Report from the 2016 Liver Meeting

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The 2016 Liver Meeting, hosted by the American Association for the Study of Liver Diseases (AASLD), featured promising news on the prospects for elimination of hepatitis B and C. But researchers warned that the proper treatment and eventual elimination of the viruses will require a considerable investment of time, will, and resources.

Hepatitis C

During the Hepatitis Debrief on the final day of the conference, Dr. Robert S. Brown of Weill Cornell Medical College described the encouraging scientific advances in the field of hepatitis C treatment. Brown pointed out that emerging pan-genotypic therapies will enable virtually all hepatitis C patients to choose an effective treatment regimen. But he noted that selecting the appropriate regimen for each individual patient may prove challenging.

Brown also discussed the impact of sustained virologic response (SVR) on cirrhosis and hepatocellular carcinoma (HCC). He acknowledged that achieving SVR through direct-acting antiviral (DAA) therapy reduced the likelihood of cirrhosis and HCC in the long term. However, Brown recommended that clinicians continue to monitor cirrhotic patients for liver decompensation. The unresolved question, according to Brown, was whether DAA therapy can cause a “nascent cancer” to emerge. In light of this, Brown emphasized the urgency of continuing to monitor patients after DAA therapy.

Finally, Brown’s presentation touched upon the topic of reinfection. He stated that because reinfection with hepatitis C can occur after DAA therapy, risk reduction strategies were crucial to prevent reinfection. Brown did not delve into the specifics of those strategies, but noted that clinicians needed to implement them to prevent reinfection with the virus.

Hepatitis B

In her Hepatitis Debrief, Dr. Anna S. Lok of the University of Michigan broached the topic of whether hepatitis B could be eliminated worldwide. Lok pointed out that the World Health Organization aspires to a 90 percent reduction in new cases of hepatitis B and C by the year 2030. One important component of eliminating hepatitis B worldwide, Lok stated, was eliminating mother-to-child transmission of the infection. To accomplish this, Lok recommended that clinicians screen pregnant women for hepatitis B and then communicate their status to their childbirth delivery facilities. According to Lok, all newborns should receive the hepatitis B vaccine, and all newborns of mothers who test positive for the hepatitis B surface antigen (HBsAg) should receive

the hepatitis B immune globulin (HBIG) to prevent infection. Lok stressed that the three-dose vaccine series must be completed to provide long-term protection from hepatitis B.

Lok also reviewed the currently approved treatments for hepatitis B and evaluated their efficacy. She concluded that current therapies can achieve viral suppression, reverse fibrosis and cirrhosis, and prevent progression to liver failure. But the limitations of these therapies, noted Lok, included the low rate of HBsAg loss, a decrease but not elimination in the incidence of HCC, and the need for long-term or lifelong treatment to sustain therapeutic benefits.

Lok ended her presentation by suggesting that the elimination of hepatitis B was possible. But she emphasized that elimination would require a collaborative effort among academics, public health officials, and representatives from pharmaceutical companies and regulatory agencies. The tools to eliminate hepatitis B existed, stated Lok. But the requisite willpower to prioritize elimination was still lacking.

Overall, the 2016 Liver Meeting underlined the exciting scientific advances reached in addressing hepatitis B and hepatitis C. But the fundamental questions remained when, and whether, the political commitment and resolve to eliminate hepatitis would materialize.

Additional information about presentations from the 2016 Liver Meeting are available to registered users on the AASLD website here: http://www.aasld.org/liver-learning.

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