  
**Strauss 2**

**Chairs:**  
Vlad Ratziu, *France*  
Cecilia Rodrigues, *Portugal*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Details</th>
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<tbody>
<tr>
<td>8:00 - 9:00</td>
<td><strong>Advances in Pathogenesis</strong></td>
<td></td>
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<tr>
<td>8:00 - 8:30</td>
<td>Mechanisms of NASH-related fibrogenesis: clues for individual variability</td>
<td>Fabio Marra, <em>Italy</em></td>
</tr>
<tr>
<td>8:30 - 8:50</td>
<td>Cholesterol toxicity and hepatic inflammation</td>
<td>Ronit Shiri-Sverdlov, <em>The Netherlands</em></td>
</tr>
<tr>
<td>8:50 - 9:00</td>
<td>Discussion</td>
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<tr>
<td>9:00 - 9:30</td>
<td><strong>Advances in Diagnosis</strong></td>
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<tr>
<td>9:00 - 9:20</td>
<td>The FLIP algorithm and SAF score: a new histological classification in NAFLD</td>
<td>Pierre Bedossa, <em>France</em></td>
</tr>
<tr>
<td>9:20 - 9:30</td>
<td>Discussion</td>
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<tr>
<td>9:30 – 10:00</td>
<td><em>Coffee Break</em></td>
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<tr>
<td>10:00 - 10:50</td>
<td><strong>Clinical Hotspots</strong></td>
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<tr>
<td>10:00 - 10:20</td>
<td>A critical review of the evidence linking diabetes and obesity to liver cancer</td>
<td>Hashem El-Serag, <em>The United States</em></td>
</tr>
<tr>
<td>10:20 - 10:40</td>
<td>NASH in developing countries: the paradox of the Indian subcontinent</td>
<td>Abhijit Chowdhury, <em>India</em></td>
</tr>
<tr>
<td>10:40 - 10:50</td>
<td>Discussion</td>
<td></td>
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<tr>
<td>10:50 - 11:00</td>
<td>General Discussion and Closing Remarks</td>
<td></td>
</tr>
</tbody>
</table>
### Chairs:
- William Bernal, *The United Kingdom*
- Richard Freeman, *The United States*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 8:00 - 8:20 | Acute on chronic liver disease: when is the patient too sick for transplant?  
Henrik Petrowsky, *Switzerland* |
| 8:20 - 8:40 | Hepatopulmonary syndrome and portopulmonary hypertension: when is the optimal timing for liver transplantation?  
Susan Mandell, *The United States* |
| 8:40 - 9:00 | Severe acute alcoholic hepatitis non-responding to steroid therapy: when is it justified to transplant?  
Philippe Mathurin, *France* |
| 9:00 - 9:20 | Are there age limits for living or deceased donors or for recipients?  
Juan Carlos Garcia Valdecasas, *Spain* |
| 9:20 - 9:30 | Discussion |
| 9:30 – 10:00 | *Coffee Break* |
| 10:00 - 10:20 | How should candidates with previous history of non-hepatic malignancy be selected for liver transplantation: what is the risk for recurrence after liver transplant?  
Federico Villamil, *Argentina* |
| 10:20 - 10:40 | Retransplant the non-compliant and compliant adolescents?  
Anil Dhawan, *The United Kingdom* |
| 10:40 - 11:00 | Discussion |
| 11:00 - 11:30 | *Break* |
### WEDNESDAY, APRIL 22, 2015

**Post-Graduate Course: Liver Transplant**  
Organised by EASL-ILTS-ELITA-LICAGE

**Chairs:**  
Patrizia Burra, *Italy*  
Paolo Muesian, *The United Kingdom*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30 - 11:50</td>
<td>Neo-adjuvant and adjuvant anti-HCV treatment and transplantation: have we solved the problem?</td>
<td>Xavier Forns</td>
<td>Spain</td>
</tr>
<tr>
<td>11:50 - 12:10</td>
<td>HCC and downstaging procedures: have the results of liver transplantation been improved?</td>
<td>Vincenzo Mazzaferro</td>
<td>Italy</td>
</tr>
<tr>
<td>12:10 - 12:30</td>
<td>Selection and timing of liver transplantation for patients with drug and hepatotoxins induced liver injury</td>
<td>Giacomo Germani</td>
<td>Italy</td>
</tr>
<tr>
<td>12:30 - 12:50</td>
<td>Current status of liver transplantation in HIV infected recipients: long-term outcome</td>
<td>Didier Samuel</td>
<td>France</td>
</tr>
<tr>
<td>12:50 - 13:10</td>
<td>Morbidly obese patients: should they receive simultaneous liver transplantation and sleeve gastrectomy?</td>
<td>Julie Heimbach</td>
<td>The United States</td>
</tr>
<tr>
<td>13:10 - 13:40</td>
<td>Ethics in donor living related liver transplantation: Eastern perspective</td>
<td>Chao-Long Chen</td>
<td>Taiwan</td>
</tr>
<tr>
<td>13:40 - 13:45</td>
<td>Ethics in donor living related liver transplantation: Western perspective</td>
<td>Elizabeth Pomfret</td>
<td>The United States</td>
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<tr>
<td></td>
<td>Discussion and Closing remarks</td>
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</table>
**Joint Workshop: EASL-Public Health CAG**

**Chairs:**
Alessio Aghemo, *Italy*
Angelos Hatzakis, *Greece*

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 - 8:15</td>
<td><strong>Efforts to estimate HBV prevalence and future trends</strong>&lt;br&gt;Joerdis Ott, <em>Switzerland</em></td>
</tr>
<tr>
<td>8:15 - 8:30</td>
<td><strong>HBV vaccination: A global success story and prospects for universal coverage</strong>&lt;br&gt;Alex Vorsters, <em>Belgium</em></td>
</tr>
<tr>
<td>8:30 - 8:45</td>
<td><strong>Modelling studies to assess the global burden of HCV in the next 20 years</strong>&lt;br&gt;Homie Razavi, <em>The United States</em></td>
</tr>
<tr>
<td>8:45 - 9:00</td>
<td><strong>Current and future HCV burden in Egypt</strong>&lt;br&gt;Imam Waked, <em>Egypte</em></td>
</tr>
<tr>
<td>9:00 - 9:15</td>
<td><strong>Current and future HCV burden in Greece</strong>&lt;br&gt;Vana Sypsa, <em>Greece</em></td>
</tr>
<tr>
<td>9:15 - 9:30</td>
<td><strong>Current and future HCV burden in Germany</strong>&lt;br&gt;Heiner Wedemeyer, <em>Germany</em></td>
</tr>
<tr>
<td>9:30 - 10:00</td>
<td><strong>Coffee Break</strong></td>
</tr>
<tr>
<td>10:00 - 10:15</td>
<td><strong>Current and future options to treat high risk groups and difficult to treat patients: Chronic HBV</strong>&lt;br&gt;Maurizia Brunetto, <em>Italy</em></td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td><strong>Current and future options to treat high risk groups and difficult to treat patients: Chronic HCV</strong>&lt;br&gt;Jason Grebely, <em>Australia</em></td>
</tr>
<tr>
<td>10:30 - 10:45</td>
<td><strong>Prospects for an effective HCV vaccine</strong>&lt;br&gt;Thomas Baumert, <em>France</em></td>
</tr>
<tr>
<td>10:45 - 11:00</td>
<td><strong>Discussion</strong></td>
</tr>
</tbody>
</table>
## HE in the Out-patient Cirrhotic Patient

**Chairs:**
Radha Krishan Dhiman, *India*
Sara Montagnese, *Italy*
George Papatheodoridis, *Greece*

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<tr>
<th>Time</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>8:00 - 8:20</td>
<td>Impact/Burden of HE on the health system and society</td>
<td>Peter Jepsen, <em>Denmark</em></td>
</tr>
<tr>
<td>8:20 - 8:40</td>
<td>Covert HE: One disease or two. How to diagnose?</td>
<td>Sara Montagnese, <em>Italy</em></td>
</tr>
<tr>
<td>8:40 - 9:00</td>
<td>Minimal HE, quality of life and driving: practical recommendations</td>
<td>Jasmohan S. Bajaj, <em>The United States</em></td>
</tr>
<tr>
<td>9:00 - 9:20</td>
<td>What is a good clinical measure of outcome in a cirrhotic patient with minimal HE?</td>
<td>Radha Krishan Dhiman, <em>India</em></td>
</tr>
<tr>
<td>9:20 - 9:30</td>
<td>Discussion</td>
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<tr>
<td>9:30 – 10:00</td>
<td>Coffee Break</td>
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</table>

## HE in the Hospitalised Cirrhotic Patient

**Chairs:**
Jasmohan Bajaj, *The United States*
Rajiv Jalan, *The United Kingdom*
George Papatheodoridis, *Greece*

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<tr>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>10:00 - 10:20</td>
<td>Pathophysiological basis of HE in a patient with overt HE:</td>
<td>Rajiv Jalan, <em>The United Kingdom</em></td>
</tr>
<tr>
<td>10:20 - 10:40</td>
<td>Evidence based management of hospitalised HE patient.</td>
<td>Claire Francoz, <em>France</em></td>
</tr>
<tr>
<td>10:40 - 11:00</td>
<td>Issues with clinical trial design in studies of HE in the hospitalised cirrhotic patient</td>
<td>Oliviero Riggio, <em>Italy</em></td>
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</table>
### Joint Workshop: EASL-MSF-Prolifica-TAG

#### Chairs:
Laurent Castera, *France*
Tracy Swan, *The United States*

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<th>Time</th>
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<tbody>
<tr>
<td>8:00 - 8:20</td>
<td><strong>HCV treatment access in LMICs: civil society activities</strong></td>
<td>Karyn Kaplan</td>
<td><em>The United States</em></td>
</tr>
<tr>
<td>8:20 - 8:40</td>
<td>Access to treatment in Asia</td>
<td>Nicolas Durier</td>
<td><em>Thailand</em></td>
</tr>
<tr>
<td>8:40 - 9:00</td>
<td><strong>Access to HCV treatment in Ukraine and role of civil society</strong></td>
<td>Ludmila Maistat</td>
<td><em>Ukraine</em></td>
</tr>
<tr>
<td>9:00 - 9:30</td>
<td><strong>Access to HBV and HCV diagnostics and treatments in RLS</strong></td>
<td>Isabelle Andrieux-Meyer</td>
<td><em>Switzerland</em></td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td><em>Coffee Break</em></td>
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#### Chairs:
Isabelle Andrieux-Meyer, *Switzerland*
Mark Thursz, *The United Kingdom*

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<tbody>
<tr>
<td>10:00 - 10:30</td>
<td><strong>HBV Prevention of mother to child transmission</strong></td>
<td>Mark Thursz</td>
<td><em>The United Kingdom</em></td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td><strong>HBV prevalence among HIV people in some MSF cohorts</strong></td>
<td>Dmytro Donchuk</td>
<td><em>Belgium</em></td>
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</table>
**Joint Workshop: EASL-ILCA**

**Stolz I**

**Chairs:**
Peter Galle, *Germany*
Helen Reeves, *The United Kingdom*

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:00 - 8:30</td>
<td>Identification of biomarkers and candidates for targeted drug therapy</td>
<td>Helen Reeves, <em>The United Kingdom</em></td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:00</td>
<td><strong>HCC Staging Systems 2014 – Time for a change?</strong></td>
<td>Ronnie Poon, <em>Hong Kong, China</em></td>
<td></td>
</tr>
<tr>
<td>9:00 - 9:30</td>
<td><strong>Current clinical landscape in systemic therapy</strong></td>
<td>Markus Wörns, <em>Germany</em></td>
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<tr>
<td>9:30 - 10:00</td>
<td><strong>Coffee Break</strong></td>
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<tr>
<td>10:00 - 10:30</td>
<td><strong>Locoregional therapy: Patient selection, methods, response assessment</strong></td>
<td>Bruno Sangro, <em>Spain</em></td>
<td></td>
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<tr>
<td>10:30 - 11:00</td>
<td><strong>Surgery at the borderline: extended resection, Tx beyond Milan</strong></td>
<td>Eric Vibert, <em>France</em></td>
<td></td>
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</tbody>
</table>
Chairs:
Steven Dooley, Germany
Frank Tacke, Germany

8:00 - 8:20
LPS showcase of the VLN: Feedback and feedforward signaling loops in the LPS mediated acute phase response of the liver
Johannes Bode, Germany

8:20 - 8:40
LPS and cell-cell communication in inflammatory and fibrogenic responses of the liver
Sophie Lotersztajn, France

8:40 - 9:00
HGF showcase of the VLN: - Multi- (molecular-, cell-, tissue- and body-) scale, spatial & temporal model of HGF mediated liver regeneration
Dirk Drasdo, Germany

9:00 - 9:20
EGFR mediated crosstalk in liver injury and hepatocarcinogenesis
Matias Avila, Spain

9:20 - 9:30
Discussion

9:30 – 10:00
Coffee Break

10:00 - 10:20
Cell-cell communication in damage induced liver regeneration
Robert Schwabe, The United States

10:20 - 10:40
Steatosis showcase of the VLN: Hedgehog as master regulator of liver lipid metabolism
Madlen Matz-Soja, Germany

10:40 - 11:00
Discussion
### Joint Workshop: EASL-VALDIG
**Schubert 2**

**Chairs:**
- Andrea de Gottardi, Switzerland
- Frank Lammert, Germany

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 - 8:05</td>
<td><strong>Introduction</strong>&lt;br&gt;Frank Lammert, Germany</td>
</tr>
<tr>
<td>8:05 - 8:35</td>
<td><strong>Liver histology in non-cirrhotic portal hypertension: several facets of the same disease?</strong>&lt;br&gt;Dominique Cazals-Hatem, France</td>
</tr>
<tr>
<td>8:35 - 9:05</td>
<td><strong>Extrahepatic portal vein obstruction and portal biliopathy</strong>&lt;br&gt;Yogesh Chawla, India</td>
</tr>
<tr>
<td>9:05 - 9:30</td>
<td><strong>Novel findings in portal vein thrombosis in cirrhotic patients</strong>&lt;br&gt;Juan Carlos Garcia-Pagan, Spain</td>
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</table>

**Coffee Break**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:00 - 10:30</td>
<td><strong>Novel insights into the JAK2 signalling pathway: linking the V617F mutation with clotting abnormalities</strong>&lt;br&gt;Jonel Trebicka, Germany</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td><strong>How imaging techniques may help clinicians in the management of splanchnic vein thrombosis today and tomorrow</strong>&lt;br&gt;Fabrizio Fanelli, Italy</td>
</tr>
</tbody>
</table>
Joint Workshop: EASL-International PSC study group

Chairs:
Tom Karlsen, Norway
Cyriel Ponsioen, The Netherlands

8:00 - 8:30
A brief history of prognostic models and clinical trial end-points in PSC
Olivier Chazouillères, France

8:30 - 9:00
Regulatory aspects of clinical trial end-point considerations
Elmer Schabel, Germany

9:00 - 9:30
Does a PSC specific fibrosis biomarker profile exist?
Morten Karsdal, Denmark

9:30 – 10:00
Coffee Break

10:00 - 10:30
End-point strategies for anti-fibrotics in NASH - lessons for PSC
Massimo Pinzani, The United Kingdom

10:30 - 11:00
Discussion

Joint Workshop: EASL-INHSU

Chairs:
Olav Dalgard, Norway
Cihan Yurdaydin, Turkey

8:00 - 8:30
Somatic illness in PWID - the impact of liver disease
Kunt Boe Kielland, Norway

8:30 - 9:00
Screening for fibrosis among PWID
Peer Brehm Christensen, Denmark

9:00 - 9:30
HCV treatment to PWID-results from the ACTIVATE trial
Gregory Dore, Australia

9:30 – 10:00
Coffee Break

10:00 - 10:30
Reinfection following SVR
Xiomara Thomas, The Netherlands

10:30 - 11:00
Interventions to prevent HCV transmission
Sharon Hutchinson, The United Kingdom
**Chairs:**
Jean-François Dufour, *Switzerland*
Vlad Ratziu, *France*
Herbert Tilg, *Austria*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
</table>
| 11:30 - 11:45 | Q&A (QUESTIONS) case presentation  
Felix Brunner, *Switzerland* |
| 11:45 - 12:05 | Who should be screened for NASH?  
Naga Chalasani, *The United States* |
| 12:05 - 12:25 | Histological classifications: how and when to trust the pathologist  
Pierre Bedossa, *France* |
| 12:25 - 12:45 | Non-invasive diagnosis of fibrosis in NAFLD: how reliable is it?  
Leon Adams, *Australia* |
| 12:45 - 13:05 | Pediatric NASH: is it different and should we look for it?  
Valerio Nobili, *Italy* |
| 13:05 - 13:25 | NASH in lean patients  
Vincent Wong, *Hong Kong, China* |
| 13:25 - 13:30 | Q&A (ANSWERS) |
| 13:30 - 14:00 | Lunch |
### NAFLD and Interactions with Insulin Resistance

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
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</thead>
<tbody>
<tr>
<td>14:00 - 14:15</td>
<td>Q&amp;A (QUESTIONS) case presentation</td>
<td>Pierre-Emmanuel Rautou, France</td>
</tr>
<tr>
<td>14:15 - 14:35</td>
<td>Excessive body weight and risk of NASH: are all obese patients equal?</td>
<td>Amalia Gastaldelli, Italy</td>
</tr>
<tr>
<td>14:35 - 14:55</td>
<td>Insulin resistance: should we measure it and does it promote liver disease progression?</td>
<td>Elisabetta Bugianesi, Italy</td>
</tr>
<tr>
<td>14:55 - 15:15</td>
<td>Dysmetabolic hyperferritinemia</td>
<td>Yves Deugnier, France</td>
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<tr>
<td>15:35 - 15:40</td>
<td>Q&amp;A (ANSWERS)</td>
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<tr>
<td>15:40 - 16:00</td>
<td>Coffee Break</td>
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### Extrahepatic Complications of Liver Fat

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>16:00 - 16:15</td>
<td>Q&amp;A (QUESTIONS) case presentation</td>
<td>Fabio Nascimbeni, Italy</td>
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<tr>
<td>16:15 - 16:35</td>
<td>Why does liver fat contribute to cardio-metabolic outcomes?</td>
<td>Hannele Yki-Jarvinen, Finland</td>
</tr>
<tr>
<td>16:35 - 16:55</td>
<td>NAFLD, pre-atherogenic lesions and cardiovascular events</td>
<td>Sven Francque, Belgium</td>
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<tr>
<td>16:55 - 17:15</td>
<td>Does steatosis place patients at risk for diabetes development and progression?</td>
<td>Naveed Sattar, The United Kingdom</td>
</tr>
<tr>
<td>17:15 - 17:35</td>
<td>Current and future insulin sensitizers in the treatment of NASH?</td>
<td>Vlad Ratziu, France</td>
</tr>
<tr>
<td>17:35 - 17:40</td>
<td>Q&amp;A (ANSWERS)</td>
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</tbody>
</table>
## Basic Science Seminar - Liver Tumours

### Chairs:
Maria Martinez-Chantar, Spain  
Helen Reeves, The United Kingdom  
Lars Zender, Germany

### 11:30 - 11:35
**Introduction and aims**  
Helen Reeves, The United Kingdom

### Hepatocellular Cancer Genomics

**Oncogenomics and identification of drivers of genetic hepatocarcinogenesis**  
Speaker: Jessica Zucman Rossi, France  
Fellow: Eric Letouzé, France

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>11:35 - 11:45</td>
<td>Lecture</td>
<td>Jessica Zucman Rossi, France</td>
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<tr>
<td>11:45 - 11:55</td>
<td>Mutational signatures in liver cancer</td>
<td>Eric Letouzé, France</td>
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<tr>
<td>11:55 - 12:00</td>
<td>Discussion</td>
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</table>

### Genome wide epigenomics in HCC

Speaker: Augusto Villanueva, The United Kingdom  
Fellow: Anna Martinez-Cardus, Spain

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<th>Time</th>
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<tbody>
<tr>
<td>12:00 - 12:10</td>
<td>Lecture</td>
<td>Augusto Villanueva, The United Kingdom</td>
</tr>
<tr>
<td>12:10 - 12:20</td>
<td>Value of DNA methylation Alterations in Liver Cancer</td>
<td>Anna Martinez-Cardus, Spain</td>
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<tr>
<td>12:20 - 12:30</td>
<td>Discussion</td>
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</table>

### Biomarkers for risk stratification emerging from genomic studies in HCC

Speaker: Yujin Hoshida, The United States  
Fellow: Nicolas Goossens, The United States

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<tbody>
<tr>
<td>12:30 - 12:40</td>
<td>Lecture</td>
<td>Yujin Hoshida, The United States</td>
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<tr>
<td>12:40 - 12:50</td>
<td>Molecular signature-based prognostic prediction in liver cirrhosis and HCC</td>
<td>Nicolas Goossens, The United States</td>
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<td>12:50 - 13:00</td>
<td>Discussion</td>
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<td>13:00 - 13:10</td>
<td>Lecture</td>
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<td>Lars Zender, Germany</td>
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<td>13:10 - 13:20</td>
<td>In vivo RNAi screening to dissect tumor suppressor networks in HCC</td>
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<td>Florian Heinzmann, Germany</td>
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<td>13:20 - 13:30</td>
<td>Discussion</td>
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<tr>
<td>13:30 - 14:00</td>
<td>Lunch Break</td>
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<tr>
<td></td>
<td><strong>Hepatocellular cancer - Signalling in the tumour microenvironment</strong></td>
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<td>14:00 - 14:10</td>
<td>Lecture</td>
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<td>Tom Luedde, Germany</td>
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<td>14:10 - 14:20</td>
<td>Cell Death and Inflammation in Hepatocarcinogenesis</td>
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<td></td>
<td>Jérémie Gautheron, Germany</td>
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<td>14:20 - 14:30</td>
<td>Discussion</td>
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<td></td>
<td><strong>EGFR interaction in Hepatocarcinogenesis</strong></td>
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<td>14:30 - 14:40</td>
<td>Lecture</td>
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<td></td>
<td>Maria Sibilia, Austria</td>
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<tr>
<td>14:40 - 14:50</td>
<td>Role of EGFR in liver fibrosis and cancer</td>
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<td>Karin Komposch, Austria</td>
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<td>14:50 - 15:00</td>
<td>Discussion</td>
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<td></td>
<td><strong>The contribution of post translational modification</strong></td>
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<td>15:00 - 15:10</td>
<td>Lecture</td>
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<td>Maria Luz Martinez Chantar, Spain</td>
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<td>15:10 - 15:20</td>
<td>Neddylation as a metabolic therapeutic target in HCC</td>
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<td>Teresa Cardoso Delgado, Spain</td>
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<td>15:20 - 15:30</td>
<td>Discussion</td>
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<td>15:30 - 16:00</td>
<td>Coffee Break</td>
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**WEDNESDAY, APRIL 22, 2015**

