52nd International Liver Congress Roundup

The annual scientific meeting on liver health revealed exciting new findings concerning the battle against the hep C epidemic.

May 2, 2018 By Benjamin Ryan

The annual meeting of the International Liver Congress, held this year in Paris from April 11 to 15, always offers a wealth of scientific findings about liver disease, in particular about hepatitis C virus (HCV). Given the availability of numerous highly effective and well-tolerated direct-acting antiviral (DAA) treatments for the virus, the conference looked toward harnessing the power of those medications to benefit the health of the estimated 71 million people living with hep C worldwide.

To follow is a roundup of major findings presented at the conference. To read about any of the studies in greater detail, click the hyperlinks. For a newsfeed of all articles about the conference, click here.

HCV Treatment Benefits:

While the major harms associated with hep C—namely liver disease progression—have long been clear, the considerable benefits of curing the virus have more recently come into greater focus.

An analysis of nearly 5,000 Italians treated for HCV found that compared with those who were cured, those who did not beat the virus were nearly 30 times more likely to die of any cause, including 42 times more likely to die of liver-related causes.

The newer DAA treatments have reduced the need for liver transplants in Europe. Compared with the period of 2007 to 2010, when interferon was the main treatment for hep C, the period of 2014 to 2017, when interferon-free DAA treatment became the mainstay, the proportion of liver transplants resulting from the virus fell from 23 percent to 11 percent.

On the financial front, treating hep C earlier, when the liver is less damaged, not only likely prevents various negative health outcomes but probably saves money in the long run as well. Researchers estimated that treating the virus early on with AbbVie's Mavyret (glecaprevir/pibrentasvir) would be associated with $47,000 in lifetime medical costs, compared with $87,000 if the drug were used later in the course of liver disease progression.

Test & Treat:

The World Health Organization (WHO) has set a target of getting 90 percent of the world's population screened for hep C by 2030. Unfortunately, only a few U.S. states are on track to hit that target. Globally, the annual number of people receiving DAAs for hep C has risen dramatically since the new highly effective treatments have become available. Between 2015 and 2016, the annual HCV treatment rate increased from an estimated 1 million to 1.5 million, according to WHO. However, only 3 million people have been cured globally.

Providing such treatment may become a lot more feasible, at least financially, given the recent finding that the combination of Gilead Sciences' Sovaldi (sofosbuvir) and Presidio Pharmaceuticals' experimental DAA ravidasvir may cost as little as $300 in poorer nations and boasted a 97 percent cure rate in a recent trial.

In the United States, testing is one thing, but linking people who test positive for hep C to medical care is quite another, with physicians doing a pretty poor job on this front.

Hep C Drug Success Rates:

A couple of real-world analyses of hep C treatment success rates have reaffirmed the findings of clinical trials of approved DAAs: that these treatments are highly effective. In an analysis of a group of more than 600 HIV-positive Europeans who were treated for HCV coinfection over the last few years, 93 percent were cured of hep C. And out of more than 700 people in Italy who were treated for hep C with Mavyret, most of them for an eight-week stretch but some for 12 to 16 weeks, signs looked excellent that the group's ultimate cure rate would be in the high 90 percent range.

In a Scottish study of Gilead's Epclusa (sofosbuvir/velpatasvir) among individuals receiving opioid substitution therapy for opioid addiction, 93 percent were cured of hep C—a very good indicator that people with a history of such addiction can indeed do well on HCV treatment.

Various studies about Merck's Zepatier (grazoprevir/elbasvir) were presented at the conference, including one that found that hep C cure rates were close to 100 percent among a group of nearly 5,000 U.S. veterans, even though the group had high rates of other health conditions. Also, an analysis of data from a cross-section of clinical trials found that the regimen is safe and effective for women taking oral contraceptives or hormone replacement therapy.

Concerns:

In one study of a group of 1,300 people who were hospitalized at various sites for cirrhosis, the form of advanced liver disease to which HCV can give rise, about one third developed multi-drug resistant infections.

Contrasting the sunnier news about the benefits of curing hep C, in a study of those who had what are known as cryoglobulins—clumps of antibodies that can give rise to inflammation and block

blood vessels—before they started treatment for the virus, about 1 in 10 of such individuals experienced relapse of HCV-related symptoms within two years of treatment.

Lastly, while hep C treatment may be shrinking the pool of individuals who require a liver transplant driven by infection with the virus, transplant need prompted by alcohol use has risen and assumed HCV's spot at the top of the list of reasons for such an operation.

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