



# Hope and Gloom at the 2013 Liver Meeting

November 12, 2013 By [Lucinda K. Porter RN](#)

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This year's Liver Meeting was filled with good news and hope for hepatitis C patients. Direct-acting antivirals (DAAs) are changing the landscape of hepatitis C treatment. We are on the threshold of shorter, more effective all-oral treatments, with low side effect profiles. In general, the news is improving for hard-to-treat populations. This includes HIV/HCV coinfecting patients as well as those with cirrhosis. In short, DAAs seem to offer hope for everyone. ✖

The big news was the data provided from the SYNERGY study showing that these treatments may be equally effective for African-Americans. Because of host DNA characteristics, interferon is ineffective for some, particularly African Americans. DAAs are a game changer. Note, my DNA has this interferon-resistant variation, and like the rest of life, the color of someone's skin is a meaningless predictor of anything.

This meeting was the first time a study showed that an all-oral, treatment prevents recurrence of hepatitis C in patients who received liver transplants. Hepatitis C recurrence is universal following liver transplantation of recipients who had detectable virus at the time of the surgery. Interferon treatment is poorly tolerated and yields low response rates for hepatitis C recurrence prevention. In this small phase 2 study of 39 patients, approximately 64% were able to clear hepatitis C.

Another exciting development is that it is looking like the 12-week post-treatment mark (SVR-12) is as strong as the 24-week mark (SVR-24). This means shorter waiting times for final results.

However, the presentations at the liver meeting weren't all encouraging. In fact, there is another liver disease that is quickly outpacing hepatitis C in terms of its potential seriousness--a condition known as nonalcoholic fatty liver disease (NAFLD). NAFLD is usually caused by diet, and it can progress to severe fibrosis or cirrhosis. NAFLD is on the rise, and in addition to being a reason for liver transplantation, NAFLD is affecting so many people that donor livers are unsuitable for transplantation.

Since fatty liver disease is related to lifestyle, it is a largely preventable or manageable condition. It seems tragic that while we are on the verge of so much hope for those with hepatitis C, that a preventable disease would begin to replace it. It falls on our shoulders to change this trend. It starts with taking action in our own homes, with our own dietary habits. We've worked too hard to lose our livers to junk food.

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