The Liver Meeting 2016 Roundup

November 30, 2016 By Benjamin Ryan

Each November, major experts in the field of liver medicine convene for the Annual Meeting of the American Association for the Study of Liver Diseases (AASLD). Held in Boston this year, the Liver Meeting, at it is known, offered the latest news on advancements in the treatment and understanding of hepatitis B and C viruses (HBV, HCV), non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH).

To follow are brief summaries of various important abstracts presented at the conference. To read about any of the studies in greater detail, just click the hyperlinks. To access a newsfeed of all the conference-related reporting on HepMag.com, click here.

NAFLD:

NAFLD may run in families. Researchers looked at people with the condition and their first-degree relatives—parents, children and siblings—and compared them with pairs of nuclear family members without NAFLD. After controlling for various factors, they found that having a first-degree relative with NAFLD increases the likelihood of also having the disease by 12.5-fold.

Those at risk for NAFLD may be able to ward off the disease by pacing their food intake. One study found that those who skipped breakfast and lunch and those who ate late at night were at greater risk of developing the liver condition.

NASH:

Given the obesity epidemic among young people in the United States, NASH rates are rising among teens. Between 1988 and 1994, an estimated 0.73 of teenagers had NASH, a figure that spiked to 3.4 percent between 2005 and 2010.

On the more hopeful front, in a Phase II trial, Gilead Sciences' investigational apoptosis signal-regulating kinase 1 (ASK1) inhibitor selonsertib (formerly GS-4997) improved various measures of liver disease severity among those with NASH and moderate to severe liver fibrosis.

Hepatitis B:

Researchers reported promising early results in a trial of two nucleic acid polymers among people with e-antigen-negative hepatitis B being treated for the virus for the fist time. The results suggest that the treatments, REP 2139-Mg and REP 2165-Mg, may lead to functional control of HBV.

Hepatitis C:

More generally, one study found that in the era of vastly simplified and highly effective HCV treatments, many people do just fine getting them from nonspecialists.

However, the U.S. health care system is doing a very poor job of identifying people living with hep C. Despite Centers for Disease Control and Prevention (CDC) guidelines recommending HCV testing for all baby boomers—those born between 1945 and 1965—who have the highest prevalence of the virus, testing rates are still apparently quite low.

Hep C: Liver Cancer

Great news came from a study of a large cohort of people recently treated for hep C in Italy: Beating the virus greatly lowered their risk of hepatocellular carcinoma (HCC, the most common form of liver cancer). However, those who did develop liver cancer tended to have atypically aggressive cases—which tended to arise during the first six months following the end of HCV treatment.

Hep C: Gilead Sciences

Already cornering the hep C market with its steady march of blockbuster treatments, Sovaldi (sofosbuvir), Harvoni (ledipasvir/sofosbuvir) and, most recently, Epclusa (sofosbuvir/velpatasvir), Gilead is looking to maintain its wining streak by adding a third drug, voxilaprevir, to the Epclusa regimen. The pangenotypic (meaning it combats all genotypes of hep C), fixed-dose, triple-combo tablet sofosbuvir/velpatasvir/voxilaprevir has performed well in advanced clinical trials among various subgroups of people with genotypes 1 through 6 of the virus.

In a Phase III study, the overall cure rate for those with all genotypes who took eight weeks of sofosbuvir/velpatasvir/voxilaprevir was 95 percent. This figure was dragged down by a lower success rate among those with genotype 1a.

In another Phase III study, this one among people with all genotypes who had failed a previous HCV treatment, 12 weeks of the triple-drug combo cured 96 percent of the group as a whole and 100 percent of those with genotype 1b.

Lastly, in another Phase III trial, 96 to 97 percent of the traditionally difficult-to-treat group of people with genotype 3 and compensated cirrhosis, some of whom had been treated before, were cured after eight weeks of the triple-drug regimen.

Researchers also found that just six weeks of Harvoni cured all those in a small trial who were recently infected with genotype 1 of hep C.

Hep C: AbbVie

Seeking a new regimen to follow its Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir),

AbbVie is developing the fixed-dose, pangenotypic combination tablet glecaprevir/pibrentasvir, known as G/P. The Liver Meeting saw reports on various Phase III trials of the treatment among those with all genotypes of hep C.

In a trial of people with genotype 1 who did not have cirrhosis (known as being non-cirrhotic), including those who had been treated for HCV before, 99 percent of those treated with G/P for eight weeks and 99.7 of those treated for 12 weeks were cured. In another study of non-cirrhotic participants—these had genotype 2, and some had been treated previously—12 weeks of G/P cured 99 percent of them. A third trial of non-cirrhotic participants, all of whom had previously been treated, looked at genotypes 4 through 6, 99 percent of whom were cured.

A trial of G/P among people with genotype 3 included those with cirrhosis. Cure rates for the cirrhotic participants were 98 percent for those who were treated before and received 12 weeks of G/P and 96 percent for first-timers to treatment who received 16 weeks of G/P. As for the non-cirrhotic participants, a respective 96 percent and 91 percent of those treated with G/P for 16 weeks and 12 weeks were cured.

Hep C: Merck

Merck is developing its own new fixed-dose combination tablet hep C regimen, MK-3682B (MK-3682/grazoprevir/ruzasvir), known as MK-3.

A series of Phase II trials of eight, 12 or 16 weeks of MK-3, sometimes given with ribavirin, among genotypes 1, 2 and 3 saw generally high cure rates—between 95 and 99 percent—except for those with genotype 2 treated for eight weeks. Having cirrhosis did not impact the participants' chance of a cure.

Merck also tested its approved hep C treatment Zepatier (grazoprevir/elbasvir) along with Sovaldi, with or without ribavirin, among the difficult-to-treat group of cirrhotic people with genotype 3 of HCV. Half of the study population had been treated before. They were treated for 12 or 16 weeks. Cure rates ranged between 91 percent and 100 percent.