<table>
<thead>
<tr>
<th>Basic Science Seminar - Liver Tumours (Cont.)</th>
<th>Hall C (Plenary)</th>
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</thead>
<tbody>
<tr>
<td><strong>Hepatocellular cancer - a focus on metabolism</strong></td>
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</table>

**Metabolic Reprogramming in Cancer**
Speaker: Antonio Moschetta, *Italy*  
Fellow: Chiara Degirolamo, *Italy*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>16:00</td>
<td>Lecture</td>
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</table>
| 16:10  | **Hepatocellular Carcinoma and the Gut-Liver Axis: a focus on the FXR-FGF19 team**  
Raffaella Gadaleta, *Italy* |
| 16:20  | Discussion                                                            |

**Lipid metabolism and HCC**
Speaker: Stephan Herzig, *Germany*  
Fellow: Mauricio Berriel Diaz, *Germany*

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>16:30</td>
<td>Lecture</td>
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<tr>
<td>16:40</td>
<td><strong>Molecular links between fatty liver disease and HCC</strong></td>
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<td>16:50</td>
<td>Discussion</td>
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**Wnt and metabolism in HCC**
Speaker: Sabine Colnot, *France*  
Fellow: Angélique Gougelet, *France*

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>17:00</td>
<td>Lecture</td>
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<tr>
<td>17:10</td>
<td><strong>How beta-catenin reprograms the hepatocyte in liver cancer</strong></td>
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<td>17:20</td>
<td>Discussion</td>
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</tbody>
</table>
Nurses and Associates Forum

Chairs:
Michelle Clayton, The United Kingdom
Cristina Rivoltella, Italy

Foreword

14:00 - 14:30  How to address the burden of liver disease in Europe
Dominique-Charles Valla, France

14:30 - 15:00 Tackling fatty liver disease with lifestyle measures
Shira Zelber-Sagi, Israel

15:00 - 15:30 Reviewing the educational needs of liver nurses
Jacqui Richmond, Australia

15:30 - 16:00 Coffee Break

16:00 - 16:30 Multi resistant organisms in liver transplantation: lessons learnt from practise
Enrica Capitoni, Italy

16:30 - 17:00 Weight gain, overweight and obesity in solid organ transplantation: Need for action?
Sonja Beckmann, Switzerland

17:00 - 17:30 Exploring the supportive care needs of people with advanced chronic liver disease
Barbara Kimbell, The United Kingdom

Closing

Major Sponsor Industry Satellite Symposia

18:00 - 19:30 Please refer to the Industry Section
JUST SOME OF MANY EASL MEMBERSHIP BENEFITS
DISCOVER WHAT ELSE IS ON OFFER AT THE EASL BOOTH, HALL B

Discover the eTools EASL has to offer!

www.easl.eu/membership
THURSDAY APRIL 23, 2015

Industry Satellite Symposia

7:00 - 8:00 Please refer to the Industry Section

Post Graduate Course - Metabolic Liver Disease  

Chairs:  
Jean-François Dufour, Switzerland  
Vlad Ratziu, France  
Herbert Tilg, Austria

Carcinogenesis and NAFLD

8:30 - 8:45 Q&A (QUESTIONS) case presentation  
Heinz Zoller, Austria

8:45 - 9:05 Carcinogenesis and the spectrum of hepatic tumours in NASH  
Augusto Villanueva, The United Kingdom

9:05 - 9:25 Liver cancer in NAFLD: magnitude of the problem  
Jean-François Dufour, Switzerland

9:25 - 9:45 Do inflammation networks trigger NASH and drive its progression?  
Herbert Tilg, Austria

9:45 - 10:05 Impact of lifestyle on NASH (inclusive on HCC)  
Ingrid Hickman, Australia

10:05 - 10:10 Q&A (ANSWERS)

10:10 - 10:30 Coffee Break

Progression of Liver Disease in NAFLD

10:30 - 10:45 Q&A (QUESTIONS) case presentation  
Grace Dolman

10:45 - 11:05 Who are the NAFLD patients at risk of disease progression?  
Chris Day, The United Kingdom

11:05 - 11:25 NAFLD diabetes and alcohol: is there a safe threshold?  
Stefano Bellantani, Italy
### Post Graduate Course - Metabolic Liver Disease (Cont.) Hall D

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11:25 - 11:45</td>
<td>The course of cirrhotic NASH: how different is it from other cirrhoses?</td>
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<td>Arun Sanyal, <em>The United States</em></td>
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<tr>
<td>11:45 - 12:05</td>
<td>OLT for NASH</td>
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<td>Didier Samuel, <em>France</em></td>
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<td>12:05 - 12:10</td>
<td>Q&amp;A (ANSWERS)</td>
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<tr>
<td>12:10 - 13:30</td>
<td><em>Lunch Break</em></td>
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</table>

### Basic Science Seminar - Liver Tumours Hall C (Plenary)

**Chairs:**
- Maria Martinez-Chantar, *Spain*
- Helen Reeves, *The United Kingdom*
- Lars Zender, *Germany*

#### Cellular Plasticity, stem cells and liver tumours

**The cellular origins of liver tumours**
- Speaker: Thomas Longerich, *Germany*
- Fellow: Rosella Pellegrino, *Germany*

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8:30 - 8:40</td>
<td><strong>Lecture</strong></td>
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<td>Thomas Longerich, <em>Germany</em></td>
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<td>8:40 - 8:50</td>
<td><strong>Modes of MDM4 dysregulation in hepatocellular carcinoma</strong></td>
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<td>Rosella Pellegrino, <em>Germany</em></td>
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<tr>
<td>8:50 - 9:00</td>
<td><strong>Discussion</strong></td>
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</table>

**FGF Signalling in hepatocarcinogenesis**
- Speaker: Lewis Roberts, *The United States*
- Fellow: Renumathy Dhanasekaran, *The United States*

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<th>Time</th>
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<tr>
<td>9:00 - 9:10</td>
<td><strong>Lecture</strong></td>
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<td></td>
<td>Lewis Roberts, <em>The United States</em></td>
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<td>9:10 - 9:20</td>
<td><strong>Modulation of FGF Signaling by Heparan Sulfate Sulfatases in Liver Cancer</strong></td>
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<td>Renumathy Dhanasekaran, <em>The United States</em></td>
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<tr>
<td>9:20 - 9:30</td>
<td><strong>Discussion</strong></td>
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</tbody>
</table>
### Basic Science Seminar - Liver Tumours (Cont.)

**Modeling pathogenesis of primary liver cancer in lineage-specific mouse cell types**  
Speaker: Snorri Thorgeirson, *The United States*  
Fellow: Jens Marquardt, *Germany*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 9:30 - 9:40 | Lecture  
Snorri Thorgeirson, *The United States*                              |
| 9:40 - 9:50 | Targeting of “stemness” as a promising therapeutic strategy in liver cancer  
Jens Marquardt, *Germany* |
| 9:50 - 10:00 | Discussion |

**Microenvironment and therapy**

**The inflammatory response and its consequences - can we intervene?**  
Speaker: Derek Mann, *The United Kingdom*  
Fellow: Caroline Wilson, *The United Kingdom*

<table>
<thead>
<tr>
<th>Time</th>
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</table>
| 10:30 - 10:40 | Lecture  
Derek Mann, *The United Kingdom*  |
| 10:40 - 10:50 | The role of neutrophils in HCC  
Caroline Wilson, *The United Kingdom* |
| 10:50 - 11:00 | Discussion |

**Oncolytic viral therapy**  
Speaker: Oliver Ebert, *Germany*  
Fellow: Jennifer Altomonte, *Germany*

<table>
<thead>
<tr>
<th>Time</th>
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</table>
| 11:00 - 11:10 | Lecture  
Oliver Ebert, *Germany* |
| 11:10 - 11:20 | Targeting, delivery and imaging of oncolytic virotherapeutics  
Jennifer Altomonte, *Germany* |
| 11:20 - 11:30 | Discussion |
## Basic Science Seminar - Liver Tumours (Cont.)

### Immunotherapy for HCC?

**Speaker:** David Adams, *The United Kingdom*

**Fellow:** Ka-Kit Li, *The United Kingdom*

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>11:30 - 11:40</td>
<td><strong>Lecture</strong>&lt;br&gt;David Adams, <em>The United Kingdom</em></td>
</tr>
<tr>
<td>11:40 - 11:50</td>
<td><strong>Immune responses to hepatocellular carcinoma: complex&lt;br&gt;regulation and therapeutic potential</strong>&lt;br&gt;Ka-Kit Li, <em>The United Kingdom</em></td>
</tr>
<tr>
<td>11:50 - 12:00</td>
<td><strong>Discussion</strong></td>
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<tr>
<td>12:00 - 13:30</td>
<td><strong>Lunch Break</strong></td>
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## EU and Impact on General Health

**Chairs:**
Laurent Castera, *France*

Liliana Gheorghe, *Romania*

<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12:00 - 12:15</td>
<td><strong>Challenges and Opportunities in liver disease in the EU</strong>&lt;br&gt;Patrizia Burra, <em>Italy</em></td>
</tr>
<tr>
<td>12:15 - 12:30</td>
<td><strong>Opportunities for Liver Disease Research &amp; Collaboration in Horizon 2020</strong>&lt;br&gt;Grigorij Kogan, <em>Belgium</em></td>
</tr>
<tr>
<td>12:30 - 12:45</td>
<td><strong>Opportunities for collaboration in the EU Health Programme 2014-2020</strong>&lt;br&gt;TBC</td>
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<tr>
<td>12:45 - 13:00</td>
<td><strong>The role of the European Parliament in promoting liver health</strong>&lt;br&gt;TBC</td>
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<tr>
<td>13:00 - 13:15</td>
<td><strong>The view from the Member States</strong>&lt;br&gt;TBC</td>
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<tr>
<td>13:15 - 13:30</td>
<td><strong>Discussion</strong></td>
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### Joint Workshop: EASL-KASL

#### Lehar I & 2

**Chairs:**
- Laurent Castera, *France*
- Kwang-Hyub Han, *South Korea*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 12:00-12:15   | **Risk of hepatocellular carcinoma in chronic hepatitis B: assessment and modification with current antiviral therapy**  
George Papatheodoridis, *Greece* |
| 12:15-12:30   | **HBV-related hepatocellular carcinoma prediction models in the era of antiviral therapy**        
Beom Kyung Kim, *South Korea*   |
| 12:30-12:45   | **Italica cohort: curative Tx in BCLC B patients**                                                 
Anna Pecorelli, *Italy*         |
| 12:45-13:00   | **On- and off-treatment efficacy of antiviral prophylaxis in hepatitis B carrier undergoing cancer chemotherapy**  
Jihyun An, *South Korea*      |
| 13:00-13:15   | **Adeno-associated virus 2 (AAV2) induces recurrent insertional mutagenesis in Human hepatocellular carcinomas**  
Jean-Charles Nault, *France*  |
| 13:15-13:30   | **Biomarkers reflecting tumour biology of hepatocellular carcinoma**                               
Su Jong Yu, *South Korea*     |
### Fellowship and Registry Grant Presentations  
**Lehar 4**

**Chairs:**  
Alessio Aghemo, *Italy*  
Michael Manns, *Germany*

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Chair</th>
<th>Country</th>
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</table>
| 12:00 - 12:15 | **Physician Scientist Fellowship** - The role of monocytes and macrophages in acute liver failure syndromes  
The United Kingdom | Harry Antoniades, *The United Kingdom* | United Kingdom |
| 12:15 - 12:30 | **Post-Doctoral Fellowship** - Implication of gut microbiota in alcoholic liver disease  
Spain | Marta Llopis, *Spain* | Spain |
| 12:30 - 12:45 | **Post-Doctoral Fellowship** - Identification of inhibitors of hepatitis E virus replication and of host factors involved in its infection  
The Netherlands | Qiuwei Pan, *The Netherlands* | Netherlands |
| 12:45 - 13:00 | **Entry-Level Fellowship** - Identification of genetics variants associated with severe disease in primary biliary cirrhosis  
The United Kingdom | Marco Carbone, *The United Kingdom* | United Kingdom |
| 13:00 - 13:10 | **Registry Grant** - PLD Registry  
The Netherlands | Joost PH Drenth, *The Netherlands* | Netherlands |
| 13:10 - 13:20 | **Registry Grant** - Prospective European Drug-Induced Liver Injury Registry (Pro-Euro-DILI Registry)  
Spain | Raul Jesús Andrade, *Spain* | Spain |
| 13:20 - 13:30 | **Registry Grant** - Hepatitis delta international network  
Germany | Heiner Wedemeyer, *Germany* | Germany |

### ePoster Oral Sessions  
**Hall B (ePoster Area)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Oral ePoster 1</th>
<th>Chair</th>
<th>Country</th>
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</table>
| 12:00 - 13:00 | **HBV**  
Turkey | Ulus Akarca, *Turkey* | Turkey |
|               | **HCC**  
Germany | Tom Luedde, *Germany* | Germany |
|               | **NASH**  
The United Kingdom | Philip Newsome, *The United Kingdom* | United Kingdom |
|               | **Non-invasive assessment of liver disease**  
The United Kingdom | Emmanuel Tsolchatzis, *The United Kingdom* | United Kingdom |
THURSDAY, APRIL 23, 2015

General Session I & Opening Ceremony

Chairs:
Serge Erlinger, France
Markus Peck-Radosavljevic, Austria

13:30 - 14:00
Opening Ceremony

ABSTRACT G01
14:00 - 14:15
LIRAGlutide is Effective in the Histological Clearance of Non-Alcoholic Steatohepatitis in a Multicentre, Double-Blinded, Randomized, Placebo-Controlled Phase II Trial
Matthew J. Armstrong, The United Kingdom

ABSTRACT G02
14:15 - 14:30
Ledipasvir/Sofosbuvir With Ribavirin Is Safe and Efficacious in Decompensated and Post Liver Transplantation Patients With HCV Infection: Preliminary Results of the Prospective Solar 2 Trial
Michael Manns, Germany

ABSTRACT G03
14:30 - 14:45
Rifaximin and Propranolol Combination Therapy Is More Effective Than Propranolol Monotherapy in the Hepatic Venous Pressure Gradient Response and Propranolol Dose Reduction – A Pilot Study
Soon Koo Baik, South Korea

ABSTRACT G04
14:45 - 15:00
Engineered HBV-Specific T Cells: Disentangling Antiviral From Killing Capacity
Sarene Koh, Singapore

ABSTRACT G05
15:00 - 15:15
Exome Sequencing of 243 Liver Tumors Identifies New Mutational Signatures and Potential Therapeutic Targets
Kornelius Schulze, Germany

ABSTRACT G06
15:15 - 15:30
A Randomized, Double-Blind, Placebo-Controlled Phase III Trial of Tsu-68 (Orantinib) Combined With Transcatheter Arterial Chemoembolization in Patients With Unresectable Hepatocellular Carcinoma
Joong-Won Park, South Korea
Parallel Session: Viral Hepatitis C: Therapy
Hall D

Chairs:
Alessio Aghemo, Italy
Maria Buti, Spain

ABSTRACT 0001
16:00 - 16:15
C-SALVAGE: GRAZOPREVIR (GZR; MK-5172), ELBASVIR (EBR; MK-8742) AND RIBAVIRIN (RBV) FOR CHRONIC HCV-GENOTYPE 1 (GT1) INFECTION AFTER FAILURE OF DIRECT-ACTING ANTIVIRAL (DAA) THERAPY
Xavier Forns, Spain

ABSTRACT 0002
16:15 - 16:30
TREATMENT OF DECOMPENSATED HCV CIRRHOSIS IN PATIENTS WITH DIVERSE GENOTYPES: 12 WEEKS SOFOSBUVIR AND NS5A INHIBITORS WITH/WITHOUT RIBAVIRIN IS EFFECTIVE IN HCV GENOTYPES 1 AND 3
Graham Foster, The United Kingdom

ABSTRACT 0003
16:30 - 16:45
CAN HEPATITIS C TREATMENT BE SAFELY DELAYED?: EVIDENCE FROM THE VETERANS ADMINISTRATION HEALTHCARE SYSTEM
Jeffrey S. Mc Combs, The United States

ABSTRACT 0004
16:45 - 17:00
ON-TREATMENT VIROLOGIC RESPONSE AND TOLERABILITY OF SIMEPREVIR, DACLATASVIR AND RIBAVIRIN IN PATIENTS WITH RECURRENT HEPATITIS C VIRUS GENOTYPE 1B INFECTION AFTER ORHTOTOPIC LIVER TRANSPLANTATION (OLT): INTERIM DATA FROM THE PHASE II SATURN STUDY
Xavier Forns, Spain

ABSTRACT 0005
17:00 - 17:15
RETREATMENT OF PATIENTS WHO FAILED 8 OR 12 WEEKS OF LEDIPASVIR/SOFOSBUVIR-BASED REGIMENS WITH LEDIPASVIR/SOFOSBUVIR FOR 24 WEEKS
Eric Lawitz, The United States
Parallel Session: Viral Hepatitis C: Therapy (Cont.)  Hall D

**ABSTRACT 0006**
17:15 - 17:30
C-SWIFT: GRAZOPREVIR/ELBASVIR + SOFOSBUVIR IN CIRRHOTIC AND NONCIRRHOTIC, TREATMENT-NAIVE PATIENTS WITH HEPATITIS C VIRUS GENOTYPE 1 INFECTION, FOR DURATIONS OF 4, 6 OR 8 WEEKS AND GENOTYPE 3 INFECTION FOR DURATIONS OF 8 OR 12 WEEKS
Fred Poordad, *The United States*

**ABSTRACT 0007**
17:30 - 17:45
ALL ORAL HCV THERAPY IS SAFE AND EFFECTIVE IN PATIENTS WITH DECOMPENSATED CIRRHOSIS: INTERIM REPORT FROM THE HCV-TARGET REAL WORLD EXPERIENCE
Rajender Reddy, *The United States*

**ABSTRACT 0008**
17:45 - 18:00
Efficacy and safety of grazoprevir and elbasvir in hepatitis C genotype 1-infected patients with child-pugh class B cirrhosis (C-SALT PART A)
Ira M. Jacobson, *The United States*

Parallel Session: General Viral Hepatitis  Hall C (Plenary)

**ABSTRACT 0009**
16:00 - 16:15
A PROSPECTIVE STUDY OF HEPATITIS B REACTIVATION IN PATIENTS WITH PRIOR HBV EXPOSURE UNDERGOING HEMATOPOIETIC STEM CELL TRANSPLANTATION: REACTIVATION ASSOCIATION WITH GRAFT-VERSUS-HOST DISEASE
Wai-Kay Seto, *Honduras*

**ABSTRACT 0010**
16:15 - 16:30
T AND B CELL RESPONSES AND PREVIOUS EXPOSURE TO HEPATITIS B VIRUS IN “ANTI-HBC ALONE” PATIENTS
Nasser Semmo, *Germany*
| ABSTRACT 0011 | A NATIONWIDE SURVEY OF HEPATITIS E VIRUS INFECTION IN LIVER TRANSPLANT RECIPIENTS IN JAPAN  
Yukio Oshiro, Japan |
|-------------|-----------------------------------------------------------------|
| ABSTRACT 0012 | HEPATITIS DELTA VIRUS CAN SURVIVE LIVER REGENERATION AND IS AMPLIFIED THROUGH HUMAN CELL DIVISION BOTH IN VITRO AND IN VIVO  
Katja Giersch, Germany |
| ABSTRACT 0013 | EVALUATION OF HDV QUANTIFICATION ASSAYS WORLDWIDE: RESULTS OF THE FIRST HDV INTERNATIONAL QUALITY CONTROL STUDY  
Frederic Le Gal, France |
| ABSTRACT 0014 | A TARGETED RNAI SCREEN USING A HIGH-THROUGHPUT INFECTIOUS MODEL SYSTEM UNCOVERS GLYPICAN GPC5 AS A HOST FACTOR FOR HEPATITIS B AND D VIRUS ENTRY  
Eloi R. Verrier, France |
| ABSTRACT 0015 | QUANTITATIVE MEASUREMENTS OF MUTATIONS IN BASAL CORE PROMOTOR REGION SUGGEST A LOSS OF IMMUNE TOLERANCE IN HBEAG POSITIVE CHRONIC HEPATITIS B INFECTIONS  
Alexander Thompson, Australia |
| ABSTRACT 0016 | HEPATITIS B SURFACE ANTIGEN AND DNA LEVELS CAN IDENTIFY INACTIVE CARRIERS AND PREDICT LOWER RISK FOR HEPATOCELLULAR CARCINOMA AND CIRRHOSIS AMONG GENOTYPE B AND C CHRONIC HEPATITIS B CARRIERS  
Jessica Liu, Taiwan |
### Parallel Session: Non-invasive marker of liver disease: Management

