Lucinda’s Highlights from the 2018 International Liver Congress

Lucinda Porter, RN

Every April experts from around the world meet in Europe to learn about the latest in liver research. The meeting is called the International Liver Congress (ILC) and it is hosted by the European Association for the Study of the Liver (EASL). In our usual custom, Alan Franciscus and I highlight some of our favorite presentations from ILC 2018. Note: Conference posters and presentations are preliminary investigations, and are not conclusive until the data are published in a peer-reviewed journal.

STUDY


Study Aims and Results: This Spanish study investigated the risk of fibrosis progression in patients with unknown hepatitis C virus (HCV) viral load results who tested positive for HCV antibodies. A total of 38,246 HCV antibody tests were performed from 2005–2007 of which 791 (2%) patients tested positive. In the months following the initial test (median 128.6 months), nearly 50% had not received viral load testing. Of these, 13% (n = 103) had undetectable HCV RNA.

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Patients who were less likely to have had viral load testing were male, alcohol users, and those lacking in social support. This group had significantly more fibrosis than those who had viral load testing.

**Conclusions:** This research found that HCV antibody-positive patients who were not followed up with HCV viral load testing, tended to be people who were socially marginalized. This was associated with increased risk of advanced fibrosis and cirrhosis. The researchers encouraged increased support and linkage to care for patients who may be at risk for non-follow-up.

**Editorial Comments:** I find this study frightening because if this can occur in Spain, a country that provides access to healthcare to all citizens, imagine what happens in the U.S., a country with limited healthcare access. Even worse, what about countries with substandard medical care.

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**STUDY**

**Abstract:** THU-048 Protective Effect of Cannabis and Coffee Consumption on HCV-related Mortality in French HIV-HCV Co-Infected Patients - C. Protopopescu, et al.

**Study Aims and Results:** This study evaluated the effects of cannabis, coffee, alcohol and tobacco used for symptom management by 1,028 HIV-HCV co-infected patients over a median of 5 years. During that time, there were 77 deaths, of which 33 were related to HCV.

Regular/daily cannabis use, drinking \( \geq 3 \) cups of coffee daily and not smoking were independently associated with a 68%, 63%, and 64% reduction in HCV-related mortality. Researchers did not find a significant association between alcohol consumption and HCV-mortality risk.

**Conclusions:** These researchers state that this confirmed the benefits of regular use of coffee. Further, it highlights the possible protective role of cannabis.

**Editorial Comments:** We have seen a great deal of research showing the benefits of coffee, but cannabis research hasn’t yielded consistent results. The French have done most of the cannabis research, and have advanced the theory that cannabis is associated with reduced risk of insulin resistance and steatosis, two conditions linked to increased mortality risk. We need more (and larger) cannabis studies so we can better understand the effect(s) of cannabis on our health as a whole.

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**STUDY**

**Abstract:** THU-062 Poor Awareness of Liver Disease Shortly Before Cirrhosis Death: Findings from a Large Community Cohort in the UK - H. Innes, et al.

**Study Aims and Results:** Viral hepatitis is largely asymptomatic in its early stages, and typically takes decades before the onset of cirrhosis of the liver. Early diagnosis is key to the prevention of severe liver damage. This research assessed the awareness of liver disease among cirrhosis decedents shortly before their death.
This large study evaluated data from 502,633 survey participants collected from 2006–2010. In that time, there were 372 deaths from cirrhosis, mostly related to alcohol use (74%). The cause of death was either directly from cirrhosis or indirectly from hepatocellular carcinoma (HCC). Only 82 (22%) of those who died reported awareness of a liver-related condition at baseline.

**Conclusions:** The researchers concluded that identification of liver disease is low.

**Editorial Comments:** Again, if this is happening in a country that offers healthcare for all its citizens, what sort of results would we find in the United States.

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**STUDY**


**Study Aims and Results:** In the by-gone era of treating HCV patients with interferon, people with mental illness were underserved because of interferon’s high profile of psychiatric side effects. Now with the availability of direct-acting antivirals (DAAs), this Australian study of patients who were hospitalized with mental illness assessed: (1) HCV seroprevalence, (2) HCV risk factors, and (3) experience of treatment and follow-up. Of 241 patients (70% male with median age 43 years), the HCV risk factors were intravenous drug use (28%), exposure to custodial stay (20%), tattooing (63%), blood transfusion or organ transplantation (10%), sex workers (16%) and indigenous descent (8%). The prevalence of HCV antibody was 10%. HCV RNA was negative in 11 of 25 patients with positive antibody, of which 5 had prior treatment and 6 had spontaneous clearance. In the remaining 14 patients with detectable HCV RNA, five were treated with DAAs. The remaining 9 untreated patients were difficult to engage with despite efforts by care teams.

