The Latest Hepatitis C Data from EASL

April 17, 2016 By Lucinda K. Porter RN

The 2016 International Liver Congress (ILC) ended yesterday. This annual event is hosted by the European Association for the Study of the Liver (EASL). It is an important event for liver specialists, and people gather from all over the world to share their latest findings. I'll review a few highlights from some posters and presentations. (Note: Conference presentations represent part of the story and unless and until these studies are published in a peer-reviewed journal, these data and conclusions are considered preliminary.)

A study enrolled 100 12 to 17-year-olds with genotype 1 hepatitis C. They were given 12 weeks of treatment using sofosbuvir/ledipasvir (Harvoni). The SVR rate was 97 percent; however, there were no virological failures. The SVR rate is 97 percent because three subjects were lost to follow-up (usually this means they didn't return for their final blood tests.) The treatment was tolerable with no major adverse events. The study was conducted by Kathleen Schwarz. A study of 3 to <12-year-olds is in progress.

This study was personally interesting since I am enrolled in it: Long-Term Follow-up of Patients With Chronic HCV Infection Following Treatment with Direct-Acting Antiviral Regimens: Maintenance of SVR, Persistence of Resistance Mutations, and Clinical Outcomes, Eric Lawitz, et al. This three-year study is following 5433 subjects who had an SVR12 using a sofosbuvir-based hepatitis C treatment. Nearly everyone maintained an SVR (9.7 percent); 6 had late relapses and 12 were reinfected. Risk of liver disease progression or liver cancer (HCC) were low.There were many exciting HCV drugs in development. Gilead's sofosbuvir/velpatasvir/GS-9857 looks good. AbbVie's ABT-493 and ABT-530 looked good too, reporting 100 percent SVR rates with 8 weeks of treatment in non-cirrhotics with genotype 1 or 2 Infection. ABT-493 and ABT-530 also come up well as a retreatment option and for treating genotype 3 patients with cirrhosis.

Two studies are worth mentioning together, because one looks like bad news, but the other study throws the data in a different light. I am not comparing the two studies, just looking at them side-by-side. The first study detected a high rate of liver cancer (HCC) recurrence in hepatitis C patients despite SVR. They strongly recommended cancer surveillance for those with a history of HCC, even with an SVR. The second study is probably a more solid study since it was journal-reviewed is "Survival of patients with HCV cirrhosis and sustained virologic response is similar to the general population," by Savino Bruno and colleagues (Journal of Hepatology April 5, 2016)

James Freeman of Australia presented data showing that generics compare favorably to branded hep C drugs, suggesting a feasible alternative to support access to direct-acting antiviral

treatment for people with hepatitis C. Read more here.

For other 2016 EASL news, visit HEP's EASL coverage or EASL's ILC website. On HEP's site, check out:

- Katja Deterding and colleagues presented data showing 100% cure rates (SVRs) for acute hepatitis C virus genotype 1 patients with 6 weeks of sofosbuvir/ledipasvir (Harvoni). Click here for more information.
- Post Hepatitis C Treatment, Liver Cancer's Return Still Looms as a Threat

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http://beta.docker.hepmag.com/blog/latest-hepatitis-c-data-easl