**Chairs:**
- Mireen Friedrich-Rust, *Germany*
- Massimo Pinzani, *The United Kingdom*

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<thead>
<tr>
<th>ABSTRACT 0017</th>
<th>16:00 - 16:15</th>
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<tr>
<td><strong>EFFECTIVENESS OF TREATMENT INITIATION BASED ON FIBROSIS STAGE ASSESSED BY METHODS OF FIBROSIS DIAGNOSIS IN TERMS OF 5-YEAR INCIDENCE OF MORBI-MORTALITY</strong></td>
<td>Sylvie Deuffic-Burban, <em>France</em></td>
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<tr>
<th>ABSTRACT 0017A</th>
<th>16:15 - 16:30</th>
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<tbody>
<tr>
<td><strong>NON-INVASIVE TOOLS AND RISK OF VARICES AND CLINICALLY SIGNIFICANT PORTAL HYPERTENSION IN COMPENSATED CIRRHOSIS: THE “ANTICIPATE” STUDY</strong></td>
<td>Juan G. Abraldes, <em>Canada</em></td>
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<th>ABSTRACT 0018</th>
<th>16:30 - 16:45</th>
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<tr>
<td><strong>2D-SHEAR WAVE ELASTOGRAPHY IS EQUIVALENT OR SUPERIOR TO TRANSIENT ELASTOGRAPHY FOR LIVER FIBROSIS ASSESSMENT: RESULTS FROM AN INDIVIDUAL PATIENT DATA BASED META-ANALYSIS</strong></td>
<td>Eva Herrmann, <em>Germany</em></td>
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<tr>
<th>ABSTRACT 0019</th>
<th>16:45 - 17:00</th>
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<tr>
<td><strong>THE VALUE OF DIFFERENT NON-INVASIVE TESTS FOR PREDICTING THE PRESENCE OF CLINICALLY SIGNIFICANT PORTAL HYPERTENSION AND ESOPHAGEAL VARICES IN CIRRHOTIC PATIENTS</strong></td>
<td>Simona Bota, <em>Austria</em></td>
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<tr>
<th>ABSTRACT 0020</th>
<th>17:00 - 17:15</th>
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<tr>
<td><strong>MAGNETIC RESONANCE ELASTOGRAPHY IS SUPERIOR TO CLINICAL PREDICTION MODELS FOR DETERMINATION OF ADVANCED FIBROSIS IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE: A PROSPECTIVE STUDY</strong></td>
<td>Jeffrey Y. Cui, <em>The United States</em></td>
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<tr>
<th>ABSTRACT 0021</th>
<th>17:15 - 17:30</th>
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<tbody>
<tr>
<td><strong>NON-INVASIVE SCREENING OF LARGE ESOPHAGEAL VARICES USING ENDOSCOPIC CAPSULE AND/OR LIVER FIBROSIS TESTS</strong></td>
<td>Paul Cales, <em>France</em></td>
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<td>ABSTRACT</td>
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<tr>
<td>O022</td>
<td>THE UK-PBC RISK SCORE: DERIVATION AND VALIDATION OF A RISK SCORE TO PREDICT LIVER EVENTS IN THE UK-PBC RESEARCH COHORT</td>
</tr>
<tr>
<td>O023</td>
<td>REPEATED MEASUREMENT OF NON-INVASIVE FIBROSIS MARKERS TO ASSESS HEPATITIS C PROGRESSION AND CLINICAL OUTCOMES</td>
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<tr>
<td>O040</td>
<td>HERITABILITY OF HEPATIC FIBROSIS AND HEPATIC STEATOSIS, AND THEIR SHARED GENE EFFECTS WITH METABOLIC TRAITS IN NAFLD: A PROSPECTIVE TWIN STUDY</td>
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<tr>
<td>O042</td>
<td>WEIGHT LOSS INTENSITY IS STRONGLY ASSOCIATED TO IMPROVEMENT OF HISTOLOGICAL PARAMETERS IN PATIENTS WITH NONALCOHOLIC STEATOHEPATITIS AFTER 52 WEEKS OF LIFESTYLE MODIFICATION</td>
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<tr>
<td>O043</td>
<td>THE FNDC5 RS3480 IS PROTECTIVE ON THE STEATOSIS AND FIBROSIS IN PATIENTS WITH NAFLD</td>
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<tr>
<td>ABSTRACT 0044</td>
<td>DISTINCT FECAL AND PLASMA BILE ACID METABOLOME OF MICROBIAL ORIGIN CHARACTERIZES HUMAN NONALCOHOLIC FATTY LIVER DISEASE (NAFLD)</td>
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<tr>
<td>17:00 - 17:15</td>
<td>ABSTRACT 0045</td>
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<td>17:15 - 17:30</td>
<td>ABSTRACT 0046</td>
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<tr>
<td>17:30 - 17:45</td>
<td>ABSTRACT 0047</td>
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<td>17:45 - 18:00</td>
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## Parallel Session: Alcohol and DILI

**Chairs:**
Christophe Moreno, *Belgium*
Frank Tacke, *Germany*

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<tbody>
<tr>
<td>O032</td>
<td>STEROID THERAPY DIFFERENTIALLY ALTERS GUT MICROBIOTA COMPOSITION IN SEVERE ALCOHOLIC HEPATITIS</td>
<td>Shvetank Sharma</td>
<td>India</td>
</tr>
<tr>
<td>O033</td>
<td>CCR2+ INFILTRATING MONOCYTES PROMOTE ACETAMINOPHEN-INDUCED ACUTE LIVER INJURY - THERAPEUTIC IMPLICATIONS OF INHIBITING CCR2 AND CCL2</td>
<td>Oliver Krenkel</td>
<td>Germany</td>
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<tr>
<td>O034</td>
<td>FREQUENCY AND FUNCTION OF ANTI-BACTERIAL MAIT CELLS ARE SIGNIFICANTLY IMPAIRED IN ADVANCED ALCOHOLIC LIVER DISEASE</td>
<td>Antonio Riva</td>
<td>The United Kingdom</td>
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<tr>
<td>O035</td>
<td>CCR9 AND CCL25 ARE EARLY PRO-INFLAMMATORY MEDIATORS IN ACUTE LIVER INJURY</td>
<td>Richard Parker</td>
<td>The United Kingdom</td>
</tr>
<tr>
<td>O036</td>
<td>OVEREXPRESSION OF C-MYC IN HEPATOCYTES PROMOTES INITIATION AND PROGRESSION OF ALCOHOLIC LIVER DISEASE</td>
<td>Yulia A. Nevzorova</td>
<td>Germany</td>
</tr>
<tr>
<td>O037</td>
<td>MACROPHAGE AUTOPHAGY MEDIATED THE BENEFICIAL EFFECTS OF CANNABINOID RECEPTOR 2 IN ALCOHOLIC LIVER DISEASE</td>
<td>Fatima Teixeira-Clerc</td>
<td>France</td>
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<tr>
<td>O038</td>
<td>INVESTIGATING PARACETAMOL TOXICITY IN HEPARG-BASED 3D HUMAN HEPATIC ORGANOYTIC MODELS WITH NON-INVASIVE OPTICAL COHERENCE PHASE MICROSCOPY (OCPM)</td>
<td>Leonard J. Nelson</td>
<td>The United Kingdom</td>
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<tr>
<td>O039</td>
<td>CIRCULATING EXTRACELLULAR VESICLES WITH SPECIFIC PROTEOME ARE NOVEL BIOMARKERS AND THERAPEUTIC TARGETS FOR ALCOHOLIC LIVER DISEASE</td>
<td>Akiko Eguchi</td>
<td>The United States</td>
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### Parallel Session: Liver Immunology

#### Chairs:
Nasser Semmo, Switzerland  
Heiner Wedemeyer, Germany

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<tr>
<th>Abstract</th>
<th>Time</th>
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<th>Authors</th>
<th>Country</th>
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<tr>
<td>0024</td>
<td>16:00-16:15</td>
<td>CYCLOPHILIN AND NS5A INHIBITORS, BUT NOT OTHER ANTI-HCV AGENTS, PRECLUDE HCV-MEDIATED FORMATION OF DOUBLE MEMBRANE VESICLE VIRAL FACTORIES</td>
<td>Philippe Gallay, The United States</td>
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<tr>
<td>0025</td>
<td>16:15-16:30</td>
<td>ROLE OF CX3CL1-CX3CR1 AXIS FOR LIVER DENDRITIC CELL MATURATION IN HOMEOSTASIS AND INFLAMMATION</td>
<td>Salvatore Sutti, Italy</td>
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<td>0026</td>
<td>16:30-16:45</td>
<td>CD4+ INTRAHEPATIC LYMPHOCYTES DRIVE LIVER INFLAMMATION VIA IMPAIRED REGULATORY PATHWAYS IN A MURINE MODEL OF CROHN’S-LIKE ILEITIS</td>
<td>Sara Omenetti, The United States</td>
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<tr>
<td>0027</td>
<td>16:45-17:00</td>
<td>THE EXPRESSION OF TUMOR SUPPRESSOR PTPRD IS DOWN-REGULATED IN THE LIVER OF PATIENTS WITH HCV INFECTION AND IN TUMOR LESIONS OF PATIENTS WITH HEPATOCELLULAR CARCINOMA</td>
<td>Nicolaas Van Renne, France</td>
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<tr>
<td>0028</td>
<td>17:00-17:15</td>
<td>CROSS-TALK BETWEEN IL13 AND HEDGEHOG PATHWAYS CONTRIBUTES TO SCHISTOSOMIASIS MANSONI FIBROSIS</td>
<td>Thiago De Almeida Pereira, Brazil</td>
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<tr>
<td>0029</td>
<td>17:15-17:30</td>
<td>HCV TRIGGERS WNT PARACRINE SIGNALLING THAT MODULATES METABOLIC LIVER ZONATION</td>
<td>Urszula Hibner, France</td>
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### Parallel Session: Liver immunology (cont.)

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<th>ABSTRACT</th>
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<tr>
<td>O030</td>
<td>PRO-APOPTOTIC TNF RECEPTOR SIGNALING IS THE RESULT OF A NOVEL INNATE IMMUNE SENSING PATHWAY THAT DETERMINES CELL DEATH IN VIRUS-INFECTED HEPATOCYTES</td>
<td>17:30 - 17:45</td>
<td>Dirk Wohlleber, <em>Germany</em></td>
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<tr>
<td>O031</td>
<td>TG1050, A NOVEL IMMUNOTHERAPEUTIC TO TREAT CHRONIC HEPATITIS B, CAN CONTROL HBSAG AND PROVOKE HBSAG SEROCONVERSION IN HBV-PERSISTENT MOUSE MODELS</td>
<td>17:45 - 18:00</td>
<td>Perrine Martin, <em>France</em></td>
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</table>

### Joint Workshop: EASL-ESGAR

**Hepatocellular Carcinoma: Prognostic role of imaging findings and circulating markers**

**Chairs:**
*Alejandro Forner, Spain*
*Celso Matos, Belgium*

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>16:00-16:20</td>
<td>The need of prognostic clues in HCC</td>
<td><em>Alejandro Forner, Spain</em></td>
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<tr>
<td>16:20-16:40</td>
<td>Circulating prognostic findings and factors</td>
<td><em>Jean Rosenbaum, France</em></td>
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<tr>
<td>16:40-17:00</td>
<td>Diffusion imaging prognostic findings and factors</td>
<td><em>Vincent Vandecaveye, Belgium</em></td>
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<td>17:00-17:20</td>
<td>Perfusion imaging prognostic findings and factors</td>
<td><em>TBD</em></td>
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<tr>
<td>17:20-17:40</td>
<td>Hepatobiliary imaging prognostic findings and factors</td>
<td><em>TBD</em></td>
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<td>17:40-18:00</td>
<td>Discussion</td>
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### Abdominal Sonography Course - Beginners

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<tr>
<td>18:30 - 20:00</td>
<td>Robert de Knegt, The Netherlands</td>
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<td>Michael Gebel, Germany</td>
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<td>Andrej Potthoff, Germany</td>
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<td>Dave Sprengers, The Netherlands</td>
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<td>Pavel Taimr, The Netherlands</td>
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<td>Christoph Terkamp, Germany</td>
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Location: Lehre 3

### Major Sponsor Industry Satellite Symposia

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<td>18:30 - 20:00</td>
<td>Please refer to the Industry Section</td>
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### FRIDAY, APRIL 24, 2015

**7:30-8:30 Early Morning Workshops**

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<tr>
<th>Topic</th>
<th>Hall/Struass</th>
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<tbody>
<tr>
<td>Managing HCV patients with decompensated cirrhosis</td>
<td>Hall C (Plenary)</td>
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<tr>
<td>7:30 - 8:30 Moderators:</td>
<td></td>
</tr>
<tr>
<td>Kosh Agarwal, The United Kingdom</td>
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<tr>
<td>Paolo Caraceni, Italy</td>
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<tr>
<td>Viral hepatitis from a payer-perspective</td>
<td>Strauss 1</td>
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<td>7:30 - 8:30 Moderators:</td>
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<tr>
<td>Robert Saureman, Austria</td>
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<tr>
<td>TBD</td>
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<tr>
<td>Finite Treatment of Chronic Hepatitis B</td>
<td>Strauss 2</td>
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<tr>
<td>7:30 - 8:30 Moderators:</td>
<td></td>
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<tr>
<td>Maria Buti, Spain</td>
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<tr>
<td>Milan Sonneveld, The Netherlands</td>
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<tr>
<td>Alcohol &amp; Nonalcoholic Steatohepatitis (NASH) – Important challenge for the Public Health</td>
<td>Strauss 3</td>
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<tr>
<td>7:30 - 8:30 Moderators:</td>
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<tr>
<td>Nick Sheron, The United Kingdom</td>
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<td>Mira Kojouharova, Bulgaria</td>
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<tr>
<td>Endpoints for antifibrotic trials: what does it take to be a game changer?</td>
<td>Lehar I &amp; 2</td>
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<td>7:30 - 8:30 Moderators:</td>
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<tr>
<td>Veronica Miller, The United States</td>
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<tr>
<td>Detlef Schuppan, Germany</td>
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<tr>
<td>Clinical Use of HBsAg quantification</td>
<td>Lehar 3</td>
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<td><strong>7:30 - 8:30</strong></td>
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<td>Moderators:</td>
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<tr>
<td>George Papatheodoridis, <em>Greece</em></td>
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<td>Jörg Petersen, <em>Germany</em></td>
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<thead>
<tr>
<th>Regression of fibrosis/cirrhosis: clinical implications</th>
<th>Lehar 4</th>
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<td><strong>7:30 - 8:30</strong></td>
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<tr>
<td>Moderators:</td>
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<tr>
<td>Vincent Mallet, <em>France</em></td>
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<td>Francesco Paolo Russo, <em>Italy</em></td>
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<tr>
<th>IFN-free regimens in the OLT setting</th>
<th>Stolz 1</th>
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<tr>
<td>Moderators:</td>
<td></td>
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<tr>
<td>Stefano Fagioli, <em>Italy</em></td>
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<td>Xavier Forns, <em>Spain</em></td>
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<th>Novel treatments in autoimmune liver disease</th>
<th>Stolz 2</th>
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<tr>
<td>Moderators:</td>
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<tr>
<td>Gideon Hirschfield, <em>The United Kingdom</em></td>
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<td>Christoph Schramm, <em>Germany</em></td>
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<tr>
<th>Selection of patients for TACE</th>
<th>Schubert 1</th>
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<td>Joong-Won Park, <em>South Korea</em></td>
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<tr>
<td>Wolfgang Sieghart, <em>Austria</em></td>
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</table>

<table>
<thead>
<tr>
<th>Optimal Management of IFN containing regimens</th>
<th>Schubert 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7:30 - 8:30</strong></td>
<td></td>
</tr>
<tr>
<td>Moderators:</td>
<td></td>
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<tr>
<td>José Luis Calleja, <em>Spain</em></td>
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<tr>
<td>Maria Grazia Rumi, <em>Italy</em></td>
<td></td>
</tr>
</tbody>
</table>
## FRIDAY, APRIL 24, 2015

### HEV in immunocompromised patients

**Schubert 3**

**7:30 - 8:30**

**Moderators:**
- Harry Dalton, *The United Kingdom*
- Stanislas Pol, *France*

### Selecting patients for artificial liver support

**Schubert 4**

**7:30 - 8:30**

**Moderators:**
- Helena Isoniemi, *Finland*
- Didier Samuel, *France*

### Non-coding RNAs in liver pathophysiology

**Schubert 5**

**7:30 - 8:30**

**Moderators:**
- Chiara Braconi, *The United Kingdom*
- Christoph Roderburg, *Germany*

### Controversies in the diagnosis of HCC

**Schubert 6**

**7:30 - 8:30**

**Moderators:**
- Alejandro Forner, *Spain*
- Fabio Piscaglia, *Italy*

### General Session 2 & Award Ceremony I

**Hall D**

**Chairs:**
- Laurent Castera, *France*
- Gyongyi Szabo, *The United States*

**Recognition Award Recipient:**
- Roberto de Franchis to be presented by Jaime Bosch

**Recognition Award Recipient:**
- Dominique-Charles Valla to be presented by Juna-Carlos Garcia Pagan

**International Recognition Award Recipient:**
- Shiv Kumar Sarin to be presented by Richard Moreau
<table>
<thead>
<tr>
<th>ABSTRACT</th>
<th>Title</th>
<th>Authors</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>G07</td>
<td>THE PHASE 3 C-EDGE TREATMENT-NAÏVE (TN) STUDY OF A 12-WEEK ORAL REGIMEN OF GRAZOPREVIR (GZR, MK-5172)/ELBASVIR (EBR, MK-8742) IN PATIENTS WITH CHRONIC HCV GENOTYPE (GT) 1, 4, OR 6 INFECTION</td>
<td>Stefan Zeuzem, <strong>Germany</strong></td>
<td></td>
</tr>
<tr>
<td>G11</td>
<td>MICROBIAL TRANSLOCATION IN LIVER FIBROSIS INDUCES CHRONIC IFNAR SIGNALING THAT IMPAIRS INNATE IMMUNITY AGAINST BACTERIAL INFECTION</td>
<td>Zeinab Abdullah, <strong>Germany</strong></td>
<td></td>
</tr>
<tr>
<td>G09</td>
<td>TARGETING A HOST-CELL ENTRY FACTOR BARRICADES ANTIVIRAL RESISTANT HCV VARIANTS FROM ON-THERAPY BREAKTHROUGH IN HUMAN-LIVER MICE</td>
<td>Philip Meuleman, <strong>Belgium</strong></td>
<td></td>
</tr>
<tr>
<td>G10</td>
<td>MITOCHONDRIAL-TARGETED ANTIOXIDANT MITOQUINONE REDUCES PORTAL HYPERTENSION IN CCL4-CIRRHOTIC RATS BY DECREASING INTRAHEPATIC RESISTANCE</td>
<td>Marina Vilaseca Barceló, <strong>Spain</strong></td>
<td></td>
</tr>
<tr>
<td>G08</td>
<td>INCIDENCE OF HEPATOCELLULAR CARCINOMA (HCC) AND COMPLICATIONS IN ALCOHOLIC COMPENSATED CIRRHOSIS. PRELIMINARY RESULTS OF A MULTICENTER PROSPECTIVE FRENCH AND BELGE COHORT (INCA CIRRAL)</td>
<td>Nathalie Ganne, <strong>France</strong></td>
<td></td>
</tr>
<tr>
<td>G12</td>
<td>THE BURDEN OF CARDIOVASCULAR DISEASE AND MORTALITY ACROSS A SPECTRUM OF NON-ALCOHOLIC FATTY LIVER DISEASE: A 14-YEAR FOLLOW-UP POPULATION STUDY OF 929,465 INDIVIDUALS</td>
<td>Jake P. Mann, <strong>The United Kingdom</strong></td>
<td></td>
</tr>
</tbody>
</table>
FRIDAY, APRIL 24, 2015

J.P. Benhamou State of the Art Session

Antonello Pietrangelo, Italy

10:30 - 11:00 Iron and the liver…of pathogens, metabolic adaptation and human disease

Grand Rounds: Viral Hepatitis

Chair:
Fabien Zoulim, France

11:30 - 12:00 Hepatitis C: IFN-free therapy for the rescue of a cirrhotic patient who failed protease inhibitor based triple therapy
Case Presentation: Kerstin Hartig-Lavie, France
Case Discussion: François Bailly, France

12:00 - 12:30 Hepatitis B: Long-term antiviral therapy of chronic hepatitis B: management of resistance and side effects
Case Presentation: Fanny Lebossé, France
Case Discussion: François Bailly, France

Grand Rounds: Complications of end-stage liver disease and link with liver transplantation

Chair:
Frederik Nevens, Belgium

11:30 - 12:00 HCC and the concept of downstaging and bridging
Case Presentation: Jeroen Dekervel, Belgium
Case Discussion: Chris Verslype, Belgium

12:00 - 12:30 Refractory hepatic encephalopathy and indications for interventional radiology
Case Presentation: Len Verbeke, Belgium
Case Discussion: Wim Laleman, Belgium
### Grand Rounds: Liver transplantation – new challenges in an aging population  
**Chair:** Christian Trautwein, *Germany*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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</thead>
<tbody>
<tr>
<td>11:30</td>
<td>Introduction</td>
<td>Christian Trautwein, <em>Germany</em></td>
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<tr>
<td></td>
<td>Case 1</td>
<td>Tom Luedde, <em>Germany</em></td>
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<tr>
<td></td>
<td>Case 2</td>
<td>Daniela Kroy, <em>Germany</em></td>
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<tr>
<td>12:30</td>
<td>Conclusions</td>
<td>Frank Tacke, <em>Germany</em></td>
</tr>
</tbody>
</table>

### Grand Rounds: Cholangiopathies: from basic to clinic  
**Chair:** Domenico Alvaro, *Italy*

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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</table>
| 11:30 - 12:00 | Case 1                                    | Vincenzo Cardinale, *Italy*  
|              | A challenging case of PSC                 | Andrea Laghi, *Italy*      |
| 12:00 - 12:30 | Case 2                                    | Vincenzo Cardinale, *Italy*  
|              | Cholangiocarcinoma, a cancer in search of the right classification | Guido Carpino, *Italy* |

### Grand Rounds: Basic Science - *in vivo* Imaging  
**Chair:** Paul Kubes, *Canada*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>11:30 - 11:50</td>
<td>How to image the liver and the pros and cons of spinning disk versus two photon microscopy</td>
<td>Craig Jenne, <em>Canada</em></td>
</tr>
<tr>
<td>11:50 - 12:10</td>
<td>Spinning disk imaging liver disease</td>
<td>Paul Kubes, <em>Canada</em></td>
</tr>
<tr>
<td>12:10 - 12:30</td>
<td>Imaging liver viral infections using two photon</td>
<td>Matteo Iannacone, <em>Italy</em></td>
</tr>
</tbody>
</table>
FRIDAY, APRIL 24, 2015

Young Investigator Seminar - Liver Cell Death

Lehar I & 2

Chairs:
Cecilia Rodrigues, Portugal
Femke Heindryckx, Sweden

11:30 - 11:50
Type of cell deaths
Patrice Codogno, France

11:50 - 12:10
Cell death in different liver diseases
Jose Fernandez Checa, Spain

12:10 - 12:30
Biomarkers of cell death in liver
Heike Bantel, Germany

Endoscopy and Liver Vein Catheter Live Session

Strauss 3

11:30 - 14:30
Moderators/Directors:
Jaime Bosch, Spain
Andres Cardenas, Spain
Arnulf Ferlitsch, Austria
Roberto de Francis, Italy
Rainer Schoefl, Austria
Michael Trauner, Austria

Invited Faculty:
Juan Carlos Garcia-Pagan, Spain
Olivier Lemoine, Belgium
Pierre-Emmanuel Rautou, France

Local Staff at the Medical Center:
Werner Dolak, Austria
Mattias Mandorfer, Austria
Maria Schoder, Austria
Maximilian Schoeniger-Hekele, Austria
Barbara Tribl, Austria
### Joint workshop: EASL-EFSUMB Lecture 1

#### Ultrasound elastography: Clinical role and practicalities with different techniques

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>11:30 - 11:50</td>
<td>Technical principles of the ultrasound elastography techniques and EFSUMB guidelines</td>
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<td>Fabio Piscaglia, Italy</td>
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<tr>
<td>11:50 - 12:35</td>
<td>Diagnosing fibrosis and cirrhosis by Elastography. Clinical results with different techniques</td>
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<td>11:50 - 12:05 Transient Elastography with Fibroscan</td>
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<tr>
<td></td>
<td>Laurent Castera, France</td>
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<td></td>
<td>12:05 - 12:20 Point Shear Wave Elastography with Acoustic Radiation Force Impulse quantification (ARFIq)</td>
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<td>Ioan Sporea, Romania</td>
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<tr>
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<td>12:20 - 12:35 2D Shear Wave Elastography</td>
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<td>Julien Vergniol, France</td>
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<tr>
<td>12:35 - 12:45</td>
<td>Discussion</td>
</tr>
<tr>
<td>12:45 - 13:05</td>
<td>Prognostic Stratification in cirrhosis by Elastography and Portal Hypertension</td>
</tr>
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<td>Annalisa Berzigotti, Switzerland</td>
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<tr>
<td>13:05 - 13:20</td>
<td>Role of Ultrasound Elastography in patients treated for chronic viral liver disease</td>
</tr>
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<td></td>
<td>Xavier Forns, Spain</td>
</tr>
<tr>
<td>13:20 - 13:30</td>
<td>Discussion</td>
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</table>