**Conclusions:** These researchers concluded that psychiatric inpatients should be considered a high-risk population for HCV and routine screening should be considered. However, treating this patient population was challenging due to difficulties engaging.

**Editorial Comments:** This study had problems enrolling subjects, and thus is small. However, I agree that we should consider HCV screening for this population. I’d love to see a peer model approach, where peers with HCV talk about their HCV treatment experiences.

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**STUDY**


**Study Aims and Results:** This study evaluated the effectiveness of HCV screening policies of 5 U.S. states (NY, CA, CT, MA, CO) beginning in 2014. The aim was to assess the U.S. progress in meeting the
World Health Organization’s (WHO) goal of screening 90% of the world’s population for HCV infection by 2030. Researchers gathered data from a large claims database, from 2010-2016.

Compared to 2010, annual screening rates were increased by nearly 20% after 2014. In the states that passed screening laws, screening rates were increased by an additional 6%. Medicare enrollments, females, and the presence of comorbidities were associated with an increased likelihood of screening.

Projections of screening rates suggest that NY and 4 other states without screening laws were on track to reach the WHO target by 2030; 8 additional states are projected to reach the WHO target by 2040; 29 states would not attain this target by 2050.

Conclusions: Over 90% of states in the U.S. are still not on track to reach the WHO target by 2030.

Editorial Comments: As bad as this sounds, the projections may be even worse if we don’t solve the opioid crisis.

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**STUDY**


**Study Aims and Results:** The aim of the present study was to investigate the risk for multiple sclerosis (MS) in HCV patients. Data were collected from a nationwide population-based register from 2001–2013 in Sweden. The prevalence of MS was lower in those with HCV (0.087% or 37/42,522 subjects) compared with those without HCV (0.27% or 544/202,694 subjects).

Conclusions: This large study found that people with HCV were at a lower risk of developing MS compared with those without the virus.

Editorial Comments: It is nice to read some good news! I would love to see this study duplicated in the U.S.

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**STUDY**

Abstract: THU-421 Screening for Neurocognitive Dysfunction in Non-Cirrhotic Chronic Hepatitis C Infection in an Irish Academic Unit - D. Ferguson, et al.

**Study Aims and Results:** This study investigated the prevalence of neurocognitive dysfunction in Irish HCV patients. Of 431 HCV-positive people, 48% had cognitive dysfunction.

Conclusions: This study’s investigators stressed the importance of screening for cognitive dysfunction in HCV patients, particularly the often overlooked non-cirrhotic patients.

Editorial Comments: This study is still in progress with future plans to release results on the potential reversibility of this neurocognitive dysfunction using exercise intervention or viral eradication.


Alan’s Highlights from the 2018 International Liver Congress

Alan Franciscus
HCV Executive Director

STUDY

Abstract: THU-078 Testing and linkage to care outcomes in baby boomers versus young adults tested in the community and linked to care at a Federally Qualified Health Center in the US - L. Magadi, et al.

Study Aims and Results: To understand the differences in hepatitis C (HCV) testing and linkage to care among baby boomers (1945 – 1965) and young adults (1982 – 1999—predominately among people who inject drugs). The study was conducted in community-based settings in Philadelphia, PA between October 2016 and September 2017.

There were 1,349 adults—718 (53%) baby boomers and 631 (47%) young adults were tested. Those who tested HCV antibody positive were offered a confirmatory test and referred to a Federally Qualified Health Center for navigation services. The study evaluated the number of HCV antibody positive rates, linkage to care, engagement in care, and HCV treatment initiation.

The young adult group was more likely to be HCV antibody positive (23% vs. 15%), more likely to accept confirmatory HCV viral load testing (94% vs. 85%) but less likely to engage in care than the baby boomer group (19% vs. 39%). However, those in the young adult group were more likely to begin HCV treatment (23% vs. 5%).

