AASLD 2017 Viral Hepatitis Debrief

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Dr. Paul Kwo, Director of Hepatology at Stanford University School of Medicine provided the AASLD 2017 Viral Hepatitis Debrief at this year's Liver Meeting. He provided an overview of new therapies for hepatitis C approved in 2017 and refinement of existing therapies, and noted there is some additional data on hepatitis C, direct-acting antivirals, and liver cancer which remains a controversial area. He noted that we are beginning to see the fruits of our efforts in eradicating this disease.

Dr. Kwo noted that "we do need to link all of the patients we see with chronic hepatitis C and provide them care" and highlighted data from the Veterans Affairs system as a leading model of streamlined hepatitis C care. The VA was able to treat a large backlog of hepatitis C-infected individuals – of 168,000 veterans who needed hepatitis C treatment, only 45,000 remain. We can use a streamlining process such as this in order to treat our hepatitis C population, this is a nice success story in the U.S.

Dr. Kwo highlighted the effectiveness of HCV treatment in PWID and the need to do more to reach out to the community. Of particular note, Dr. Kwo emphasized the need to provide hepatitis C treatment for high risk populations who are able to achieve high cure rates with low rates of relapse. He also quoted Dr. Gregory Dore: "if you are not having reinfection cases, you are not treating high risk populations" and Dr. Kwo stated: "We should reach and treat these populations, and offer harm reduction across treaters globally." He cited very low reinfection rates based on the C-EDGE CO-START PART B data presented at the Liver Meeting "we should be able to reach out and treat these individuals and with harm reduction measures, we can get high sustained viral response rates." Dr. Kwo noted data from Wyles et al and Sylvestre et al noting low reinfection rates, and showing "quite excellent SVR rates" among those treated at a methadone program. Effective treatment of opiate addiction appears to lower the risk of reinfection and this is an important strategy we're going to have to implement across the broad range of treaters worldwide.

Less time was spent during the hepatitis debrief on hepatitis B, but the take home messages were that we have the tools to suppress hepatitis B and have some novel therapies for hepatitis B. There are several new classes and we will see many new compounds for hepatitis B in the coming years. We can suppress hepatitis B, but we need to do better. It is early in the field of hepatitis B therapeutics but both inhibition of replication and immunomodulation are going to be important moving forward and it will likely take combinations as we have seen in hepatitis C to find a cure for hepatitis B.

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