### Oral ePoster Sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:30 - 13:30</td>
<td>Oral ePoster 1 HCV</td>
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<tr>
<td></td>
<td>Markus Cornberg, Germany</td>
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<td>Oral ePoster 2 Complication of cirrhosis</td>
</tr>
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<td></td>
<td>Thomas Reiberger, Austria</td>
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<tr>
<td></td>
<td>Oral ePoster 3 Genetic and metabolic liver disease</td>
</tr>
<tr>
<td></td>
<td>Jose Fernandez Checa, Spain</td>
</tr>
<tr>
<td></td>
<td>Oral ePoster 4 Alcohol</td>
</tr>
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<td></td>
<td>Alexandre Louvet, France</td>
</tr>
</tbody>
</table>
**EASL Recommendations on treatment of hepatitis C 2015**  
**Hall D**

Chairs:  
Laurent Castera, *France*  
Jean-Michel Pawlotsky, *France*

12:45-13:45

**Clinical Symposium - Towards HCV eradication**  
**Hall D**

Chair:  
Antonio Craxi, *Italy*

14:00 - 14:05  
**Introduction**  
Antonio Craxi, *Italy*

14:05 - 14:25  
**HCV screening strategies in a changing scenario**  
Angelos Hatzakis, *Greece*

14:25 - 14:45  
**Cure to eradicate**  
Alfredo Alberti, *Italy*

14:45 - 15:05  
**Vaccinate to eradicate**  
Jake Liang, *The United States*

15:05 - 15:30  
**General Discussion**

**Basic Symposium - Hepatokines and their role in energy homeostasis**  
**Hall C (Plenary)**

Chair:  
Catherine Postic, *France*

14:00 - 14:30  
**The role of hepatokines in metabolism: the example of Fetuin**  
Norbert Stefan, *Germany*

14:30 - 15:00  
**PTEN signaling in metabolic liver diseases and crosstalk to peripheral organs through the release of hepatokines**  
Michelangelo Foti, *Switzerland*

15:00 - 15:30  
**Interplay between FGF21 and insulin action in the liver regulates metabolism**  
Brice Emmanuelli, *Denmark*
Translational Workshop - Liver mitochondria: plastic mediators  Strauss I

Chair:
Luca Scorano, Italy

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>14:00 - 14:30</td>
<td>The role of the mitochondrial Mtch1 in hepatic metabolism</td>
<td>TBD</td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td>The role of mitochondria-derived vesicles in hepatic carcinogenesis</td>
<td>Heidi McBride, Canada</td>
</tr>
<tr>
<td>15:00 - 15:30</td>
<td>Mitochondrial plasticity in the fasting-fed liver</td>
<td>Luca Pellegrini, Canada</td>
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</table>

Clinical Symposium - PBC  Strauss 2

Chair:
Michael Trauner, Austria

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:05</td>
<td>Introduction</td>
<td>Michael Trauner, Austria</td>
</tr>
<tr>
<td>14:05 - 14:30</td>
<td>Risk stratification in PBC</td>
<td>Christophe Corpechot, France</td>
</tr>
<tr>
<td>14:30 - 14:55</td>
<td>Bile acid-targeted therapy of PBC: UDCA and beyond (FXR, PPAR)</td>
<td>Ulrich Beuers, The Netherlands</td>
</tr>
<tr>
<td>14:55 - 15:20</td>
<td>Should we treat PBC as an autoimmune disease?</td>
<td>Gideon Hirschfield, The United Kingdom</td>
</tr>
<tr>
<td>15:20 - 15:30</td>
<td>General Discussion</td>
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</tbody>
</table>
### EASL- EFSUMB-Hands-on session 1

**Stolz 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Tutors</th>
</tr>
</thead>
</table>
| 14:00 - 15:00 | Robert de Knegt, *The Netherlands*  
|          | Alina Popescu, *Romania*  
|          | Mette Vesterhus, *Norway*                                              |

### EASL- EFSUMB-Hands-on session 2

**Stolz 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Tutors</th>
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</thead>
</table>
| 15:00 - 16:00 | Veronica Salvatore, *Italy*  
|          | Maja Thiele, *Denmark*                                                |

### EASL- EFSUMB-Hands-on session 3

**Stolz 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Tutors</th>
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</table>
| 16:00 - 17:00 | Robert de Knegt, *The Netherlands*  
|          | Alina Popescu, *Romania*  
|          | Mette Vesterhus, *Norway*                                              |

### EASL- EFSUMB-Hands-on session 4

**Stolz 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Tutors</th>
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</table>
| 17:00 - 18:00 | Veronica Salvatore, *Italy*  
<p>|          | Maja Thiele, <em>Denmark</em>                                                |</p>
<table>
<thead>
<tr>
<th>Abstract Number</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>O056</td>
<td>LEDIPASVIR/SOFOSBUVIR TREATMENT RESULTS IN HIGH SVR RATES IN PATIENTS WITH CHRONIC GENOTYPE 4 AND 5 HCV INFECTION</td>
<td>Armand Abergel, France</td>
</tr>
<tr>
<td>O057</td>
<td>LONG-TERM FOLLOW-UP OF TREATMENT-EMERGENT RESISTANCE-ASSOCIATED VARIANTS IN NS3, NS5A AND NS5B WITH PARITAPREVIR/R-, OMBITASVIR- AND DASABUVIR-BASED REGIMENS</td>
<td>Preethi Krishnan, The United States</td>
</tr>
<tr>
<td>O058</td>
<td>INCREASED CANCER RATES IN PATIENTS WITH CHRONIC HEPATITIS C: AN ANALYSIS OF THE CANCER REGISTRY IN A LARGE U.S. HEALTH MAINTENANCE ORGANIZATION</td>
<td>Anders H. Nyberg, The United States</td>
</tr>
<tr>
<td>O059</td>
<td>LONG-TERM PERSISTENCE OF HCV NS5A-VARIANTS AFTER TREATMENT WITH NS5A INHIBITOR LEDIPASVIR</td>
<td>David Wyles, The United States</td>
</tr>
<tr>
<td>O060</td>
<td>MIR-17/92 EXPRESSION PATTERN: A MOLECULAR SIGNATURE OF HCV-RELATED MIXED CRYOGLOBULINEMIA</td>
<td>Alessia Piluso, Italy</td>
</tr>
<tr>
<td>O061</td>
<td>INCIDENCE OF HEPATITIS C REINFECTION FOLLOWING SUSTAINED VIROLOGICAL RESPONSE – A SEVEN YEAR FOLLOW-UP OF SCANDINAVIAN PATIENTS INFECTED THROUGH INJECTING DRUG USE</td>
<td>Håvard Midgard, Norway</td>
</tr>
<tr>
<td>O062</td>
<td>FACTORS ASSOCIATED WITH SPONTANEOUS CLEARANCE OF CHRONIC HEPATITIS C VIRUS INFECTION: A RETROSPECTIVE CASE CONTROL STUDY</td>
<td>Naomi Bulteel, The United Kingdom</td>
</tr>
<tr>
<td>O063</td>
<td>HCV REINFECTION CASES IN PHASE 3 STUDIES OF SOFOSBUVIR</td>
<td>Christoph Sarrazin, Germany</td>
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Chairs:
Thomas Berg, Germany
Stanislas Pol, France
### Chairs:
Aleksander Krag, *Denmark*
Candid Villanueva, *Spain*

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<tr>
<th>ABSTRACT</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>0072</td>
<td>STATIN USE SIGNIFICANTLY DECREASES DECOMPENSATION AND DEATH IN VETERANS WITH HEPATITIS C-RELATED COMPENSATED CIRRHOSIS</td>
<td>Arpan Mohanty, <em>The United States</em></td>
</tr>
<tr>
<td>0073</td>
<td>NON-SELECTIVE BETA-BLOCKERS AND MORTALITY IN CIRRHOSIS PATIENTS WITH OR WITHOUT REFRACTORY ASCITES: POST HOC ANALYSIS OF THREE LARGE RCT’S WITH 1198 PATIENTS</td>
<td>Lars Bossen, <em>Denmark</em></td>
</tr>
<tr>
<td>0074</td>
<td>A METABOLOMOMIC STUDY OF SERUM FROM PATIENTS WITH CIRRHOSIS IDENTIFIES 2 METABOLITES THAT ACCURATELY PREDICT THE ACUTE HVPG RESPONSE TO B-BLOCKER THERAPY</td>
<td>Enric Reverter, <em>Spain</em></td>
</tr>
<tr>
<td>0075</td>
<td>ASSESSMENT OF THE TRANSJUGULAR PORTO-SYSTEMIC SHUNT (TIPSS) IN THE MANAGEMENT OF COMPLICATIONS OF NONCIRRHOTIC PORTAL HYPERTENSION</td>
<td>Julien Bissonnette, <em>France</em></td>
</tr>
<tr>
<td>0076</td>
<td>CARDIAC VOLUME OVERLOAD AND PULMONARY HYPERTENSION AFTER LONG-TERM FOLLOW-UP IN TIPS PATIENTS</td>
<td>Theresa A. Hippchen, <em>Germany</em></td>
</tr>
<tr>
<td>0077</td>
<td>USE OF DIRECT ORAL ANTICOAGULANTS (DOACS) IN PATIENTS WITH SPLANCHNIC VEIN THROMBOSIS AND/OR CIRRHOSIS</td>
<td>Andrea De Gottardi, <em>Switzerland</em></td>
</tr>
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</table>
### Parallel Session: Cirrhosis and Complications I (Cont.)

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<tr>
<th>ABSTRACT</th>
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<th>Time</th>
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<tbody>
<tr>
<td>0078</td>
<td>THE PREVALENCE AND MORTALITY OF ACUTE-ON-CHRONIC LIVER FAILURE DEFINED BY APASL VS. EASL-CLIF CONSORTIUM: A MULTICENTER, RETROSPECTIVE COHORT STUDY IN KOREA (KACLIF STUDY)</td>
<td>17:30 - 17:45</td>
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<tr>
<td>0079</td>
<td>CALR SOMATIC MUTATIONS IN A PROSPECTIVE COHORT OF 308 PATIENTS WITH SPLANCHNIC VEIN THROMBOSIS</td>
<td>17:45 - 18:00</td>
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</table>

### Parallel Session: Autoimmune and Genetic Liver Disease

**Chairs:**

Ulrich Beuers, *The Netherlands*

Tom Karlsen, *Norway*

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<tr>
<th>ABSTRACT</th>
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<th>Time</th>
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<tbody>
<tr>
<td>0080</td>
<td>EARLY CLINICAL FEATURES ASSOCIATED WITH LONG-TERM RISK OF TRANSPLANTATION IN PRIMARY SCLEROSING CHOLANGITIS: RESULTS FROM THE UK-PSC CONSORTIUM</td>
<td>16:00 - 16:15</td>
</tr>
<tr>
<td>0081</td>
<td>VAP-1 IS ELEVATED IN PSC, CORRELATES WITH CLINICAL OUTCOME AND EXHIBITS AMINE OXIDASE ACTIVITY IN A SUBSTRATE-DEPENDENT MANNER</td>
<td>16:15 - 16:30</td>
</tr>
<tr>
<td>0082</td>
<td>THE GUT MICROBIOTA IN PRIMARY SCLEROSING CHOLANGITIS DIFFERS FROM THAT OF HEALTHY CONTROLS AND ULCERATIVE COLITIS PATIENTS WITHOUT BILIARY DISEASE</td>
<td>16:30 - 16:45</td>
</tr>
<tr>
<td>0083</td>
<td>ABSENCE OF BSEP/ABCB11 PROTECTS FROM CHOLESTATIC LIVER AND BILE DUCT INJURY IN A MOUSE MODEL OF SCLEROSING CHOLANGITIS</td>
<td>16:45 - 17:00</td>
</tr>
<tr>
<td>Parallel Session: Autoimmune and Genetic Liver Disease (Cont.)</td>
<td>Strauss I</td>
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</tbody>
</table>
| **ABSTRACT 0084** 17:00 - 17:15 | NOVEL TREATMENT OPTIONS TO IMPROVE ABERRANT PRE-MESSENGER RNA SPLICING AND PROTEIN FOLDING IN ATP8B1 DEFICIENCY  
Wendy van der Woerd, *The Netherlands* |
| **ABSTRACT 0085** 17:15 - 17:30 | LANREOTIDE REDUCES LIVER VOLUME YET ACCELERATES MUSCLE WASTING AND WEIGHT LOSS IN SYMPTOMATIC POLYCYSTIC LIVER DISEASE  
Frederik Temmerman, *Belgium* |
| **ABSTRACT 0086** 17:30 - 17:45 | BUDESONIDE FOR AUTOIMMUNE HEPATITIS: RESPONSE RATE AND LIMITATIONS IN A LARGE REAL LIFE COHORT  
Moritz Peiseler, *Germany* |
| **ABSTRACT 0087** 17:45 - 18:00 | IGG4+ B-CELL RECEPTOR CLONES IN PERIPHERAL BLOOD DISTINGUISH IGG4-ASSOCIATED CHOLANGITIS/AUTOIMMUNE PANCREATITIS FROM PRIMARY SCLEROSING CHOLANGITIS  
Lowiek M. Hubers, *The Netherlands* |

**Parallel Session: Fatty Liver Disease: Experimental**  
**Strauss 2**

| **ABSTRACT 0064** 16:00 - 16:15 | GUT-LIVER AXIS DERANGEMENT DUE TO LACK OF INFLAMMASOME ACTIVITY LEADS TO VISCERAL OBESITY AND NASH DEVELOPMENT  
Laura Agostinelli, *Italy* |
| **ABSTRACT 0065** 16:15 - 16:30 | MECHANISTIC STUDY OF TM6SF2 IN NAFLD PATHOGENESIS: STABLY TRANSFECTED HUH7 CELLS OVER-EXPRESSING THE TM6SF2 E167K VARIANT EXHIBIT GREATER LEVELS OF OXIDATIVE STRESS  
Quentin M. Anstee, *The United Kingdom* |

**Chairs:**  
Wim Laleman, *Belgium*  
Michael Trauner, *Austria*
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<th>Abstract ID</th>
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<th>Speaker/Institution</th>
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<tr>
<td>O066</td>
<td><strong>BCL-3 REGULATES HEPATIC GLUCOSE AND LIPID METABOLISMS THROUGH INSULIN AND ASSOCIATED METABOLIC TRANSCRIPTION FACTORS</strong></td>
<td>Nadine Gehrke, Germany</td>
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<tr>
<td>O067</td>
<td><strong>HEMATOPOIETIC OVEREXPRESSION OF CYP27A1 Reduces Hepatic Inflammation Independently of 27-HYDROXYCHOLESTEROL LEVELS IN LDLR-/ MICE VIA NPC-MODULATED CHOLESTEROL TRANSPORT</strong></td>
<td>Tim Hendrikx, Belgium</td>
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<td>O068</td>
<td><strong>LYSOSOMAL CHOLESTEROL IN KUPFFER CELLS, PARTICULARLY WHEN OXIDIZED, CONTRIBUTES TO MURINE STEATOHEPATITIS</strong></td>
<td>Sofie Walenbergh, The Netherlands</td>
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<td>O069</td>
<td><strong>EVIDENCE FOR A ROLE OF CCR2 IN HUMAN NON-ALCOHOLIC FATTY LIVER DISEASE</strong></td>
<td>Richard Parker, The United Kingdom</td>
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<td>O070</td>
<td><strong>CX3CR1 IS A GATEKEEPER FOR INTESTINAL BARRIER INTEGRITY: LIMITING STEATOHEPATITIS BY PROMOTING INTESTINAL HOMEOSTASIS</strong></td>
<td>Kai M. Schneider, Germany</td>
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<td>O071</td>
<td><strong>TELOMERA REVERSE TRANSCRIPTASE MUTATIONS ARE ASSOCIATED WITH HEPATOCELLULAR CARCINOMA IN NASH</strong></td>
<td>Benedetta Donati, Italy</td>
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## Parallel Session: Liver Tumours: Clinical

**Lehar I & 2**

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<td>O048</td>
<td>16:00 - 16:15</td>
<td><strong>FIRST SELECTIVE SMALL MOLECULE INHIBITOR OF FGFR4 FOR THE TREATMENT OF HEPATOCELLULAR CARCINOMAS WITH AN ACTIVATED FGFR4 SIGNALING PATHWAY</strong>&lt;br&gt;Klaus Hoeflich, <em>The United States</em></td>
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<tr>
<td>O049</td>
<td>16:15 - 16:30</td>
<td><strong>SERUM LIPIDOMIC PROFILING FOR SCREENING POTENTIAL BIOMARKERS OF HEPATOCELLULAR CARCINOMA BY ULTRAPERFORMANCE LIQUID CHROMATOGRAPHY–MASS SPECTROMETRY</strong>&lt;br&gt;Ana Maria Passos-Castilho, <em>Brazil</em></td>
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<td>O050</td>
<td>16:30 - 16:45</td>
<td><strong>A NEW ALGORITHM FOR PREDICTING THE HEPATOCELLULAR CARCINOMA OCCURRENCE IN CIRRHOTIC PATIENTS</strong>&lt;br&gt;Simona Bota, <em>Austria</em></td>
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<td>O051</td>
<td>16:45 - 17:00</td>
<td><strong>SOX9 IS A NOVEL CANCER STEM CELL MARKER SURROGATED BY OSTEOPONTIN IN HUMAN HEPATOCELLULAR CARCINOMA</strong>&lt;br&gt;Takayuki Kawai, <em>Japan</em></td>
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<td>O052</td>
<td>17:00 - 17:15</td>
<td><strong>ASSESSMENT OF THE HONG KONG LIVER CANCER STAGING SYSTEM IN EUROPE</strong>&lt;br&gt;Philippe Kolly, <em>Switzerland</em></td>
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<td>O053</td>
<td>17:15 - 17:30</td>
<td><strong>GALNT14 GENOTYPE INDEPENDENTLY PREDICTS COMPLETE THERAPEUTIC RESPONSES OF TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION IN PATIENTS WITH UNRESECTABLE HEPATOCELLULAR CARCINOMA</strong>&lt;br&gt;Chau-Ting Yeh, <em>Taiwan</em></td>
</tr>
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</table>
ABSTRACT 0054
17:30 - 17:45

TM6SF2-T AND PNPLA3-G GENETIC VARIANTS CO-MODULATE THE RISK OF HEPATOCELLULAR CARCINOMA IN CAUCASIAN PATIENTS WITH ALCOHOLIC CIRRHOSIS. INTER-COHORT VALIDATION IN 1068 PATIENTS
Pierre Nahon, France

ABSTRACT 0055
17:45 - 18:00

PUSHING THE LIMITS FOR TACE: SELECTION FOR TRANSARTERIAL CHEMOEMBOLISATION TREATMENT (STATE) SCORE IDENTIFIES HCC PATIENTS AT BCLC STAGE C SUITABLE FOR TACE
Florian Hucke, Austria

Recent Highlights from the Literature: Ask the Authors

Chair:
Frank Lammert, Germany

16:00 - 16:30
Metformin suppresses gluconeogenesis by inhibiting mitochondrial glycerophosphate dehydrogenase
Anila Kanchan Madiraju, The United States

16:30 - 17:00
Massive gene amplification drives paediatric hepatocellular carcinoma caused by bile salt export pump deficiency
*Nat Commun*. 2014 May 13;5:3850
Matteo Cereda, Italy

17:00 - 17:30
*In vivo* RNAi screening identifies a mechanism of sorafenib resistance in liver cancer
Ramona Rudalska, Germany

17:30 - 18:00
The liver may act as a firewall mediating mutualism between the host and its gut commensal microbiota
*Sci Transl Med*. 2014 May 21;6(237):237ra66
TBD
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<td><strong>18:30 - 20:00</strong></td>
<td>Tutors:</td>
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<td>Robert de Knegt, <em>The Netherlands</em></td>
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<td>Michael Gebel, <em>Germany</em></td>
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<td>Andrej Potthoff, <em>Germany</em></td>
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<td>Dave Sprengers, <em>The Netherlands</em></td>
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<td>Pavel Taimr, <em>The Netherlands</em></td>
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<td>Christoph Terkamp, <em>Germany</em></td>
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SATURDAY, APRIL 25, 2015

Industry Satellite Symposia

7:30 - 8:30 Please refer to the Industry Section

General Session 3 & Award Ceremony 2

Hall D

Chairs:
Mauro Bernardi, Italy
A.Kadir Dokmeci, Turkey

**ABSTRACT G13**

08:30 - 08:45

OMBITASVIR/PARITAPREVIR/rimonavir for treatment of HCV genotype 1b in Japanese patients with or without cirrhosis: results from GIFT-I
Ken Sato, Japan

**ABSTRACT G14**

08:45 - 09:00

Systemic inflammatory response syndrome (SIRS) is a major determinant of treatment response to terlipressin for hepatorenal syndrome type 1 (HRS-1)
Florence Wong, Canada

**ABSTRACT G18**

09:00 - 09:15

The FXR agonist PX20606 reduces liver damage, fibrosis and portal hypertension in cirrhotic rats
Philipp Schwabl, Austria

09:15 - 09:45

Award Ceremony II

**ABSTRACT G16**

09:45 - 10:00

The confounding role of severe comorbidities and alcohol use disorders on prognosis in chronic hepatitis C virus infection: an analysis of the 2008-2012 French national hospital discharge database
Michaël Schwarzinger, France