Conclusions: In this metropolitan sample of an HCV population, young adults were more likely to be tested, HCV antibody positive, accept HCV viral load testing and HCV treatment, but less likely to engage in care.

Editorial Comments: The high number of young people who were tested and accepted an HCV viral load test is excellent. However, the low number of people who engage in care and seek treatment needs much more attention. We have HCV medications that can cure almost everyone. I wonder what the barriers are to reaching these populations?

STUDY

Article: THU-108 Linkage to HCV care and reincarceration following release from New York City jails - M. Akiyami, et al.

Study Aims and Results: Generally, people incarcerated in U.S. jails are not sentenced long enough for HCV diagnosis, disease management and treatment. However, the time in jail is an opportunity...
to provide linkage to care for people while they are incarcerated and when released. The study was conducted in the New York City jails by jail-based transitional care coordinators who provided HCV education, appointment scheduling, reminder calls, and a community patient navigator when released from jail. The study was conducted from May 15, 2015 - April 14, 2017.

The program enrolled 100 participants; mean age of 45; 59% males, 52% Hispanics, 23% non-Hispanic whites, 19% non-Hispanic blacks, six were other races. Four percent started treatment while in jail. Within 25 days of release, 26 (30%) of the participants were linked to HCV care, and 16 (18%) stared HCV treatment, but 35 (38%) were lost to follow-up.

Thirty-five (40%) of the prisoners who were released were reincarcerated at least one time within a year of release.

The factors that were associated with improving long-term care included being on methadone, and having an existing primary care provider and feeling socially supported before incarceration.

**Conclusion:** This preliminary study showed that coordinated care could provide a path to care and treatment for people incarcerated and released from jail.

**Editorial Comments:** Identifying incarcerated individuals in jail with HCV and providing a pathway to care and treatment is an important strategy in the fight to eliminate HCV. Additional studies are needed to build on the outcomes of this study.

Another study that would prove helpful is identifying the factors that led to reincarceration.

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**STUDY**

**Abstract:** THU-286 Direct Antiviral Agents are safe and efficacious in pediatric patients with chronic hepatitis C; Real world data from the public health perspective - M. Premkumar, et al.

**Study Aims and Results:** The study was conducted in India to treat pediatric patients aged 12 to under 18 years old. The children were treatment-naïve and treatment-experienced.

Non-genotyped: 54 children who were treatment-naïve without cirrhosis were not genotyped. The children were treated with sofosbuvir plus daclatasvir for 12 weeks. The cure rate was 100%.

Genotyped: Genotype 1 (9 patients); genotype 3 (22 pts); genotype 4 (2 pts); genotype 5 (1 pt).

Treatment-naïve children with cirrhosis were treated with sofosbuvir plus daclatasvir for 12 weeks. HCV genotype 3 patients with cirrhosis were treated with sofosbuvir plus daclatasvir for 24 weeks and the non-genotype 3 patients were treated with sofosbuvir plus ledipasvir for 24 weeks. Ribavirin was given based on body weight, cirrhosis, prior treatment-experience...
and duration of treatment. The study period was June 2016 to October 2017.

In the treatment-experienced children with cirrhosis, the cure rate was 97% in the cirrhotic group compared to 100% in the non-cirrhotic group. There were no serious side effects. The most common side effect was nausea that resolved at the completion of therapy.

Conclusion: Children with hepatitis C can be safely and successfully treated with HCV direct-acting antiviral medications (DAAs).

Editorial Comments: The current study is important for a couple of reasons. The obvious reason is that children can be successfully treated with DAA medications. The second important reason is that children (and adults) living in resource-poor countries who are treatment-naïve without cirrhosis can be treated without being genotyped—an expensive diagnostic test.

STUDY


Study Aims and Results: To evaluate sofosbuvir, daclatasvir, simeprevir plus ribavirin treatment for 12 weeks for people who had previously failed a course of direct-acting antiviral therapy compared to a similar group who received a placebo (sugar pill). The goal was to compare the reduced risk of hepatocellular carcinoma (liver cancer) between the treated and untreated group. The two groups (50 people treated; 50 people untreated) were evenly matched by age and gender. The two groups were followed for two years. The cure rate was 100% and the treatment was safe and well tolerated.

Not only did this salvage therapy produce 100% cure rate, it also reduced the rate of liver cancer. This study demonstrates that we can cure everyone with hepatitis C if we can just put our minds, money, and drugs to the task.

