The Liver Meeting 2018 Roundup

A review of the major findings presented at the Annual Meeting of the American Association for the Study of Liver Diseases in San Francisco

December 3, 2018 By Benjamin Ryan

This year's Annual Meeting of the American Association for the Study of Liver Diseases in San Francisco (The Liver Meeting) offered conferencegoers a range of findings about liver-related conditions—including hepatitis B and C viruses (HBV/HCV) and non-alcoholic fatty liver disease (NAFLD)—and liver transplants.

To follow are brief summaries of Hep Magazine's reporting on the conference. For more details about any of the studies, click the hyperlinks. For a newsfeed of all Liver Meeting reporting, click here.

Hepatitis C treatment

As recently as a few years ago, The Liver Meeting was dominated by news about just how effective and tolerable each new direct-acting antiviral (DAA) regimen was at treating hep C. But now that the DAA market has become saturated with numerous regimens, research presented at The Liver Meeting about such treatments has largely focused on addressing the unmet needs of subgroups of the hep C population.

A study presented this year found that in one large national cohort, the quarterly rate of people starting DAA treatment surged after Gilead Sciences' Sovaldi (sofosbuvir) and Harvoni (ledipasvir/sofosbuvir) were approved in late 2013 and late 2014, respectively. This rate peaked in early 2015 and has declined more or less steadily ever since.

Several studies looked at AbbVie's Mavyret (glecaprevir/pibrentasvir), including one that found that the regimen is highly effective among those with genotypes 5 and 6 of hep C, which are rare, at least in the United States. Another study of the regimen found that it cured all of those with compensated cirrhosis (the milder form of the advanced liver disease) in just eight weeks. Mavyret also performed well among those with severely damaged kidneys, which is common

among people with HCV.

Gilead's Epclusa was highly effective at curing HCV among those on dialysis, including those who also had cirrhosis. Another of the company's more recent regimens, Vosevi (sofosbuvir/velpatasvir/voxilaprevir), posted very high cure rates among those who hadn't been cured by a previous HCV regimen, including people coinfected with HIV.

Given how extraordinarily expensive HCV drugs are, cutting treatment length is an important way to save money and hopefully prompt insurers to be less restrictive about who can receive coverage for DAAs. A study found great promise in what's known as response-guided therapy, in which clinicians monitor the HCV viral load of individuals while they're on DAAs and use that information to decide whether it's OK to stop treatment earlier than guidelines recommend.

There's been a lot of talk in recent years about how liver and infectious disease specialists can't handle the case load of all the patients requiring HCV treatment. Consequently, there's been a push to get primary care physicians to pick up the slack, which many argue they're capable of doing, given how simple it's become to treat the virus. However, a study presented at the conference showed a troubling downside to such a trend: Nonspecialists are much less likely than specialists to get hep C patients on treatment for the virus.

Research has repeatedly indicated that, contrary to what many insurers might insist, people who inject drugs can actually do quite well on hep C regimens. One new study found this to be true with Epclusa.

On the pediatric front, weight-based dosing of Harvoni cured almost all of a small group of 3- to5-year olds in a recent study.

Fatty Liver

Research has suggested that perhaps as much as 40 percent of those living with HIV have fatty liver disease. If this holds true, then the vast majority of those cases go undiagnosed, according to a study presented at The Liver Meeting. Another study of HIV-positive individuals found that fatty liver was linked to various factors, including high blood pressure, diabetes, low HDL cholesterol, high triglycerides and cardiovascular disease, and having a low CD4 count.

On the treatment front, Viking Therapeutics' investigational thyroid drug VK2809 showed promise as a treatment for fatty liver disease. Also, a Phase IIb trial of Galmed Pharmaceuticals' medication Aramchol lowered liver fat in those with the disease.

Hepatitis B

Viread (tenofovir disoproxil fumarate, or TDF) has long been used to treat hepatitis B but is associated with kidney and bone toxicities. In 2016, the Food and Drug Administration (FDA) approved Gilead's updated version of Viread, Vemlidy (tenofovir alafenamide, or TAF), which various studies have indicated is associated with improved markers of kidney and bone health. That includes a new study presented at the conference that found that among those who switched their HBV treatment from Viread to Vemlidy, such markers were improved one year later, compared with those who stayed on Viread.

Transplants

Numerous studies have found that it's safe to transplant organs from HCV-infected donors into HCV-negative recipients and then treat them with DAAs afterward. One study presented at the conference found that such a method was safe for transplants of hearts, kidneys and livers.

As for transplanting livers from donors with hep B, another study found that, among transplantees, taking Vemlidy rather than Viread as prophylaxis against the virus was, as with the other study comparing these two drugs, tied to better markers of kidney and bone health.

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