**ABSTRACT G17**

10:00 - 10:15

A distinct profile of lysophosphatidylcholines and amino acids characterizes NAFLD in lean subjects
Alexandra Feldman, Austria
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<th>Session/Area</th>
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<th>Speaker/Location</th>
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<td>10:15 - 10:30</td>
<td>General Session 3 &amp; Award Ceremony 2 (Cont.)</td>
<td>THE ASSOCIATION OF SOFOSBUVIR AND DACLATASVIR FOR TREATING SEVERE RECURRENCE OF HCV INFECTION AFTER LIVER TRANSPLANTATION: RESULTS FROM A LARGE FRENCH PROSPECTIVE MULTICENTRIC ANRS CO23 CUPILT COHORT</td>
<td>Audrey Coilly, France</td>
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<td>10:30 - 11:00</td>
<td>State of the Art Session - Basic Science</td>
<td>Reengineering the microenvironment to improve treatment of fibrotic diseases</td>
<td>Rakesh Jain, The United States</td>
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<td>11:30 - 11:45</td>
<td>Parallel Session: Cirrhosis and Complications 2</td>
<td>HIGH-THROUGHPUT SEQUENCING OF THE HUMAN HEPATIC PROGENITOR CELL NICHE REVEALS DIFFERENT SIGNALLING PATHWAYS DEPENDING ON THE UNDERLYING CHRONIC LIVER DISEASE</td>
<td>Olivier Govaere, Belgium</td>
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<td>11:45 - 12:00</td>
<td>Parallel Session: Cirrhosis and Complications 2</td>
<td>INCREASED NEURONAL EXPRESSION OF K-TYPE GLUTAMINASE POTENTIATES BRAIN EDEMA IN ACUTE LIVER FAILURE MICE THROUGH A TLR4 DEPENDENT PATHWAY</td>
<td>Yalda Sharifi, The United Kingdom</td>
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<td>ABSTRACT</td>
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<td>0090</td>
<td>HUMANIZATION OF GERM-FREE MICE WITH ALCOHOLIC CIRRHTIC MICROBIOTA, BUT NOT HEALTHY MICROBIOTA, INDUCES BACTERIAL TRANSLOCATION AND A PRO-INFLAMMATORY MILIEU, WHICH IS AMELIORATED WITH LACTOBACILLUS GG</td>
<td>Jasmohan S. Bajaj, The United States</td>
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<td>0091</td>
<td>ORAL THERAPY WITH NON-ABSORBABLE CARBONS OF CONTROLLED POROSITY (YAQ-001) SELECTIVELY MODULATES STOOL MICROBIOME AND ITS FUNCTION AND THIS IS ASSOCIATED RESTORATION OF IMMUNE FUNCTION AND INFLAMMASOME ACTIVATION</td>
<td>Jane Macnaughtan, The United Kingdom</td>
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<td>0092</td>
<td>MICROBIOLOGICAL ASSESSMENT OF ASCITIC FLUID IN LIVER DISEASE: CULTURE TECHNIQUES, SENSITIVITIES AND INTERPRETATION</td>
<td>Diarmid Sutherland, The United Kingdom</td>
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<td>THE EMPIRICAL ANTIBIOTIC TREATMENT OF NOSOCOMIAL SPONTANEOUS BACTERIAL PERITONITIS IN PATIENTS WITH DECOMPENSATED LIVER CIRRHOSIS: RESULTS OF A RANDOMIZED CONTROLLED CLINICAL TRIAL</td>
<td>Salvatore Piano, Italy</td>
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<td>0094</td>
<td>THE PRESENCE OF ECHOCARDIOGRAPHIC ABNORMALITIES INCREASES MORTALITY IN PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS</td>
<td>Mattias Mandorfer, Austria</td>
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<td>0095</td>
<td>HIGH TRANSFERRIN SATURATION DURING MAINTENANCE VENESECTION THERAPY IN HFE HEMOCROMATOSIS IS ASSOCIATED WITH INCREASED MORBIDITY REGARDLESS OF SERUM FERRITIN LEVELS</td>
<td>Yves Deugnier, France</td>
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</table>
Parallel Session: EU and Public Health

Chairs:
Maggie Bassendine, The United Kingdom
David Goldberg, The United Kingdom

**ABSTRACT O120**
11:30 - 11:45
ADVANCED FIBROSIS IS COMMON IN INDIVIDUALS WHOSE HEPATITIS C HAS NOT BEEN DIAGNOSED: RESULTS FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY 2001-2012
Prowpanga Udompap, The United States

**ABSTRACT O121**
11:45 - 12:00
THE USE OF A POCKET-SIZED ULTRASOUND DEVICE IMPROVES PHYSICAL EXAMINATION: RESULTS OF AN IN- AND OUTPATIENT STUDY
Agostino Colli, Italy

**ABSTRACT O122**
12:00 - 12:15
CLINICAL IMPACT OF FIVE LARGE-SCALE SCREENING PROJECTS FOR CHRONIC HEPATITIS B AND C IN CHINESE MIGRANTS IN THE The Netherlands
Sandra Coenen, The Netherlands

**ABSTRACT O123**
12:15 - 12:30
TEN YEARS OF HOSPITAL ADMISSIONS FOR LIVER CIRRHOSIS IN PORTUGAL
Mario J. Silva, Portugal

**ABSTRACT O124**
12:30 - 12:45
IS INCREASED HCV CASE-FINDING COMBINED WITH 8 OR 12 WEEK INTERFERON-FREE DIRECT-ACTING ANTIVIRAL TREATMENT COST-EFFECTIVE IN UK PRISONS? A COST UTILITY ANALYSIS INCLUDING TREATMENT AS PREVENTION BENEFITS
Natasha K. Martin, The United Kingdom

**ABSTRACT O125**
12:45 - 13:00
A SYSTEMATIC REVIEW OF HEPATITIS B AND C TESTING IN THE COUNTRIES OF THE WHO EUROPEAN REGION
Jeffrey V. Lazarus, Denmark
**Parallel Session: EU and Public Health (Cont.)**

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<tr>
<th>ABSTRACT</th>
<th>IMPACT OF SUCCESSIVE HBV-VACCINATION PUBLIC POLICIES ON THE VACCINATION COVERAGE AND INCIDENCE OF HBV INFECTION IN A LARGE FRENCH COHORT OF INDIVIDUALS BORN BETWEEN 1960 AND 1994</th>
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<td>0126</td>
<td>Christophe Ramière, France</td>
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<th>ABSTRACT</th>
<th>A WORLDWIDE STUDY REVEALS THAT THE AMOUNT OF DAILY ALCOHOL INTAKE IS A BETTER PREDICTOR OF THE WEIGHT OF ALCOHOL IN THE CIRRHOSIS BURDEN THAN THE TOTAL PER CAPITA CONSUMPTION</th>
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<td>Eva Stein, The United States</td>
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**Parallel Session: Liver Inflammation, Regeneration and Cancer**

**Chairs:**  
Tom Luedde, Germany  
Cecilia Rodrigues, Portugal

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<tr>
<th>ABSTRACT</th>
<th>MATRIX METALLOPROTEINASE-10 CONTRIBUTES TO HEPATOCELLULAR CARCINOMA DEVELOPMENT IN A NOVEL CROSSTALK WITH STROMAL DERIVED GROWTH FACTOR 1/C-X-C CHEMOKINE RECEPTOR 4 AXIS</th>
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<td>0096</td>
<td>Oihane García-Irigoyen, Spain</td>
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<th>ABSTRACT</th>
<th>MUTATION OF RELA THR505 ENHANCES LIVER REGENERATION FOLLOWING PARTIAL HEPATECTOMY</th>
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<td>0097</td>
<td>Anna Moles, The United Kingdom</td>
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<tr>
<th>ABSTRACT</th>
<th>LONG TERM NLRP3 INFLAMMASOME ACTIVATION LEADS TO SEVERE LIVER FIBROSIS VIA INFLAMMATORY MACROPHAGE POLARIZATION AND DIRECT ACTIVATION OF HEPATIC STELLATE CELLS</th>
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<td>0098</td>
<td>Alexander Wree, The United States</td>
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<td>O099</td>
<td>CYSTEINE CATHEPSINS CONTROL LIVER INFLAMMATION THROUGH REGULATION OF SIRTUIN-1 ACTION ON P65-NFKB SUBUNIT</td>
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<td>O100</td>
<td>THE HEPATIC MICROENVIRONMENT INDUCES A CSC PHENOTYPE AND DETERMINES THE PROGNOSIS OF HCC PATIENTS</td>
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<td>HISTONE VARIANT MACROH2A1 ORCHESTRATES ESCAPE FROM HEPATOCYTE SENESCENCE DURING AGEING AND CANCER</td>
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<td>O102</td>
<td>GALECTIN-1 EXPRESSION IS ESSENTIAL FOR AN EFFECTIVE LIVER REGENERATION</td>
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<td>O103</td>
<td>METASTASIS DEVELOPMENT IN A NOVEL MOUSE MODEL OF ADVANCED LIVER CANCER</td>
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Parallel Session: Liver Transplantation

**Chairs:**
Gabriela Berlakovich, *Austria*
Patrizia Burra, *Italy*

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<td>O104</td>
<td>PREDICTIVE MODEL FOR THE NEED FOR LIVER TRANSPLANTATION IN SYMPTOMATIC POLYCYSTIC LIVER DISEASE</td>
<td>Frederik Temmerman, <em>Belgium</em></td>
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<td>COMPARISON OF SHORT-TERM AND LONG-TERM OUTCOMES AFTER DCD AND DBD DONOR LIVER TRANSPLANTATION</td>
<td>Wayel Jassem, <em>The United Kingdom</em></td>
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<td>THERAPEUTIC PLASMA EXCHANGE MODULATES INNATE IMMUNE ACTIVATION AND IMPROVES OUTCOME IN PATIENTS WITH ACUTE LIVER FAILURE</td>
<td>Christine Bernsmeier, <em>The United Kingdom</em></td>
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<td>O107</td>
<td>IL-22 SECRETION IS REQUIRED FOR LIVER REGENERATION AND IS MODULATED BY EXTRACELLULAR NUCLEOTIDES</td>
<td>Guido Beldi, <em>Switzerland</em></td>
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<td>O108</td>
<td>RESIDUAL HCV-RNA IN LIVER EXPLANTS FROM PATIENTS UNDERGOING SOFOSBUVIR AND RIBAVIRIN TREATMENT WHILE AWAITING LIVER TRANSPLANTATION IS NOT ASSOCIATED WITH HCV RELAPSE</td>
<td>Martina Gambato, <em>Spain</em></td>
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### Parallel Session: Liver Transplantation (Cont.)

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<td>O110</td>
<td>SIMEPREVIR + SOFOSBUVIR COMBINATION THERAPY FOR RECURRENT GENOTYPE-1 HEPATITIS C IN LIVER TRANSPLANT RECIPIENTS: A REAL-LIFE MULTICENTER EXPERIENCE</td>
<td>Helen Te, <em>The United States</em></td>
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<td>O111</td>
<td>OPERATIONAL TOLERANCE CAUSES A LONG LASTING ACTIVE IMMUNOREGULATION WITHIN THE GRAFT</td>
<td>Elmar Jaeckel, <em>Germany</em></td>
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### Parallel Session: Viral Hepatitis B & D: Clinical

**Chairs:**
Jerzy Jaroszewicz, *Poland*
Cihan Yurdaydin, *Turkey*

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<td>O112</td>
<td>HBSAG CLEARANCE AFTER ADDITION OF 48 WEEKS OF PEGIFN IN HBEAG NEGATIVE CHB PATIENTS ON NUCLEOS(T)IDE THERAPY WITH UNDETECTABLE HBV DNA FOR AT LEAST ONE YEAR: FINAL RESULTS FROM ANRS-HB06 PEGAN STUDY: MULTICENTER RANDOMIZED CONTROLLED PHASE III TRIAL</td>
<td>Marc Bourliere, <em>France</em></td>
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<td>O113</td>
<td>HLA DPB1 RS9277535 POLYMORPHISM STRONGLY PREDICTS HBSAG CLEARANCE IN IFN TREATED GENOTYPE D HBEAG-NEGATIVE PATIENTS WITH CHRONIC HEPATITIS B</td>
<td>Pietro Lampertico, <em>Italy</em></td>
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<td>O114</td>
<td>SERUM HBV-RNA LEVELS DECLINE SIGNIFICANTLY IN CHRONIC HEPATITIS B PATIENTS DOSED WITH THE NUCLEIC-ACID POLYMER REP2139-CA</td>
<td>Louis Jansen, <em>The Netherlands</em></td>
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<td>O115</td>
<td>HIGH ANTIVIRAL ACTIVITY OF THE HBV CORE INHIBITOR NVR 3-778 IN THE HUMANIZED UPA/SCID MOUSE MODEL</td>
<td>Klaus Klumpp, <em>The United States</em></td>
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**SATURDAY, APRIL 25, 2015**

### Parallel Session: Viral Hepatitis B & D: Clinical (Cont.)

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<td><strong>O116</strong></td>
<td>PREDICTIVE VALUE OF BASELINE AND ON-TREATMENT QHBSAG LEVEL IN HBEAG POSITIVE CHB PATIENTS WHO SWITCHED FROM NUCS TO PEGYLATED INTERFERON A-2A: A FURTHER ANALYSIS FROM NEW SWITH STUDY</td>
<td>Hong Ren, China</td>
<td>Strauss 3</td>
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<td><strong>O117</strong></td>
<td>PREDICTORS OF CLINICAL RESPONSE: RESULTS FROM A LARGE, RANDOMIZED CONTROLLED STUDY WITH TENOFOVIR DISOPROXIL FUMARATE (TDF) PLUS PEGINTERFERON ALFA-2A (PEG) COMBINATION FOR CHRONIC HEPATITIS B (CHB)</td>
<td>Henry L. Chan, China</td>
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<td>ABSTRACT</td>
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<td><strong>O118</strong></td>
<td>OPTIMIZING THE PRENYLATION INHIBITOR LONAFARNIB USING RITONAVIR BOOSTING IN PATIENTS WITH CHRONIC DELTA HEPATITIS</td>
<td>Cihan Yurdaydin, Turkey</td>
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<td>ABSTRACT</td>
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<td><strong>O119</strong></td>
<td>STOPPING TENOFOVIR DISOPROXIL FUMARATE (TDF) TREATMENT AFTER LONG TERM VIROLOGIC SUPPRESSION IN HBEAG-NEGATIVE CHB: WEEK 48 INTERIM RESULTS FROM AN ONGOING RANDOMIZED, CONTROLLED TRIAL («FINITE CHB»)</td>
<td>Thomas Berg, Germany</td>
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### Joint Workshop: EASL-EFSUMB Lecture 2

**Ultrasound Guided Liver Biopsy: When and how to perform it**

**Chairs:**
Christoph Dietrich, Germany  
Massimo Pinzani, The United Kingdom

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<td>11:30 - 11:50</td>
<td><strong>Pre-biopsy work-up: what the hepatologist should not miss</strong></td>
<td>Robert de Knegt, The Netherlands</td>
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<td>11:50 - 12:25</td>
<td><strong>Biopsy Techniques and video demonstration</strong></td>
<td>Christoph Dietrich, Germany</td>
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</tbody>
</table>
Joint Workshop: EASL-EFSUMB Lecture 2 (Cont.)

12:25 - 12:35  Discussion

12:35 - 12:55  Indications to biopsy in diffuse liver disease in 2015 and pathology reports
Massimo Pinzani, *The United Kingdom*

12:55 - 13:00  Discussion

ePoster Oral Sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Oral ePoster 1</th>
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<tbody>
<tr>
<td>13:00 - 14:00</td>
<td>Molecular and cellular biology</td>
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<tr>
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<td>Catherine Postic, <em>France</em></td>
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<thead>
<tr>
<th>Time</th>
<th>Oral ePoster 2</th>
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<tbody>
<tr>
<td>13:00 - 14:00</td>
<td>Transplantation and acute liver failure</td>
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<td>Giacomo Germani, <em>Italy</em></td>
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<thead>
<tr>
<th>Time</th>
<th>Oral ePoster 3</th>
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<tbody>
<tr>
<td>13:00 - 14:00</td>
<td>Liver fibrosis, Nanomedicine and new technologies</td>
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<td>Klaas Poelstra, <em>The Netherlands</em></td>
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<thead>
<tr>
<th>Time</th>
<th>Oral ePoster 4</th>
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<tbody>
<tr>
<td>13:00 - 14:00</td>
<td>Autoimmune liver disease</td>
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<tr>
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<td>Marco Marzioni, <em>Italy</em></td>
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Clinical Symposium - Future of HBV treatments

Chair:
Fabien Zoulim, *France*

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>14:00 - 14:20</td>
<td>The current treatment situation and definitions of a cure for chronic HBV infection</td>
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<td>Geoffrey Dusheiko, <em>The United Kingdom</em></td>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>14:20 - 14:40</td>
<td>The main unresolved questions to cure HBV infection</td>
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<td>Ulrike Protzer, <em>Germany</em></td>
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<th>Time</th>
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<tr>
<td>14:40 - 15:00</td>
<td>The new direct antivirals in pre-clinical and early clinical development</td>
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<td>Fabien Zoulim, <em>France</em></td>
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<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>15:00 - 15:30</td>
<td>Novel concepts of immune therapy (restoration of innate and/or adaptive immune responses)</td>
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<td>Antonio Bertoletti, <em>Singapore</em></td>
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</table>
## Basic Symposium - Metabolic Disorders: Metabolism and cancer: the circadian clock connection

**Chair:**
Selma Masri, *The United States*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Country</th>
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<tbody>
<tr>
<td>14:00 - 14:30</td>
<td><strong>Partitioning of circadian metabolism in the liver</strong></td>
<td>Selma Masri, <em>The United States</em></td>
<td></td>
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<tr>
<td>14:30 - 15:00</td>
<td><strong>Role of SIRT1 in liver regeneration</strong></td>
<td>Marina Bellet, <em>Italy</em></td>
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<tr>
<td>15:00 - 15:30</td>
<td><strong>High-throughput analysis of circadian liver gene expression</strong></td>
<td>Frederic Gachon, <em>Switzerland</em></td>
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</table>

## Clinical Symposium - Treatment decisions in intermediate stage HCC

**Chair:**
Jens Ricke, *Germany*

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:00 - 14:05</td>
<td><strong>A critical appraisal of where we are in the intermediate stage today</strong></td>
<td>Jens Ricke, <em>Germany</em></td>
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<tr>
<td>14:05 - 14:30</td>
<td><strong>How to determine the appropriate TACE candidate and when to time the next intervention</strong></td>
<td>Wolfgang Sieghart, <em>Austria</em></td>
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<tr>
<td>14:30 - 15:00</td>
<td><strong>Is there a role of combination treatments today – arguments and evidence for the combined or sequential use of the current toolbox</strong></td>
<td>Maciej Pech, <em>Germany</em></td>
<td></td>
</tr>
<tr>
<td>15:00 - 15:30</td>
<td><strong>Where is the place for Y90-radioembolization today?</strong></td>
<td>Bruno Sangro, <em>Spain</em></td>
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</tr>
</tbody>
</table>
Clinical Symposium - Bacterial infections in patients with liver disease

Chair:
Javier Fernandez, Spain

14:00 - 14:05
Introduction
Javier Fernandez, Spain

14:05 - 14:30
Advances in the pathogenesis and diagnosis of bacterial infections in cirrhosis
Reiner Wiest, Switzerland

14:30 - 14:55
Multiresistant bacterial infections: mechanisms of resistance, prevention strategies and clinical implications
Alex Soriano, Spain

14:55 - 15:20
Prognostic impact and treatment of bacterial infection in critically-ill and non-critically-ill cirrhotic patients
Thierry Gustot, Belgium

15:20 - 15:30
Discussion

WHO-EASL Symposium

Chairs:
Markus Peck-Radosavljevic, Austria
Stefan Wiktor, Switzerland

14:00 - 14:15
WHO Prequalification of hepatitis serologic tests - A review of the results of the analysis of the performance of hepatitis B and C rapid and enzyme immunoassay tests and assessment of manufacturers’ production quality
Anita Sands, Switzerland

14:15 - 14:30
Cost-effectiveness analysis of screening – NICE UK example. An economic analysis of risk-based screening for hepatitis B
Natasha Martin, The United Kingdom

14:30 - 14:45
Providing testing services for persons who inject drugs and linking them to care– Scottish example
David Goldberg, The United Kingdom
### WHO-EASL Symposium (Cont.)

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>14:45 - 15:00</td>
<td><strong>Implementing the birth-cohort approach to hepatitis C testing – the US example</strong>&lt;br&gt;John Ward, <em>The United States</em></td>
</tr>
<tr>
<td>15:00 - 15:15</td>
<td><strong>Providing hepatitis testing services to persons with HIV infection in low- and middle-income countries- the MSF experience</strong>&lt;br&gt;Isabelle Andrieux-Meyer, <em>Switzerland</em></td>
</tr>
<tr>
<td>15:15 - 15:30</td>
<td><strong>WHO recommendations on screening and testing</strong>&lt;br&gt;Philippa Easterbrook, <em>Switzerland</em></td>
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### Young Investigator Forum

**Chairs:**
- Giacomo Germani, *Italy*
- Helen Reeves, *The United Kingdom*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:00 - 14:05</td>
<td><strong>Who are the YI CAG?</strong>&lt;br&gt;Giacomo Germani, <em>Italy</em></td>
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<td>14:05 - 14:20</td>
<td><strong>How to publish in top journals: do’s and don’t</strong>&lt;br&gt;Rajiv Jalan, <em>The United Kingdom</em></td>
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<tr>
<td>14:20 - 14:35</td>
<td><strong>How you are evaluated for positions and grants (talk about bibliometrics, points to be emphasized in the CV)</strong>&lt;br&gt;Helen Reeves, <em>The United Kingdom</em></td>
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<tr>
<td>14:35 - 14:50</td>
<td><strong>How to make an effective presentation</strong>&lt;br&gt;Alessio Aghemo, <em>Italy</em></td>
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<tr>
<td>14:50 - 15:05</td>
<td><strong>Research in hepatology: past, present and future</strong>&lt;br&gt;Jean-Michel Pawlotsky, <em>France</em></td>
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<td>15:05 - 15:15</td>
<td><strong>YI Awardee Presentation 1</strong></td>
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<td>15:15 - 15:25</td>
<td><strong>YI Awardee Presentation 2</strong></td>
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<tr>
<td>15:25 - 15:30</td>
<td><strong>Discussion</strong></td>
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</table>
Joint Workshop: EASL - JSH

Chairs:
Kazuhiro Koike, Japan
Markus Peck-Radosavljevic, Austria

14:00 Exploring the stemness of hepatocellular carcinoma
Taro Yamashita, Japan

14:20 Surveillance, Treatment and Outcome of HCC in Japan
Masatoshi Kudo, Japan

14:40 Sofosbuvir inhibits hepatitis E virus replication in vitro and results in an additive effect when combined with Ribavirin
Jérôme Gouttenoire, Switzerland

15:00 Novel meta-analysis of genetic association studies in PBC - how many risk loci are there?
Pietro Invernizzi, Italy

15:20 Discussion and wrap up

Late Breakers

Chairs:
Massimo Colombo, Italy
Stefan Zeuzem, Germany

ABSTRACT LO1
16:00-16:15
SAFETY OF OMBITASVIR/PARITAPREVIR/RITONAVIR PLUS DASABUVIR FOR TREATING HCV GT1 INFECTION IN PATIENTS WITH SEVERE RENAL IMPAIRMENT OR END-STAGE RENAL DISEASE: THE RUBY-I STUDY
Paul Pockros, The United States

ABSTRACT LO2
16:15-16:30
SIGNIFICANT REDUCTION OF HBSAG AND HDV RNA BY THE NUCLEIC ACID POLYMER REP 2139 IN CAUCASIAN PATIENTS WITH CHRONIC HBV / HDV CO-INFECTION
Andrew Vaillant, Canada