One case (2%) in the treated group and 3 cases (6%) in the placebo group developed liver cancer. The treated group had a significantly longer mean time to develop liver cancer than the placebo group. In a detailed analysis of the effects of the drugs showed that people who did not have treatment were 9 times more likely to develop liver cancer.

Conclusion: The combination of sofosbuvir, daclatasvir, simeprevir, plus ribavirin (salvage therapy) produced 100% cure rates and a lower risk of liver cancer in people who had failed previous DAA therapy(s).

Editorial Comments: Not only did this salvage therapy produce 100% cure rate, it also reduced the rate of liver cancer. This study demonstrates that we can cure everyone with hepatitis C if we can just put our minds, money, and drugs to the task.=https://www.hepatitiscassistanceprogram.org/
Cocrystal Pharma Receives FDA Clearance to Initiate Phase 2a Clinical Study Evaluating CC-31244 for the Treatment of Hepatitis C Virus

Cocrystal Pharma issued a press release announcing that the Food and Drug Administration (FDA) approved its application for its investigational new hep C drug, CC-31244. Information released in 2017 about Phase 1a/1b studies reported that there were no dose-limiting adverse events, study discontinuations due to adverse events, or serious adverse events. Viral load data showed that CC-31244 administered for 7 days had a significant, lasting antiviral effect.

Cocrystal’s focus is on an ultra short hep C treatment, aiming for 2 to 6 weeks. Cocrystal expects to start its Phase 2a study of CC-31244 in the second quarter of 2018 and announce data in the fourth quarter of this year.

Hepatitis C Virus Screening Rates Remain Low Among Baby Boomers

In a press release issued by the American Association for Cancer Research, researchers reported that hep C testing in baby boomers is severely lagging. Quoting from a study by Monica L. Kasting and colleagues, only about 13 percent of those born between 1945 and 1965 have been screened for hepatitis C in the U.S.

Click here to read the abstract: Hepatitis C Virus Screening Trends: Serial Cross-Sectional Analysis of the National Health Interview Survey Population, 2013–2015.
Rampant Opioid Injection: ‘A Ticking Time Bomb’ That Puts All Americans at Risk for Disease

These headlines from USA Today are not new, but bear repeating. The opioid epidemic is a crisis in and of itself, but add in rising rates of hepatitis C and HIV infections, and we are looking at a catastrophe of monumental proportions. The U.S. Centers for Disease Control and Prevention reported that new hepatitis C infections tripled from 850 in 2010 to 2,436 in 2015.

Click here to read the entire USA Today article.

May Is Hepatitis Awareness Month

This last headline isn’t a single news story, but a reminder that May is set aside to increase awareness about viral hepatitis. Hepatitis A outbreaks are increasing; so is the number of new hepatitis C cases. Take some time to contribute to national and global efforts to eliminate viral hepatitis.

Here are some ideas:

- Read the Health and Human Services (HHS) viral hepatitis blog.
- Familiarize yourself with the National Viral Hepatitis Action Plan, and find an item on which you can act.
- Get involved with the CDC’s Know More Hepatitis campaign.
- Explore AtlasPlus, which provides CDC surveillance data for hepatitis A, B, and C, as well as other infectious diseases.
- Get involved with the National Virus Hepatitis Roundtable (NVHR).
- Stay abreast of the latest hepatitis news by reading the HCV Advocate. Use social media to raise awareness.
WHAT’S UP!

This month we are featuring the following items that have been updated:

**A Guide to Understanding HCV**

We have updated our most popular publication. This is the publication we originally published in 1996. The ‘Guide’ has gone through many changes through the years. This year we have a new design and updated information. **Check it out.**

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**HCSP Fact Sheets**

- **HCV Disease Progression**
  - An Overview of Disease Progression
  - Click to View

- **HCV Disease Progression**
  - Fibrosis
  - Click to View

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**Watch Our New Video!**

Click here to listen to a real patient talk about her journey from diagnosis to treatment to cure.

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**Don’t forget to check out the PackHealth**

- A free resource to help patients navigate their HCV treatment journey from applying for treatment to cure!

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**Do you have hepatitis C? Get support. Get answers.**

- Enroll online: packhealth.com/hcv

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**As easy as 1-2-3!**

1. Enter your contact info
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