International Liver Congress Roundup

A quick overview of Hep Magazine's reporting on the 53rd International Liver Congress in Vienna

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The liver research field has seen some incredible progress during this decade. In 2010, hepatitis C virus (HCV), a potentially devastating and life-threatening infection, was only curable with onerous treatments that had low cure rates. Today, the market is saturated with numerous direct-acting antiviral (DAA) regimens that are well tolerated and cure virtually all those living with HCV.

Given how well taken care of hep C concerns have become, the focus of the annual International Liver Congress has increasingly shifted to highlight efforts to combat various other liver diseases. These include hepatitis B virus (HBV), non-alcoholic fatty liver disease (NAFLD), non-alcoholic steatohepatitis (NASH), hepatocellular carcinoma (HCC, the most common form of liver cancer) and primary biliary cholangitis (PBC).

This year's meeting, the 53rd iteration, was held April 10 to 14 in Vienna. Below is a quick round-up of Hep Magazine's coverage of studies presented at the conference.

Hep C Treatment

Good news came from a pair of studies conducted in real-world settings that found that Epclusa (sofosbuvir/velpatasvir) and Mavyret (glecaprevir/pibrentasvir) had cure rates in the high-90% range. Another real-world study looked at various factors associated with lower cure rates among people taking those regimens and identified three such factors: previous experience with HCV treatment, having cirrhosis, and both having HCV genotype 3 and a viral load above 6 million.

Given hep C's association with injection drug use, researchers are eager to determine how to support people who inject drugs in doing well on DAA treatment. According to various real-world studies, Zepatier (grazoprevir/elbasvir) is highly effective among those with opioid use disorder while Mavyret works well among those with a history of substance use. All this said, a study conducted in Iceland found that injection drug use as well as homelessness were tied to a lower cure rate on DAA therapy.

For those who have not been cured by a previous course of DAAs, Vosevi (sofosbuvir/velpatasvir/voxilaprevir) works well as salvage treatment, with a 98% cure rate in a real-world study.

In search of ways to further simplify the experience of receiving HCV treatment, researchers found that many people can be cured with only two clinic visits—one at the beginning of treatment and one 12 weeks after completing therapy, with no visits in between, as is standard.

Liver Cancer

According to a set of real-world studies, two recently approved immunotherapy drugs, Keytruda (pembrolizumab) and Opdivo (nivolumab), shrank tumors in only a minority of individuals treated for HCC.

Treating hepatitis B virus with Viread (tenofovir disoproxil fumarate) may reduce the risk of liver cancer to a greater extent than using Baraclude (entecavir), according to an observational analysis.

Advanced Liver Disease

In a small study, transplanting fecal microbiota—and in doing so improving the health of the gut—mitigated a condition called hepatic encephalopathy, which is cognitive impairment deriving from advanced liver disease.

NAFLD

Among people with HIV, the rate of death related to hep B and C is on the decline just as mortality and severe liver problems driven by fatty liver disease are rising, according to an analysis of nearly 50,000 HIV-positive individuals in the United States.

NASH

Halfway through a yearlong trial of emricasan as a treatment for NASH, signs are not promising given the drug did not substantially improve participants' hepatic venous pressure gradient (HVPG), an indicator of portal hypertension due to cirrhosis.

In more promising news, Ocaliva (obeticholic acid, or OCA) was associated with an improvement in liver fibrosis (scarring) among people with NASH in a large trial.

Hepatitis B

Adding the core protein inhibitor ABI-H0731 to standard nucleoside/nucleotide analogue treatment for hepatitis B was associated with a greater reduction in viral load than treating the virus with the latter type of drug alone in a recent study. This finding suggests that over time, such combination treatment could yield a functional cure of hep B.

Bulevirtide (Myrcludex) plus interferon treatment suppressed hepatitis delta virus and prompted a functional cure of HBV among some individuals coinfected with both viruses in a recent trial.

PBC

Among people with the autoimmune condition primary biliary cholangitis, elafibranor was safe and reduced alkaline phosphatase levels in a Phase II trial. And in a small ongoing Phase II trial of seladelpar among people with PBC who had an inadequate response to or an intolerance for ursodiol, the drug—like elafibranor—reduced alkaline phosphatase production.

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