ABSTRACT LO3
16:30-16:45
SAFETY AND EFFICACY OF THE COMBINATION DACLATASVIR-SOFOSBUVIR IN HCV GENOTYPE 1-MONO-INFECTED PATIENTS FROM THE FRENCH OBSERVATIONAL COHORT ANRS CO22 HEPATHER
Stanislas Pol, France
<table>
<thead>
<tr>
<th>ABSTRACT</th>
<th>Title</th>
<th>Authors</th>
<th>Location</th>
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<tbody>
<tr>
<td>L04 LO4</td>
<td>A PHASE 2, RANDOMIZED, PLACEBO-CONTROLLED STUDY (IMAGO) OF LUM001, A NOVEL INHIBITOR OF THE APICAL SODIUM-DEPENDENT BILE ACID TRANSPORTER, (ASBT) IN PAEDIATRIC PATIENTS WITH ALAGILLE SYNDROME (ALGS)</td>
<td>Alastair Baker, The United Kingdom</td>
<td>Hall D</td>
</tr>
<tr>
<td>L05 LO5</td>
<td>SOFOSBUVIR + PEGINTERFERON/RIBAVIRIN FOR 12 WEEKS VS SOFOSBUVIR + RIBAVIRIN FOR 16 OR 24 WEEKS IN GENOTYPE 3 HCV INFECTED PATIENTS AND TREATMENT-EXPERIENCED CIRRHOTIC PATIENTS WITH GENOTYPE 2 HCV: THE BOSON STUDY</td>
<td>Graham Foster, The United States</td>
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<tr>
<td>L06 LO6</td>
<td>A TWO-STAGE GENOME-WIDE ASSOCIATION STUDY IDENTIFIES TM6SF2 AND MBOAT7 AS RISK LOCI FOR ALCOHOL-RELATED CIRRHOSIS</td>
<td>Felix Stickel, Switzerland</td>
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<tr>
<td>L07 LO7</td>
<td>A SINGLE SUBCUTANEOUS DOSE OF 2 MG/KG OR 4 MG/KG OF RG-101, A GALNAC-CONJUGATED OLIGONUCLEOTIDE WITH ANTAGONIST ACTIVITY AGAINST MIR-122, RESULTS IN SIGNIFICANT VIRAL LOAD REDUCTIONS IN CHRONIC HEPATITIS C PATIENTS</td>
<td>Meike Van Der Ree, The Netherlands</td>
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<tr>
<td>L08 LO8</td>
<td>DACLATASVIR, SOFOSBUVIR, AND RIBAVIRIN COMBINATION FOR HCV PATIENTS WITH ADVANCED CIRRHOSIS OR POSTTRANSPLANT RECURRENCE: PHASE 3 ALLY-1 STUDY</td>
<td>Fred Poordad, The United Kingdom</td>
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**EASL Business Meeting**

18:15 - 19:30 Access restricted to active EASL members

**Abdominal Sonography Course - ‘Acute Medicine’ in Hepatology**

18:30 - 20:00 Tutors:
- Robert de Knegt, The Netherlands
- Michael Gebel, Germany
- Andrej Potthoff, Germany
- Dave Sprengers, The Netherlands
- Pavel Taimr, The Netherlands
- Christoph Terkamp, Germany
SCIENTIFIC PROGRAMME

SUNDAY
APRIL 26, 2015
# SUNDAY, APRIL 26, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:30-8:30</td>
<td>Early Morning Workshops</td>
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<td><strong>Towards ultrashort treatments for HCV</strong></td>
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<td>Hall C (Plenary)</td>
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<td>7:30 - 8:30</td>
<td>Moderators:</td>
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<td></td>
<td>Graham Foster, <em>The United Kingdom</em></td>
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<td>Christophe Hezode, <em>France</em></td>
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<td><strong>Public health and viral hepatitis: what can we do to reduce the future burden of disease?</strong></td>
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<td><em>Strauss I</em></td>
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<td>7:30 - 8:30</td>
<td>Moderators:</td>
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<td>Sylvie Deuffic-Burban, <em>France</em></td>
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<td>Magda Rosinka, <em>Poland</em></td>
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<td><strong>Diagnosis and Treatment of chronic HDV infection</strong></td>
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<td><em>Strauss 2</em></td>
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<td>7:30 - 8:30</td>
<td>Moderators:</td>
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<td></td>
<td>Markus Cornberg, <em>Germany</em></td>
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<td>Ramazan Idilman, <em>Turkey</em></td>
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<td><strong>New oral anticoagulants in patients with liver disease</strong></td>
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<td><em>Strauss 3</em></td>
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<td>7:30 - 8:30</td>
<td>Moderators:</td>
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<td></td>
<td>Andrea de Gottardi, <em>Switzerland</em></td>
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<td>Fuat Saner, <em>Germany</em></td>
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<td><strong>Interventional strategies in patients with portal hypertension</strong></td>
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<td><em>Lehar 1 &amp; 2</em></td>
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<td>7:30 - 8:30</td>
<td>Moderators:</td>
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<td>Andres Cardenas, <em>Spain</em></td>
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<td>Roberto de Francis, <em>Italy</em></td>
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<td>Arnulf Ferlitsch, <em>Austria</em></td>
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<td><strong>Update on classification and management of liver adenomas</strong></td>
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<td><em>Lehar 3</em></td>
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<td>7:30 - 8:30</td>
<td>Moderators:</td>
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<td>Olivier Farges, <em>France</em></td>
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<td>Peter Schirmacher, <em>Germany</em></td>
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<td>Study design in gut microbiome assessments</td>
<td>Lehar 4</td>
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<td><strong>7:30 - 8:30</strong></td>
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<td>Moderators:</td>
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<td>Antonio Gasbarinni, <em>Italy</em></td>
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<td>Herbert Tilg, <em>Austria</em></td>
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<tr>
<th>Animal models of liver fibrosis</th>
<th>Stolz 1</th>
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<td>Moderators:</td>
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<td>Rabea Hall, <em>Germany</em></td>
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<td>Fiona Oakley, <em>The United Kingdom</em></td>
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<tr>
<th>Metabolomic technologies and applications in liver disease</th>
<th>Stolz 2</th>
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<td>Moderators:</td>
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<tr>
<td>Jeff Idle, <em>Switzerland</em></td>
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<td>José Matos, <em>Spain</em></td>
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<tr>
<th>Fatigue in chronic liver disease</th>
<th>Schubert 1</th>
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<td>Moderators:</td>
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<td>David Jones, <em>The United Kingdom</em></td>
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<td>Aleksander Krag, <em>Denmark</em></td>
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<tr>
<th>Acute on chronic liver failure: new definitions</th>
<th>Schubert 2</th>
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<td><strong>7:30 - 8:30</strong></td>
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<td>Moderators:</td>
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<tr>
<td>Javier Fernandez, <em>Spain</em></td>
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<td>Claire Francoz, <em>France</em></td>
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<tr>
<th>Antiviral Therapy in HIV-HCV coinfected patients</th>
<th>Schubert 4</th>
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<td><strong>7:30 - 8:30</strong></td>
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<td>Moderators:</td>
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<td>Raffael Bruno, <em>Italy</em></td>
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<td>Mattias Mandorfer, <em>Austria</em></td>
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SUNDAY, APRIL 26, 2015

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<tr>
<td>7:30-8:30</td>
<td>Early Morning Workshops (Cont.)</td>
<td>Hall C</td>
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<td></td>
<td><strong>Antibody-mediated rejection after liver transplantation: practical implications</strong></td>
<td>Schubert 5</td>
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<td>7:30 - 8:30 Moderators:</td>
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<td></td>
<td>Daniel Gotthardt, <em>Germany</em></td>
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<td>Desley Neil, <em>The United Kingdom</em></td>
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<td><strong>Immunosuppression after OLT in PSC</strong></td>
<td>Schubert 6</td>
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<td>7:30 - 8:30 Moderators:</td>
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<td></td>
<td>Kirsten M. Boberg, <em>Norway</em></td>
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<td>Christian Strassburg, <em>Germany</em></td>
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<td><strong>WHO Global Hepatitis Strategy in the making</strong></td>
<td>Schubert 3</td>
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<td>7:30 - 8:30 Chair:</td>
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<td></td>
<td>Markus Peck-Radosavljevic, <em>Austria</em></td>
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<td>Speaker:</td>
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<td>Gottfried Hirnschall, <em>Switzerland</em></td>
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<td></td>
<td><strong>30 Years of Journal of Hepatology: Emerging issues in Hepatology</strong></td>
<td>Hall C (Plenary)</td>
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<td>Chairs:</td>
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<td>Rajiv Jalan, <em>The United Kingdom</em></td>
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<td>Markus Peck-Radosavljevic, <em>Austria</em></td>
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<td>08:30 - 08:35 Introduction</td>
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<td>Rajiv Jalan, <em>The United Kingdom</em></td>
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<td>08:35 - 08:50 Alcoholic and non-alcoholic fatty liver disease</td>
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<td>Ramon Bataller, <em>Spain</em></td>
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<td>08:50 - 09:05 Cirrhosis and Liver Failure</td>
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<td>Richard Moreau, <em>France</em></td>
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<td>09:05 - 09:20 Liver Cancer</td>
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<td>Jessica Zucman Rossi, <em>France</em></td>
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### 30 Years of Journal of Hepatology: Emerging issues in Hepatology (Cont.)

**Hall C (Plenary)**

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<td>09:20 - 09:35</td>
<td><strong>Viral Hepatitis</strong>&lt;br&gt;Thomas Berg, <em>Germany</em></td>
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### Basic Symposium - Liver stem cells

**Hall C (plenary)**

- **Chair:** Tamir Rashid, *The United Kingdom*

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<td>10:30 - 10:50</td>
<td><strong>Regenerative approaches through developmental biology</strong>&lt;br&gt;Takanori Takebe, <em>Japan</em></td>
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<tr>
<td>10:50 - 11:10</td>
<td><strong>Regenerative approaches through endogenous targets</strong>&lt;br&gt;Stuart Forbes, <em>The United Kingdom</em></td>
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<tr>
<td>11:10 - 11:30</td>
<td><strong>Regenerative approaches through tissue engineering</strong>&lt;br&gt;Suchitra Sumitran-Holgersson, <em>Sweden</em></td>
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### Clinical Symposium - Multidisciplinary management of alcoholic liver disease

**Strauss I**

- **Chair:** Giovanni Addolorato, *Italy*

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<td>10:30 - 10:50</td>
<td><strong>Management strategies in patients with alcoholic Liver disease</strong>&lt;br&gt;Chris Day, <em>The United Kingdom</em></td>
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<td>10:50 - 11:10</td>
<td><strong>Management of alcohol dependence in patients with alcoholic liver disease</strong>&lt;br&gt;Lorenzo Leggio, <em>The United States</em></td>
</tr>
<tr>
<td>11:10 - 11:30</td>
<td><strong>Liver transplantation in patients with alcoholic liver disease</strong>&lt;br&gt;Philippe Mathurin, <em>France</em></td>
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Clinical Symposium - Liver disease management in Eastern Europe

Chair:
Jerzy Jaroszewicz, Poland

10:30 - 10:50  
**Current trends in hepatitis B epidemiology and prevention in CEE**  
Liana Gheorghe, Romania

10:50 - 11:05  
**Current trends in hepatitis C epidemiology and prevention in CEE**  
Robert Flisiak, Poland

11:05 - 11:20  
**Access to novel therapies and possible strategy for countries with limited resources**  
Béla Hunyady, Hungary

11:20 - 11:30  
Discussion

Clinical Symposium - Re-focusing transplant hepatology

Chair:
François Durand, France

10:30 - 10:50  
**The decline of immunology in liver transplantation: for how long?**  
François Durand, France

10:50 - 11:10  
**Changes in the management of HCV-infected patients, pre and post transplantation**  
Adrian C. Gadano, Argentina

11:10 - 11:30  
**Reconsidering alternatives to transplantation for hepatocellular carcinoma in the context of organ shortage**  
Massimo Colombo, Italy
## Clinical Symposium - Value-Based Medicine in Hepatology

**Chair:**
Mario Strazzabosco, *Italy*

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<tr>
<td>10:30 - 10:50</td>
<td><strong>Value and outcome in delivering healthcare</strong></td>
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<td></td>
<td>Paul Kind, <em>The United Kingdom</em></td>
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<tr>
<td>10:50 - 11:10</td>
<td><strong>What is Value in Health Care: how physicians can change the future of Health</strong></td>
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<td>Jens Deerberg-Wittram, <em>Germany</em></td>
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<tr>
<td>11:10 - 11:30</td>
<td><strong>Generation and validation of outcome measurements for the main liver diseases</strong></td>
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<td>Mario Strazzabosco, <em>Italy</em></td>
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## General Session 4 & Closing Ceremony

**Chairs:**
Jean-François Dufour, *Switzerland*
Cihan Yurdaydin, *Turkey*

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<td><strong>NAFLD, Metabolic and Genetics</strong></td>
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<td>Giulio Marchesini, <em>Italy</em></td>
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<td>12:00 - 12:30</td>
<td><strong>Complications of Cirrhosis/HCC</strong></td>
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<td></td>
<td>Dominique-Charles Valla, <em>France</em></td>
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<tr>
<td>12:30 - 13:00</td>
<td><strong>Viral hepatitis</strong></td>
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<td>Michael Manns, <em>Germany</em></td>
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We are a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines. We are committed to Helping Advance the Management of Liver Disease.

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Liver Transplantation / Surgery: Experimental

P0001  EARLY MONOCYTE DYSFUNCTION IN PATIENTS WHO DEVELOP SYSTEMIC INFLAMMATORY RESPONSE SYNDROME (SIRS) AND SEPSIS AFTER HEPATOPANCREATICOBILIARY SURGERY

P0002  LIVER REGENERATION IS NOT IMPACTED IN THE ABSENCE OF INTESTINAL MICROBIOTA
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P0004  THE TRANSPORTABLE MACHINE PERFUSION AIRDRIVE®, A NOVEL APPROACH TO SAFELY EXPAND THE DONOR POOL FOR LIVER TRANSPLANTATION
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P0005  THE NEW STRATEGY OF AUTOLOGOUS LIVER CELL TRANSPLANTATION FOR ACUTE LIVER FAILURE AFTER MASSIVE HEPATECTOMY: ROLE OF HEPATOCYTES AND LIVER NON PARENCHYMAL CELLS
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P0011  DIFFERENTIATION OF BONE MARROW-DERIVED MESENCHYMAL STEM CELLS INTO HEPATOCYTE-LIKE CELLS AND THEIR REGULATORY EFFECTS ON ACTIVATED LYMPHOCYTES AND LIVER GRAFT REGENERATION AND REJECTION
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Liver Transplantation / Surgery: Experimental (Cont.)

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YI P0016 VISUALIZATION OF LIVER REGENERATION AFTER 70% PARTIAL HEPATECTOMY IN MICE
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YI P0017 DEVELOPMENT OF TISSUE-ENGINEERED VASCULARIZED PORCINE LIVER SCAFFOLDS FOR HUMAN TRANSPLANTATION
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**CHANGES IN LIVER IMMUNITY UPON HBV INFECTION: A COMPARISON OF HUMANISED MICE AND HUMANS**

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**CD3(+)CD56(+) NK-LIKE T CELLS SHOW REDUCED ANTI-VIRAL ACTIVITY IN ACUTELY HCV/HIV INFECTED PATIENTS**

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**FUNCTIONAL IMMUNE RESTORATION CORRELATES WITH HBSAG DECLINE AND MAY PREDICT TREATMENT RESPONSE ON SEQUENTIAL NUC THERAPY IN CHRONIC HEPATITIS B**

Upkar S. Gill*, Dimitra Peppa, Lorenzo Micco, Harsimran D. Singh, Graham R. Foster, Mala K. Maini, Patrick T. Kennedy, The United Kingdom

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TOP 10%

YI P0605  GENOTYPE SPECIFIC VARIATION IN THE BASAL CORE PROMOTER AND PRE CORE REGIONS IMPACTS HBEAG LEVELS DURING IMMUNE CLEARANCE DISEASE
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Willem Pieter Brouwer*, Henry L.-Y. Chan, Maurizia R. Brunetto, Michelle Martinot-Peignoux, Pauline Arends, Markus Cornberg, Beatrice Cherubini, Alex J. Thompson, Yun-Fan Liaw, Patrick Marcellin, Harry L. Janssen, Bettina E. Hansen, The Netherlands

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Kessarin Thanapirom*, Sirinporn Suksawatamnuay, Wattana Sukeepaisarnjareon, Tawesak Tanwandee, Satawat Thongsawat, Apinya Leerapun, Teerha Piratvisuth, Rattana Boonsirichan, Chalermsrat Bunchorntavakul, Chaowalit Pattanasirigool, Bubpha Pornthisarn, Supot Tangpanichtheerakul, Ekaewe Sripanich, Woramon Jeamsripong, Teeranun Sanpajit, Yong Poovorawan, Piyawat Komolmit, Thailand

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Margo J. Van Campenhout*, Willem P. Brouwer, Harry L. Janssen, Qing Xie, Qin Zhang, Fehmi Tabak, Adrian Streinu-Cercel, Jiyao Wang, Gertine van Oord, Robert J. de Kegn, André Boonstra, Bettina E. Hansen, The Netherlands
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YI P0615  DIAGNOSIS BY SCREENING RATHER THAN SYMPTOMS IN HBV-RELATED HCC IS ASSOCIATED WITH IMPROVED OUTCOMES, REGARDLESS OF CIRRHOSIS STATUS BUT SCREENING HISTORY WAS ONLY PRESENT IN ONE-HALF OF CIRRHOSIS AND ONE-THIRD OF NONCIRRHOSIS CASES
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Chiara Rosso*, Chiara Saponaro, Lavinia Mezzabotta, Ester Vanni, Roberto Gambino, Francesca Saba, Ramy Ibrahim Kamal Jouness, Melania Gaggini, Emma Buzzigoli, Gian Paolo Caviglia, Maria Lorena Abate, Federico Salomone, Antonina Smedile, Mario Rizzetto, Maurizio Cassader, Amalia Gastaldelli, Elisabetta Bugianesi, Italy

TOP 10%
YI P1043
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David Houghton*, Christian Thoma, Kate Hallsworth, Kieren G. Hollingsworth, Christopher P. Day, Quentin M. Anstee, Michael I. Trenell, The United Kingdom

TOP 10%
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<td>Ester Vanni, Andrea Marengo*, Riccardo Faletti, Mara Morello, Lavinia Mezzabotta, Giacomo Battisti, Simone Frea, Margherita Cannillo, Elena Mosso, Chiara Rosso, Laura Bergamasco, Mario Rizzetto, Elisabetta Bugianesi, Italy</td>
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TECHNICAL INFORMATION
TECHNICAL INFORMATION

ORAL PRESENTATIONS

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Prior to the congress, all speakers are requested to upload their presentations to a protected server managed by EASL’s trusted service provider, M-Events.

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The Speakers’ Ready Room is located above the Foyer D, next to the Executive Panorama Lounge and will be available every day throughout the congress for invited speakers and oral presenters.

Tuesday, April 21 16:00 – 20:00
Wednesday, April 22 07:00 – 19:00
Thursday, April 23 06:30 – 19:00
Friday, April 24 07:00 – 19:00
Saturday, April 25 07:00 – 19:00
Sunday, April 26 07:00 – 13:30

Technicians will be available to assist the speakers during the above hours.

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The lecture hall will be equipped with a laptop and data projector. To ensure high service quality and a near seamless transition between different talks and speakers, a network-based presentation system will be used along with a conference specific interface.

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Only presentations in MS-PowerPoint 2013 or earlier versions (*.ppt and *.pptx) with a screen ratio of 4:3 will be accepted. Please note that presentations attached to e-mails cannot be processed. If you are using PowerPoint 2007 or older versions please do not forget to upload your video files as well as they cannot be embedded into the presentation.

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Only ePoster presentations will be on display at The International Liver Congress™ 2015.

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It is mandatory to submit your poster file for transformation into ePoster format. No paper posters will be accepted.

Microsoft Powerpoint (PPT) is the ideal format. Please use any of the templates provided. PDF format is also accepted.

Landscape format is mandatory. It is strongly recommended to use a size of 120cm wide x 90cm high, with a simple and clear typeface (Arial, Arial black, Calibri…) and regular text size no less than 28 for the body of the different sections.

Images, pictures and graphs – the suggested resolution is 300 dpi. To check that they appear correctly on the final version, zoom in to 100% and check all images, pictures and graphs. It is better to use high quality images and graphs when creating the poster.

Provide clear labels and headings for each section of your presentation to avoid confusion.

Don’t stretch the images manually or quality will be lost once zoomed in. PDF is the preferred format, but images or PPT files can also be used.

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The EASL Monothematic Conference on Liver diseases in resource-limited settings is a very timely conference due to the greater than ever strain on healthcare budgets, the high incidence of liver diseases in resource-limited regions, and the fantastic new drug treatments that come at an incredible cost.

It is intended for those interested in bringing better care for liver patients to areas in need, and will be a time to discuss problems and find solutions on this topic.

The faculty will be a mix of high level liver experts as well as representatives from governmental and non-governmental organisations.
GENERAL INFORMATION
GENERAL INFORMATION

CLIMATE
Austria’s climate is generally moderate and mild. Average spring temperatures range from 15°C to 25°C.

CURRENCY & BANK/ATM
The currency used in Austria, is the Euro. Banks and currency exchange offices are located around the city, and bankomats (ATMs) are available in the congress venue and can be found in various places throughout Vienna, including the train stations and airport.

TRAVEL, HEALTH, LIABILITY INSURANCE
The congress organisers cannot accept liability for personal injuries sustained, or for loss or damage of property belonging to congress participants, either during, or as a result of the meeting. Participants are advised to take out their own personal liability, travel and health insurance.

LANGUAGE
The language spoken in Vienna is German. The official language of the congress is English. Simultaneous translation will not be provided.

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Public transport
The International Liver Congress™ 2015 is to be held in the Reed Messe Wien Congress & Exhibition Center. The venue is easily accessible by bus, tramway or metro Station Krieau.

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Sunday, April 26  07:00 – 13:30

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The payment of the YI bursaries will be processed from Friday, April 24, 2015 at 14:00 in the registration area at the Registration Help Desk. Kindly note that a passport, driving license or other recognized identification document will be requested to verify your identity.

BADGES
All participants and exhibitors are requested to wear their ILC badges in order to be given access to the congress venue, lecture halls and other scheduled activities. Exhibitors are admitted in the exhibition area as well as the catering areas but have no access to the lecture halls.

EUR 25 (+20% VAT) will be charged for replacing a lost badge and for re-printing due to incorrect submission of names and/or company name or addresses.

Participants not wearing the ILC badge will not be granted access past the registration area.

SCIENTIFIC PROGRAMME
Please check the Scientific Programme Section for detailed information on all the sessions.

Opening Ceremony & General Session 1
The Opening Ceremony and General Session 1 will take place in Hall D on Thursday, April 23 at 13:30.

Early Morning Workshops
If you wish to participate, tickets may still be purchased at the registration desks for a fee of EUR 20 (+VAT 20%), availability permitting.

ePoster area
A large ePoster area is located in the exhibition area in Hall B. All ePosters including Late Breakers will be displayed on screens during the following hours:

Thursday, April 23  09:30 – 16:30
Friday, April 24  09:30 – 16:30
Saturday, April 25  09:30 – 16:30

Selected ePosters will be presented during the Lunch Break ePoster oral sessions:

Thursday, April 23  12:00 – 13:00
Friday, April 24  12:30 – 13:30
Saturday, April 25  13:00 – 14:00
SPEAKERS’ READY ROOM
The speakers’ ready room is accessible from the Executive Panorama Lounge (above Foyer D):

- **Tuesday, April 21**: 16:00 – 20:00
- **Wednesday, April 22**: 07:00 – 19:00
- **Thursday, April 23**: 06:30 – 19:00
- **Friday, April 24**: 07:00 – 19:00
- **Saturday, April 25**: 07:00 – 19:00
- **Sunday, April 26**: 07:00 – 13:30

Access restricted to speakers.

CME ACCREDITATION

‘The International Liver Congress™ 2015’ is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), [www.uems.net](http://www.uems.net).

Information on the process to convert EACCME credit to AMA credit can be found at [www.ama-assn.org/go/internationalcme](http://www.ama-assn.org/go/internationalcme)

Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.

ATTENDANCE AND CME CERTIFICATE

The Attendance and CME Certificate will only be provided by e-mail after completing an online survey. The survey will be sent by e-mail to all the attendees before Wednesday, April 29.

The survey can also be completed onsite in the Foyer D at dedicated stations as of Friday, April 25 at 14:00 or online via the Congress App.

No printed Certificate of Attendance will be available onsite.
EXHIBITION
The exhibition is located in Hall B. Please refer to the list of Exhibitors on page 388 for further information.

Opening hours
Thursday, April 23 \hspace{1em} 09:30 – 16:30
Friday, April 24 \hspace{1em} 09:30 – 16:30
Saturday, April 25 \hspace{1em} 09:30 – 16:30

CATERING
Business lunches and coffee/tea during breaks, are included in the registration fee. The serving times are indicated in the weekly overview page 24.

DISPLAY AREA FOR FUTURE MEETINGS AND CONFERENCES
A display area for future meeting announcements will be located in the corridor between Foyer D and Hall B. Only flyers or posters promoting future meetings related to Hepatology will be accepted. Unrelated promotional material will be removed.

Please note that advertisements displayed outside of this area will also be removed and discarded.

SMOKING POLICY
Smoking is prohibited at all times in all congress center areas. Your compliance is appreciated.

MOBILE PHONES
Please note that mobile phones must be switched to a silent mode during all sessions.

CLOAKROOM
Cloakroom facilities will be available in the congress venue. Please follow signs.

ACCOMMODATION
Hostesses at the registration desk will be happy to answer any questions regarding accommodation.
EVENTS 2016

T-CELL RESPONSES IN VIRAL HEPATITIS AND HEPATOCELLULAR CARCINOMA: FROM IMMUNOBIOLOGY TO NOVEL THERAPEUTIC APPROACHES
Basic School of Hepatology Course II
Freiburg, Germany
February 5-6

EASL HCC SUMMIT
Geneva, Switzerland
February II-14

THE INTERNATIONAL LIVER CONGRESS™ 2016
Barcelona, Spain
April 13-17

MANAGEMENT OF METABOLIC DISORDERS ON LIVER DISEASE
Monothematic Conference
Riga, Latvia
May I3-I4

VIRAL HEPATITIS
Clinical School of Hepatology Course 26
Ankara, Turkey
June 3-4

LIVER FIBROSIS:
THE NEXT GOAL OF TARGETED THERAPY? OR FROM BASIS TO BEDSIDE, WHERE DO WE STAND?
Monothematic Conference
Porto, Portugal
June I7-I8

NEW PERSPECTIVES IN HEPATITIS C VIRUS INFECTION - THE ROADMAP FOR CURE
Special Conference
Oslo, Norway
September I5-I7

UNMET NEEDS IN HEPATOLOGY
Clinical School of Hepatology Course 27
Paris, France
October 27-28

NUTRITION IN LIVER DISEASE
Monothematic Conference
Ljubljana, Slovenia
November 24-26

www.easl.eu/events
INDUSTRY INFORMATION
Meeting the Needs of the Diverse Hepatitis C Patient Population

Chair:
Stefan Zeuzem, Germany

Welcome and Opening Remarks
Stefan Zeuzem, Germany

The Burden of Hepatitis C: Whom Should We Treat?
Savino Bruno, Italy

Emerging Data in the Treatment of Hepatitis C
Ira M. Jacobson, The United States

Not all Patients are the Same: The Management of Advanced Liver Disease
Edward Gane, New Zealand

Not all Patients are the Same: The Management of Patients with Special Conditions
David Roth, The United States

Q&A

Closing
Stefan Zeuzem, Germany
**WEDNESDAY, APRIL 22, 2015**  
**18:00 – 19:30**  
**PRO.MED.CS Praha a.s. Strauss 3**

**Liver and atherosclerosis**

**Chairs:**
Oxana Drapkina, *Russia*  
Vladimir Ivashkin, *Russia*  
Mark Thursz, *The United Kingdom*

**Metabolic syndrome and NAFLD**
Mark Thursz, *The United Kingdom*

**Atherosclerosis and the liver**
Oxana Drapkina, *Russia*

**Lipid-lowering therapy in patients with high risk of cardiovascular complications and with liver pathology**
Sergey Martsevich, *Russia*

**THURSDAY, APRIL 23, 2015**  
**07:00 – 08:00**

**AbbVie Hall C (Plenary)**

**Call to action: what will it take to truly eradicate HCV?**

**Chair:**
Michael Manns, *Germany*

**Welcome & Introduction**
Michael Manns, *Germany*

**How can we work together to eradicate HCV?**
Maria Buti, *Spain*, Massimo Colombo, *Italy*, Mark Sulkowski, *The United States*

**Q&A and Summary**
Michael Manns, *Germany*
SPONSORS’ SYMPOSIA

THURSDAY, APRIL 23, 2015  07:00 – 08:00

Gilead  Lehar I & 2

Banishing B – going beyond management

Chair:
Harald Hofer, Austria

Banishing B: the remaining challenges
Harald Hofer, Austria

Banishing B: defining success
George Papatheodoridis, Greece

Banishing B: focus on cure
Jörg Petersen, Germany

Banishing B: putting progress into practice

Panelists:
Harald Hofer, Austria, George Papatheodoridis, Greece, Jörg Petersen, Germany

THURSDAY, APRIL 23, 2015  07:00 – 08:00

Shire  Strauss I & 2

Bile acids cause some liver diseases, and make others worse

Chair:
Richard J. Thompson, The United Kingdom

Bile acids in animal models of liver disease
Ulrich Beuers, The Netherlands

Bile acids in paediatric liver disease
Richard J. Thompson, The United Kingdom

Bile acids in adult liver disease
David Jones, The United Kingdom
Would you figure it out? Differential diagnosis beyond the usual

Chairs:
Bernard Paulweber, Austria
Vlad Ratziu, France

Introduction
Bernard Paulweber, Austria, Vlad Ratziu, France

Case presentation
Patrick McKiernan, The United Kingdom

Case presentation
Vlad Ratziu, France

Lysosomal acid lipase deficiency - Differential diagnosis vs. NASH or NAFLD
Ali Canbay, Germany

Silent fibrosis and cirrhosis
Mark Bechter, The United States

The new landscape in the management of hepatitis C: recent evidence to advance clinical practice

Chair:
Heiner Wedemeyer, Germany

Welcome and Introduction
Heiner Wedemeyer, Germany

The new landscape of HCV treatment: is a sustained cure for all patients living with HCV achievable?
Heiner Wedemeyer, Germany

Optimising management of challenging HCV patient cases: learnings from clinical trials and practice
Kosh Agarwal, The United Kingdom, Rafael Esteban, Spain, Vincent Leroy, France, Jürgen K. Rockstroh, Germany

Audience discussion

Closing Remarks
Heiner Wedemeyer, Germany
SPONSORS’ SYMPOSIA

THURSDAY, APRIL 23, 2015  18:30 – 20:00

Janssen Pharmaceutical Companies of Johnson & Johnson  Strauss I & 2

Making the right choice for our hepatitis C patients: how can we ensure the best outcomes in the real world?

Chair:
Stefan Zeuzem, Germany

Introduction
Stefan Zeuzem, Germany

Reaching a cure today: the value of triple therapy
Maria Buti, Spain

Using IFN-free regimens in practice: navigating through an ocean of treatment options
Tarik Asselah, France

From trials to clinical practice: do IFN-free regimens keep their promises?
Fred Poordad, The United States

Panel discussion

Panelists:
Tarik Asselah, France, Maria Buti, Spain, Fred Poordad, The United States, Stefan Zeuzem, Germany

Closing remarks
Stefan Zeuzem, Germany
FRIDAY, APRIL 24, 2015
I8:30 – 20:00

AbbVie

Hall C (Plenary)

HCV special populations: Do they still exist?

Chairs:
Ira M. Jacobson, *The United States*
Stanislas Pol, *France*

HCV special patient populations: where have we come from?
Ira M. Jacobson, *The United States*

IFN-free for HCV: are GT1 cirrhotic patients still difficult-to-treat?
Heiner Wedemeyer, *Germany*

Is virologic cure now attainable for liver transplant recipients and HIV/HCV co-infected patients?
Robert Brown, *The United States*

What are the IFN-free treatment options for HCV GT3 and GT4 infected patients?
Ashley Brown, *The United Kingdom*

HCV special populations: where are we now and what challenges remain?
Stanislas Pol, *France*
## SPONSORS’ SYMPOSIA

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<td>Stefan Zeuzem, <em>Germany</em></td>
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<td><strong>Conquering C – looking beyond cure</strong></td>
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<td><strong>Conquering C – solutions for all patient types</strong></td>
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<td>Graham Foster, <em>The United Kingdom</em></td>
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<td>Stefan Zeuzem, <em>Germany</em></td>
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<td><strong>From probability to certainty: achieving cure for all HCV patients?</strong></td>
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<td>Jean-Michel Pawlotsky, <em>France</em></td>
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<td><strong>Welcome and Introduction</strong></td>
<td>Jean-Michel Pawlotsky, <em>France</em></td>
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<td><strong>Discussion and informal debate: “how to achieve a high certainty of cure?”</strong></td>
<td>Graham Foster, <em>The United Kingdom</em>, Jean-Michel Pawlotsky, <em>France</em>, Fred Poordad, <em>The United States</em></td>
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<tr>
<td><strong>Q&amp;A and Summary</strong></td>
<td>Jean-Michel Pawlotsky, <em>France</em></td>
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</table>
Three dimensions in the management of intermediate-stage HCC

Chair:
Jordi Bruix, Spain

Welcome and introduction
Jordi Bruix, Spain

**Dimension 1: Managing patients who are not suitable for TACE**

Case study presentation
Luigi Bolondi, Italy

Case study evaluation – panel discussion
Jordi Bruix, Spain

Evaluating the evidence
Luigi Bolondi, Italy

**Dimension 2: Managing patients who partially respond to TACE**

Case study presentation
Jordi Bruix, Spain

Case study evaluation – panel discussion
Jordi Bruix, Spain

Evaluating the evidence
Jordi Bruix, Spain

**Dimension 3: Managing patients who do not respond to TACE**

Case study presentation
Peter Galle, Germany

Case study evaluation – panel discussion
Jordi Bruix, Spain

Evaluating the evidence
Peter Galle, Germany

Q&A and closing remarks
Jordi Bruix, Spain
**SPONSORS’ SYMPOSIA**

**SATURDAY, APRIL 25, 2015**  
07:30 – 08:30

**Intercept Pharmaceuticals**  
Lehar I & 2

**Answering Pivotal Questions in the Diagnosis & Treatment of PBC and NASH**

*Chair:
Michael Trauner, Austria*

**PBC and NASH: Serious Liver Diseases With Unmet Needs**  
Michael Trauner, Austria

**PBC Challenges: What Is Treatment Success and What Will Emerging Therapies Offer?**  
David Jones, The United Kingdom

**NASH: Diagnostic Challenges, Therapeutic Targets, and New Paths to Treatment Success**  
Vlad Ratziu, France

**SATURDAY, APRIL 25, 2015**  
07:30 – 08:30

**Norgine**  
Strauss 3

**Real World Evidence – does it really change Clinical Practice?**

*Chair:*
Sara Montagnese, Italy

**Welcome and Objectives**  
Sara Montagnese, Italy

**Setting up an in-patient database: Patients with cirrhosis-lessons learned from America**  
Jasmohan S. Bajaj, The United States

**Setting up an out-patient database: How out-patient data informed improvement in care of patients with cirrhosis**  
Paolo Angeli, Italy

**A new prospective observational study in Hepatic Encephalopathy: PROSPER**  
Aleksander Krag, Denmark

**Q/A and Conclusions**

**Panelists:**  
Paolo Angeli, Italy, Jasmohan S. Bajaj, The United States, Aleksander Krag, Denmark, Sara Montagnese, Italy
VENUE FLOOR PLAN

SEE PAGES 386 AND 387 FOR OTHER VIEWS.
VENUE FLOOR PLAN

SEE PAGE 385 FOR OTHER VIEWS.
## EXHIBITORS LIST

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<td>AASLD - American Association for the Study of Liver Diseases</td>
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<td>EASL – European Association for the Study of the Liver</td>
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COMPANY PROFILES

AbbVie
1 North Waukegan Road
North Chicago, IL 60064
The United States
www.abbvie.com

AbbVie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott Laboratories. The company's mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. AbbVie employs approximately 25,000 people worldwide and markets medicines in more than 170 countries. For further information on the company and its people, portfolio and commitments, please visit www.abbvie.com. Follow @abbvie on Twitter or view careers on our Facebook or LinkedIn page.

Alfa Wassermann SpA
Via Ragazzi del ’99, 5
Bologna. 40133
Italy
www.alfawassermann.com

Alfa Wassermann was founded in 1948 in Bologna (Italy). It has grown abroad via the establishment of a network of distributors and the setting up of subsidiaries in 14 countries in Europe and some key non-European markets. Alfa Wassermann employs 1,550 people. By believing and investing in research and development, Alfa Wassermann has been able to generate more than 60% of its turnover from original products, manufactured in its GMP-certified production plant. Our major achievement is Rifaximin-α (Normix®, Xifaxan® and others), an innovative intestine-targeted, non-absorbable antibiotic, now available in most countries worldwide, including the USA.

Baxter Healthcare SA
Thurgauerstrasse 130
Glattpark, 8152
Switzerland
www.baxter.com/intl

With its regional headquarters in Zurich, Switzerland, Baxter International Inc. is a global healthcare company that develops, manufactures and markets products that save and sustain the lives of people with haemophilia, immune disorders, infectious diseases, kidney disease, trauma, and other chronic and acute medical conditions. As a global, diversified healthcare company, Baxter applies a unique combination of expertise in medical devices, pharmaceuticals and biotechnology to create products that advance patient care worldwide.
Bayer HealthCare
100 Bayer Boulevard, P.O. Box 915
Whippany, 07981
The United States
www.healthcare.bayer.com

The Bayer Group is a global enterprise with core competencies in the fields of health care, agriculture and high-tech materials. Bayer HealthCare, a subgroup of Bayer AG with annual sales of EUR 20,0 billion (2014), is one of the world’s leading, innovative companies in the healthcare and medical products industry and is based in Leverkusen, Germany. The company combines the global activities of the Animal Health, Consumer Care, Medical Care and Pharmaceuticals divisions. Bayer HealthCare’s aim is to discover, develop, manufacture and market products that will improve human and animal health worldwide. Bayer HealthCare has a global workforce of 60,700 employees (Dec 31, 2014) and is represented in more than 100 countries. More information is available at www.healthcare.bayer.com.

BioPredictive offers diagnostic and prognostic blood tests for liver diseases. BioPredictive is dedicated to improve the management of liver diseases. Over a million tests performed worldwide. BioPredictive’s diagnosis and prognosis tests (FiboTest-ActiTest, FibroMax, HCV-GenoFibroTest which combines IL28b and surrogate markers to anticipate Interferon response and ElastoFibroTest, just rereleased, also available as an mobile app, combines surrogate markers and transient elastography ) are available on line via a secured and anonymous Internet connection www.biopredictive.com

Biotest AG
5, Landsteinerstr
Dreieich, 63303
Germany
www.biotest.com

Biotest is a provider of plasma proteins and biological drugs. With a value added chain that extends from pre-clinical and clinical development to worldwide sales, Biotest has specialised primarily in the areas of clinical immunology, haematology and intensive medicine. Biotest develops and markets immunoglobulins, coagulation factors and albumins based on human blood plasma. These are used for diseases of the immune and haematopoietic systems. In addition Biotest develops monoclonal antibodies in the indications of rheumatoid arthritis and cancer of plasma cells, which are produced by recombinant technologies. Biotest has more than 2.100 employees worldwide.
Bristol-Myers Squibb is a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. Our medicines are helping millions of patients around the world in their fight against cancer, cardiovascular disease, hepatitis B, hepatitis C, HIV/AIDS and rheumatoid arthritis. The Bristol-Myers Squibb Foundation’s philanthropic programs seek to promote health equity and improve the health outcomes among populations disproportionately affected by serious diseases and conditions, giving new hope to some of the world’s most vulnerable people.

As a BioPharma leader, we believe what sets us apart is our commitment to helping patients prevail over serious diseases and our focus on finding innovative medicines to combat those diseases.

Cepheid is a leading molecular diagnostics company that is dedicated to improving healthcare by developing, manufacturing, and marketing accurate yet easy-to-use molecular systems and tests. By automating highly complex and time-consuming manual procedures, the company’s solutions deliver a better way for institutions of any size to perform sophisticated genetic testing for organisms and genetic-based diseases. Through its strong molecular biology capabilities, the company is focusing on those applications where accurate, rapid, and actionable test results are needed most, in fields such as critical and healthcare-associated infections, sexual health, genetic diseases and cancer.

Cleveland Clinic Abu Dhabi, a Mubadala Company, is a world-class multi-specialty hospital on Al Maryah Island in Abu Dhabi, United Arab Emirates. Newly operational, Cleveland Clinic Abu Dhabi is a unique and unparalleled extension of USA-based Cleveland Clinic’s model of care, specifically designed to address a range of complex healthcare needs.
Dr. Falk Pharma GmbH is an independent family owned enterprise based in Freiburg/Germany with affiliates in UK, The Benelux countries, Spain, Portugal and Russia. Dr. Falk Pharma and its approximately 200 employees are specialised in the development and sales of medication for indications in hepatology and gastroenterology. These, mainly prescription drugs, are sold in more than 60 countries worldwide.

The Falk Foundation e.V. is an independent organisation associated with Dr. Falk Pharma, offering a wide variety of congresses and media to support postgraduate education for doctors on a national and international level.

Echosens is a pioneer in non-invasive diagnosis solutions in hepatology. FibroScan®, based on proprietary VCTE: the only worldwide clinically validated medical device using elastography (+900 publications). FibroMeter: a range of scores combining blood biomarkers to measure fibrosis in the liver. FibroView: a range of smart connectivity solutions.

Epistem is a leading biotechnology and diagnostic company developing near patient PCR assays on our Genedrive platform. Genedrive is a major advance in molecular diagnostic testing by providing a rapid, low cost, simple to use 'Point of Care' device with high sensitivity and specificity for use in the diagnosis of infectious diseases and companion diagnostic tests. Epistem has developed an IL28B genotyping test which is conducted from buccal swabs with results obtained in 45 minutes of sample collection. Viral detection, viral load and HepC genotyping tests are in development.
Fresenius Medical Care is the world’s largest integrated provider of products and services for individuals undergoing dialysis because of chronic kidney failure, a condition that affects more than 1,500,000 individuals worldwide. In patients suffering from severe liver failure (like acute or “acute-on-chronic”), elimination of toxins by dialysis is not enough because here albumin-bound toxins have to be removed too. With Prometheus®, Fresenius Medical Care offers a therapy system that combines a procedure where a fraction of plasma is separated from blood to remove albumin bound toxins by adsorption with hemodialysis to clear the blood from water soluble substances.

Fujirebio is a leading international healthcare company specialized in high quality IVD testing solutions. The company is world-wide leader in oncology for routine and novel markers, has solid experience with immunoassay testing solutions and has, as Innogenetics (now Fujirebio Europe), been pioneering the field of molecular diagnostics and multiparameter testing. Fujirebio Europe’s products in the area of infectious diseases include INNOTEST® and INNO-LIATM assays for screening and confirmation of HIV, HCV, HTLV and Syphilis and INNO-LiPA assays for HBV (genotyping, drug resistance mutations, basal core/precore mutations). The LUMIPULSE® G1200 and G600II offers fully automated screening solutions for infectious diseases (HBcrAg, ...) and markers for HCC (AFP/PIVKA-II).

We are a clinical-stage - Nasdaq traded - biopharmaceutical company focused on the development and commercialization of a novel, once-daily, oral therapy for the treatment of liver diseases and cholesterol gallstones utilizing our proprietary first-in-class synthetic fatty- acid/bile-acid conjugate, or FABAC, called aramchol. We are initially developing Aramchol for the treatment of NASH in patients who also suffer from obesity and insulin resistance. We believe that Aramchol’s ability to reduce liver fat without observable adverse side effects in our studies to date will enable it to be an effective treatment for NASH and the hepatic and cardiovascular complications associated therewith.
GE Healthcare

Beethovenstrasse 239
Solingen, 42665
Germany
www.gehealthcare.com

GE Healthcare provides transformational medical technologies and services to meet the demand for increased access, enhanced quality and more affordable healthcare around the world. GE (NYSE: GE) works on things that matter - great people and technologies taking on tough challenges. From medical imaging, software & IT, patient monitoring and diagnostics to drug discovery, biopharmaceutical manufacturing technologies and performance improvement solutions, GE Healthcare helps medical professionals deliver great healthcare to their patients.

Gilead Science

2, Roundwood Avenue
Stockley Park
Uxbridge, UB11 1AF
The United Kingdom
www.gilead.com

Gilead Sciences, a research-based biopharmaceutical company, discovers, develops and commercialises innovative medicines in areas of unmet medical need. Gilead’s therapeutic areas of focus include HIV/AIDS, liver diseases, cancer and inflammation, and serious respiratory and cardiovascular conditions. Founded in 1987 in Foster City, California, Gilead now employs approximately 7,000 people in offices across five continents. Over 25 years, Gilead has become a leading biopharmaceutical company with a rapidly expanding product portfolio and a growing pipeline of investigational drugs. With each new discovery and investigational drug candidate, we seek to improve the care of patients living with life-threatening diseases around the world.

Gore & Associates

22, Hermann-Obert-Strasse
Plutzbrunn, 85640
Germany
www.goremedical.com

The Gore Medical Products Division has provided creative therapeutic solutions to complex medical problems for more than 35 years. During that time, more than 35 million innovative Gore Medical Devices have been implanted, saving and improving the quality of lives worldwide. The extensive Gore Medical family of products includes vascular grafts, endovascular and interventional devices, surgical meshes for hernia repair, soft tissue reconstruction, staple line reinforcement and sutures for use in vascular, cardiac, and general surgery.
IC-HEP – The International Coalition of Hepatology Education Providers
7 Century Drive, Suite 104
Parsippany, New Jersey, 07054
The United States
www.ic-hep.org

IC-HEP (The International Coalition of Hepatology Education Providers) is a global collaboration of leading educational providers that is dedicated to providing healthcare professionals the most current information and clinically meaningful education on hepatitis, with special focus on chronic hepatitis C. With partners from medical societies and global medical education providers, it is our goal to make IC-HEP the premier platform for dissemination of education and information to healthcare providers across the globe. IC-HEP will identify and prioritize global medical education needs through a collaboration of leading medical experts, medical education providers, universities and communications companies. For additional information, please visit www.ic-hep.org

Intercept Pharmaceuticals
450, West 15th Street, Suite 505
New York, 10011
The United States
www.interceptpharma.com

Intercept is committed to the development of novel treatments for liver diseases such as primary biliary cirrhosis (PBC) and nonalcoholic steatohepatitis (NASH) that have the potential to change the lives of patients and physicians who currently have few, if any, therapeutic options.

International New York Times
Immeuble le Lavoisier, 4 place des Vosges, CS 10001
Paris, 92052
France
www.inyt.com

The New York Times is a leading international news source for opinion leaders and decision-makers around the globe, dedicated to enhancing society by creating, collecting and distributing high-quality news and information. It is known globally for excellence in its journalism, and innovation in its print and digital storytelling.
Inventiva is a drug discovery company that focuses on therapeutic approaches involving transcription factors and epigenetic targets (particularly the HKMT family) to discover innovative treatments for cancer and fibrosis. The company’s business strategy is to engage in proprietary research programs and secure drug discovery partnerships with pharmaceutical groups. It also offers a full range of research services. These draw on its extensive technology platform, a proprietary library of 240,000 compounds and a fibrosis platform. Inventiva also has expertise in nuclear receptors, transcription factors and epigenetic modulation.

The Janssen Pharmaceutical Companies of Johnson & Johnson are dedicated to addressing and solving the most important unmet medical needs of our time, including oncology, immunology, neuroscience, infectious disease, and cardiovascular and metabolic diseases. Driven by our commitment to patients, Janssen develops innovative products, services and healthcare solutions to help people throughout the world. Janssen believes to effectively fight hepatitis C, a serious commitment is required from all stakeholders to improve the healthcare infrastructure across the continuum of care, increase awareness, provide education and ensure access to effective treatment for people living with hepatitis C. Janssen is working around the world to be a positive catalyst in the fight towards eradication of this deadly disease and serious public health problem.

Meda is a leading international specialty pharma company, with own operations in over 60 countries and the products are sold in more than 150 countries. Meda has a well-diversified product portfolio represented within several therapy areas including hepatology/gastroenterology, with products such as Legalon and Legalon-SIL, silymarin and silibinin, anti-toxic treatments for liver pathologies ranging from NASH to acute mushroom poisoning. In particular, Silibinin has been granted the orphan drug designation from EMA and FDA for the prevention of recurrent hepatitis C in liver transplant recipients and new studies are ongoing. Find out more, visit www.meda.se.
Merz Pharmaceuticals GmbH
100, Eckenheimer Landstrasse
Frankfurt am Main, 60318
Germany
www.merz.com

Merz is a privately held pharmaceutical company based in Frankfurt, Germany with own branches in various European countries as well as the US, Canada, Mexico, Brazil and Asia Pacific. The company is active in research, development and distribution of innovative products in its focus areas aesthetic medicine and neurologically induced movement disorders. The Merz Pharma Group employs 2,738 people worldwide (prior year: 2,443). The Company generated revenue of EUR 994 million in fiscal year 2013/14 (prior year: EUR 980.2 million).

MSD
2000, Galloping Hill Road
Kenilworth, 07033
The United States
www.merck.com

Today's Merck is working to help the world be well. Through our medicines, vaccines, biologic therapies, and consumer and animal products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. Merck. Be Well. For more information, visit www.merck.com.

Norgine
Norgine House, Widewater Place, Moorhall Road, Harefield
Uxbridge, UB9 6NS
The United Kingdom
www.norgine.com

Norgine is a European specialist pharmaceutical company that has been established for over 100 years. Norgine provides expertise and ‘know how’ in Europe to develop, manufacture and market products that offer real value to healthcare professionals, payers and patients. Norgine’s approach and infrastructure is integrated and focused upon ensuring that Norgine wins partnership opportunities for growth. Norgine is headquartered in the Netherlands and its global operations are based in Amsterdam and in Harefield, UK. Norgine owns an R&D site in Hengoed, Wales and two manufacturing sites, one in Hengoed, Wales and one in Dreux, France. For more information, please visit www.norgine.com

OraSure Technologies Inc.
OWL Metabolomics
Edif. 502, Parque Tecnologico de Bizkaia
48160, Derio
Spain
www.owlmetabolomics.com

OWL is a biotechnology company in the field of Metabolomics with pioneering diagnostics products and unique R&D services for the scientific community. OWL’s two business lines stem from our in depth knowledge of metabolomics and liver diseases. DIAGNOSTIC PRODUCTS: "OWLiver Test" is the first "in vitro" test for determining steatosis and NASH. The company also develops diagnostic markers research for high prevalence diseases. R&D SERVICES: OWL applies its expertise in metabolomics and lipidomics to provide services to the pharmaceutical, food and cosmetics industries, as well as research centers, biotech companies and CROs.

Perspectum Diagnostics Ltd
New Road
Oxford, OX11BY
The United Kingdom
www.perspectum-diagnostics.com

Perspectum Diagnostics has been founded by physicians, scientists, and engineers with patented technology and know-how to develop solutions for major unmet needs in diagnostic medicine. Perspectum's first product, LiverMultiScan offers a non-invasive accurate assessment method that can help doctors achieve a diagnosis by providing detailed information on tissue characteristics as well as architectural changes, thereby enabling a much more rapid and accurate diagnosis of liver disease than is possible with current blood and ultrasound tests.

PHILIPS
525, VB-4 Boschdijk
5600 JJ, Eindhoven
The Netherlands
www.philips.com/healthcare

Creating a healthier future, together
At Philips, we look beyond technology to the experiences of patients, providers and caregivers across the health continuum from healthy living to prevention, diagnosis, treatment, recovery and home care. We unlock insights leading to meaningful innovations from hospital to home. Our solutions combine clinical breadth and depth of expertise, technology and services, actionable data, consultative new business models and partnerships. Together, with our customers, we take risks and share responsibility – so that we can transform how care is delivered and experienced. It’s a unique perspective empowering us all to create a healthier future.
PhoenixBio Co., Ltd. is a Japanese company producing the PXB-Mouse® chimeric animal model, a unique in-vivo research tool for drug discovery and development with a liver up to 95% replaced by human hepatocytes. We apply this tool in the fields of virology and ADME/Toxicology by providing high quality in-house in-vivo drug efficacy evaluations of both anti HBV and HCV entry and replication inhibitors together with ADME and Toxicology study services for the prediction of human responses to match the growing need for more accurate and relevant preclinical data in the field of drug discovery and development.

PRO.MED.CS Praha a.s. is a leading independent Czech manufacturer of medicinal products for human use with its own research and development facilities. PRO.MED.CS specialises in producing tablets, coated tablets and capsules, manufacturing over 1.5 million units daily. The portfolio primarily focuses on gastrointestinal and cardiovascular medicine. PRO.MED.CS exports to 30 countries around the world, especially the Russian Federation, Central and Eastern Europe and Central Asia. In recent years it has also been gaining a foothold on West European markets. The company’s main goal is to bring proven, effective, safe and affordable products to market.

Resonance Health specialises in quantitative MR image analysis. FerriScan® provides an accurate measurement of liver iron concentration, critical in the management of patients with potentially fatal iron overload conditions. HepaFat-Scan™ provides a quantitative measurement of liver fat. The technology has been clinically validated against independent measurements of the volume fraction of fat in liver biopsy specimens in a clinical study. Both FerriScan® and HepaFat-Scan™ are regulatory cleared (FDA, CE Mark, TGA) and easy to implement on widely available 1.5T MRI platforms. Resonance Health also provides imaging core lab services to pharmaceutical companies undertaking clinical trials for drugs under development.
Sequana Medical AG
1, Technoparkstrasse
8005 Zurich
Switzerland
www.sequanamedical.com

Sequana Medical is a Swiss medical device company dedicated to improving patient lives through innovative technologies to manage fluid balance within the body. Sequana Medical's alfapump® (automated low-flow ascites) system is a fully implantable battery-powered pump system for the management of ascites. The alfapump system automatically and continually moves ascites as it forms to the bladder, significantly reducing the need for large volume paracentesis and improving patient quality of life. Sequana Medical has recently launched its next generation product, alfapump with DirectLink Technology, which allows clinicians to monitor the alfapump remotely.

Shire Pharmaceuticals
Zählerweg 10
6300 Zug
Switzerland
www.shire.com

Shire is one of the world’s leading specialty biopharmaceutical companies - but, more importantly, we make a difference to people with life-altering conditions, enabling them to lead better lives. Shire’s vision is to continue to identify, develop and supply life-changing products that support physicians in transforming the lives of patients with specialist conditions. Fostering innovation and delivering value not only promises a better understanding of diseases but also provides the best hope of treating and eventually eliminating them. Shire aims to be at the forefront of the development and provision of treatments for GI diseases including ulcerative colitis, chronic constipation, cholestatic liver disease, and non-alcoholic steatohepatitis.

Sirtex Medical Europe GmbH
33, Joseph-Schumpeter-Allee
Bonn, 53227
Germany
www.sirtex.com

Sirtex Medical is actively engaged in the field of liver-directed therapies for cancer patients. Our innovative technology, SIR-Spheres® microspheres (Yttrium-90 resin beads), was approved in 2002 for use in the treatment of a variety of unresectable liver tumours as well as in hepatocellular carcinoma within the European Union under a CE Mark. SIR-Spheres® microspheres are presently used at 250+ institutions in Europe. Data from SIRFLOX, a randomised controlled study evaluating SIR-Spheres Y-90 resin microspheres in combination with a current chemotherapy regimen for the first-line treatment of unresectable colorectal liver metastases, are expected later in 2015.
SuperSonic Imagine designs, develops and markets a revolutionary ultrasound system, Aixplorer®, which can acquire images 200 times faster than conventional systems. ShearWave™ Elastography, enabled by the Aixplorer UltraFast platform, is the only technology that provides robust liver stiffness measurements with real-time image guidance. Clinical studies have demonstrated that SuperSonic Imagine’s ShearWave Elastography is reliable and easy to use. It provides maps and measurements of liver stiffness that help in assessing the stage of liver fibrosis and in monitoring disease progression in a single acquisition. This non-invasive technology has the potential to reduce the number of liver biopsies.

Synageva is a biopharmaceutical company focused on the discovery, development, and commercialization of therapeutic products for patients with rare diseases. The company’s pipeline programs consist of protein therapeutics for rare diseases with unmet medical need at various stages of development including the lead program, Kanuma™ (sebelipase alfa) for lysosomal acid lipase deficiency (LAL D), SBC-103 for mucopolysaccharidosis IIIB (MPS IIIB, also known as Sanfilippo B syndrome), and SBC-105 for generalized arterial calcification of infancy (GACI) and other rare calcification diseases.

The standards of care in treatment of viral diseases are in continuous development. Experts are incessantly searching for better ways to treat infected patients and solve the problems they entail. Many new diagnostic technologies are being developed and an abundance of information and knowledge is being gathered.

Virology Education feels that there is a need for educational programs dealing with this rapidly changing and expanding scientific and medical knowledge. New ideas and practices are evolving through the active interactions between the practicing clinicians, laboratory scientists and the leading experts. This interaction is the basis of Virology Education’s workshops and educational programmes.
Vital Therapies, Inc  
15010 Avenue of Science, Ste. 200  
San Diego, CA, 92128  
The United States  
www.vitaltherapies.com

Vital Therapies®, Inc. is a biotherapeutic company focused on developing a cell-based system for the treatment of acute forms of liver failure. The Company’s lead product candidate, the ELAD® System, is a human cell-based, bio-artificial liver support system that operates outside the body, or extracorporeally. The ELAD System incorporates proprietary human liver-derived cells, or VTL C3A cells, contained in four hollow fiber cartridges, that are combined with customized disposable components and an ancillary delivery system. The ELAD System is currently being studied in clinical trials for severe acute alcoholic hepatitis (Phase III) and for acute liver failure (Phase II).

Wako Chemicals GmbH  
12, Fuggerstrasse  
Neuss, 41468  
Germany  
www.wako-chemicals.de

Wako Chemicals GmbH is a leading manufacturer of diagnostic reagents. Our products are the result of 80 years of dedication to the field of In Vitro Diagnostics. In the field of hepatology Wako offers the high sensitive automated measurement of AFP-L3 and DCP by microfluidic chip technology (µTASWakoTM i30). These HCC biomarkers are useful for early recognition of still curable hepatocellular carcinoma (HCC). After diagnosis AFP-L3 and DCP enable prognosis assessment and indicate recurrent tumors during follow-up. Our reagent for Hyaluronic Acid (HA LT) allows automated determination of this fibrosis marker to be used alone or in fibrosis scores.

Wiley  
9600, Garsington Road  
Oxford, OX42DQ  
The United Kingdom  
www.wiley.com

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The United Kingdom
www.wisepress.com

Wisepress.com, Europe’s leading conference bookseller, has a complete range of books and journals relevant to the themes of the meeting. Books can be purchased at the stand or, if you would rather not carry them, posted to you – Wisepress will deliver worldwide. In addition to attending 200 conferences per year, Wisepress has a comprehensive medical and scientific bookshop online with great offers.

Wuxi Hisky Medical Technologies Co.,ltd
Chenfu road
Beijing, 100084
China
www.fibrotouch.com

Hisky Medical Technologies Co., Ltd focuses on research, design and manufacture of world leading noninvasive system for liver fibrosis diagnosis. FibroTouch is the first image-guided liver fibrosis diagnostic equipment based on the transient elastography, provides a non-invasive, speedy, quantitative and low-cost assessment of liver fibrosis. FibroTouch can be used to diagnose the early stage of fibrosis. Recognized as the revolutionary diagnosis technology of chronic liver diseases.
NON-GOVERNMENTAL ORGANISATIONS (NGOS)

AASLD – American Association for the Study of Liver Diseases 400 E
1001, N Fairfas St., Suite 400
Alexandria, 22314
The United States
www.aasld.org

Advance your career as an AASLD member. AASLD is the leading organization committed to preventing and curing liver diseases, and the professional home for more than 4,700 physicians, surgeons, scientists, trainees, and other health care professionals from around the world. Find out about AASLD membership, educational resources, practice guidelines, journals, awards, and events including The Liver Meeting 2015 (Nov. 13-17, San Francisco).

ALEH – Latin-America Association for the Study of the Liver 400 B
Estoril 50 - Oficina 1005 - Las Condes
Santiago, 8320000
Chile
www.alehlatam.org

A non-profit scientific association founded in 1968, whose main objective is to promote and disseminate the study of Hepatology in Latin America, through training and the exchange of scientific knowledge and experiences, to reduce current gaps in the world. Through academic activities, ALEH seeks to establish a solid leadership within the field at an international and Latin American level. ALEH is also a member of GLOBAL LIVER SUMMIT. Member countries are: Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Mexico, Paraguay, Panama, Peru, Dominican Republic, Uruguay, and Venezuela.

APASL – Asian Pacific Association for the Study of the Liver 400 A
Cochrane Hepato-Biliary
Rigshospitalet, Dept. 7812,
Blegdamsvej 9
Copenhagen, DK-2100
Denmark
hb.cochrane.org

The CHB, part of The Cochrane Collaboration, is a non-profit, international clinical research group with about 2000 members. Cochrane systematic reviews of interventions for hepatic and biliary diseases are our main product. In issue 1, 2014 of The Cochrane Library, we published 276 peer-reviewed protocols for systematic reviews and 179 systematic reviews. A CHBG Register with about 15000 references on randomised or controlled clinical trials is maintained in the CENTRAL database in The Cochrane Library. Cochrane reviews are not industry funded. You are welcome to work with us! Come to booth 120C!

EASL - The European Association for the Study of the Liver
The Home of Hepatology
7 rue Daubin
1203 Geneva
Switzerland
www.easl.eu

EASL is a medical society and the leading liver association in Europe. It aims to promote liver research and improve the treatment of liver disease throughout the world.

In the 50 years since it was founded, EASL has grown from a small organisation to becoming the home of Hepatology - a leading liver association with over 4000 hepatology experts as members, and attracting over 10,000 participants at its annual congress.

ELPA – European Liver Patients Association
F. De Renesselaan, 57
Sint Truiden, B 3800
Belgium
www.elpa-info.org

ELPA emerged from a desire amongst European liver patient groups to share their experiences. In June 2004, 13 patient groups from 10 countries created the association. ELPA was formally launched in Paris on April 14th 2005. It now has 34 members in 26 countries. ELPA's aim is to promote the interests of people with liver disease, to highlight the size of the problem; promote awareness and prevention; address the low profile of liver disease compared to other areas of medicine; share experience of successful initiatives; and work with professional bodies such as EASL to ensure that treatment and care are harmonised.
The 15th International Symposium on Viral Hepatitis and Liver Disease (ISVHLD) has a long tradition, moving every three years around the continents. From June 26-28, 2015, it will be held together with the 12th Annual Meeting of the German national network of competence on viral hepatitis (HepNet) and the 1st International Symposium of the Hepatitis Section of the German Center for Infection Research (DZIF) in Berlin, Germany. During this three-day meeting, basic scientists and clinicians will discuss the most recent advances to combat viral hepatitis, covering prevention, diagnosis and treatment, as well as its impact on the health care system.

Liver Foundation, West Bengal

PHC-Paris Hepatitis Conference

UEG – United European Gastroenterology
1, Wickenburggasse
Vienna, 1080
Austria
www.ueg.eu

Together, we are advancing gastroenterological care. UEG, or United European Gastroenterology, is a professional non-profit organisation combining all the leading European societies concerned with digestive disease. Together, our member societies represent over 22,000 specialists, working across medicine, surgery, paediatrics, GI oncology and endoscopy. This makes UEG the most comprehensive organisation of its kind in the world, and a unique platform for collaboration and the exchange of knowledge. Our mission is continually to improve standards of care in gastroenterology, and promote ever greater understanding of digestive and liver disease – among the public and medical experts alike. Visit www.ueg.eu
www.hep-druginteractions.org was launched in 2011 by the University of Liverpool to provide up to date drug interaction information allowing users to build interaction tables for hepatitis therapies with commonly prescribed co-medications. The website, along with HEP iChart (the associated free app for Apple and Android), offers health care professionals, researchers and patients a resource to understand and manage interactions. Advice is displayed in a “traffic lights” format – green (no clinically significant interaction expected), amber (potential interaction which may be tolerated if benefits outweigh risk, and the interaction can be managed/monitored), red (drugs should not be coadministered).

The World Hepatitis Alliance is a not-for-profit international umbrella NGO. Our membership is composed of approximately 200 organisations working in the field of viral hepatitis, representing every region of the world. We are patient-led & patient-driven, and our voting membership is limited to patient groups which means we are the global voice for the 400 million people worldwide living with viral hepatitis. We provide global leadership & support action that will halt the viral hepatitis death toll & improve lives. Our ultimate goal is to work with our members, governments & other key partners to eradicate hepatitis from the planet.
## NATIONAL ASSOCIATIONS VILLAGE

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<tr>
<th>Country</th>
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<td>Armenia</td>
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BE THE ONE
WHO CAN CHANGE WHAT'S POSSIBLE

Albert Einstein used with permission of the HUJ/GreenLight.

*As assessed by the Metavir fibrosis stage scoring system.
199% cure rates were observed in the ION-1 study in previously untreated HCV GT1 patients treated with HARVONI for 12 weeks. Across the ION studies, SVR rates between 94–99% were observed in HCV GT1 patients treated with HARVONI for 8–24 weeks.1

EASL define cure as SVR12.2
HARVONI offers a Single-Tablet Regimen for the majority of HCV GT1 patients, free from RBV, IFN and PIs. RBV is required in GT1 patients with decompensated cirrhosis, or who are pre- or post-liver transplant.1

Harvoni 90 mg/400 mg Filmtabletten

Stand der Information: November 2014.
For your HCV F0 to F4 compensated cirrhosis GT1 patients:

CURE.

- Up to 99% cure in HCV GT1 patients\textsuperscript{1,b,c} - Consistently high cure rates of 94–99% across phase 3 pivotal studies\textsuperscript{1,3,5}

- 99% completed regimens of up to 12 weeks\textsuperscript{1} - \textless{}1% of patients discontinued treatment with HARVONI due to adverse events\textsuperscript{1}

- ONE pill, once a day\textsuperscript{1,d} - The first and only Single-Tablet Regimen for the majority of HCV GT1 patients\textsuperscript{1,a}

\checkmark IFN free\textsuperscript{d}  \checkmark RBV free\textsuperscript{d}  \checkmark PI free\textsuperscript{d}

References

Date of preparation: February 2015  HAR/IIQ/14-10//1018a
OLYSIO® – At the Core of HCV Cure

- Ground-breaking first 12 week IFN-free† and ribavirin independent‡ DAA doublet HCV regimen for patients with HCV G1 or G4¹-⁴
- High SVR12 rates (93%), regardless of prior treatment experience or disease severity¹-⁴
- Simple, all-oral, once-daily dosing with a good safety and tolerability profile¹

For more information please visit the Janssen stand at EASL

¹ For treatment of intolerant/ineligible patients who are in urgent need of treatment. † Based on clinical assessment of each individual patient.

Supporting ILC 2015.
Visit us at the booth.
A New Face of Cure* in Chronic HCV

Viekirax + exviera +/- RBV for 12 or 24 weeks* provided an overall SVR12 rate of 97% (n=1,052/1,083) in a wide range of GT1 patients who received the recommended regimen, including those with compensated cirrhosis.1,2

Indication: Viekirax is indicated in combination with other medicinal products for the treatment of chronic hepatitis C (CHC) in adults. Exviera is indicated in combination with other medicinal products for the treatment of CHC in adults.1,2

GT=genotype; IFN=interferon; RBV=ribavirin; SVR=sustained virologic response.

*SVR was the primary endpoint to determine the HCV cure rate in the phase 3 studies, and was defined as unquantifiable or undetectable HCV RNA 12 weeks after the end of treatment (SVR12).1,2

†The recommended treatment duration for patients with GT1a HCV and compensated cirrhosis is 24 weeks.1,2


For summary of Important Safety Information, see page 6. Full summary of product characteristics is available at www.ema.europa.eu