Reporter’s Notebook: International Liver Congress Sees Shift in Liver Diseases

Hepatitis B and C are declining as causes of liver cancer and liver transplants.

April 15, 2018 By Liz Highleyman

The International Liver Congress, organized by the European Association for the Study of the Liver (EASL), took place April 11-15 in Paris.

One of my favorite aspects of EASL meetings in their enthusiasm for social media. While some conferences have a strict embargo policy that precludes real-time tweeting, the International Liver Congress encourages it. This year there was a social media café where attendees could get a free espresso for following EASL on Twitter or Facebook or a latte for posting with the conference hashtag, #ILC2018. (And more on that coffee below.)

ILC2018 social media loungeLiz Highleyman

I've been covering this conference since 2012, at the dawn of the era of direct-acting antivirals for hepatitis C. For about five years a large proportion of content—and the lion's share of excitement—at this meeting was devoted to these new therapies.

Over the course of that period, hepatitis C treatment went from a year-long ordeal of interferon-based therapy with many side effects and marginal cure rates, to a three- or four-month regimen of well-tolerated medications that can now cure more than 95 percent of patients, even those formerly considered difficult to treat.

This does not mean, of course, that everyone with hepatitis C has access to treatment. The new drugs are expensive and a large proportion of people living with hepatitis C virus (HCV) are not aware they're infected. Research on improving access to treatment worldwide—ultimately aimed at eliminating hepatitis C as a public health threat—has replaced the emphasis on the development of new drugs at this conference and its American counterpart, AASLD's Liver Meeting.

Over years or decades, chronic HCV infection, hepatitis B virus (HBV) infection, heavy alcohol use, fat accumulation and other causes of liver injury can lead to serious complications including cirrhosis, hepatocellular carcinoma (the most common type of primary liver cancer) and the need for a liver transplant.

People with HCV who have already developed advanced liver disease remain at some risk for liver complications even after being cured, but research is already starting to show that as more people are successfully treated for hepatitis C—and as more people are vaccinated against HBV as children—other causes of liver disease are accounting for a growing share of liver cancer and liver transplants.

You can find much more hepatitis B and C news from the International Liver Congress at our sister site, Hep.

EASL liver cancer guidelines panel at International Liver CongressLiz Highleyman

Not surprisingly, liver cancer and non-alcoholic fatty liver disease (NAFLD and its more severe form, NASH) are starting to account for an increasing proportion of research presented at liver conferences.

At this year's meeting, an EASL expert panel presented updated guidelines for the treatment of hepatocellular carcinoma (HCC). As is the case with cancer overall, the development of new targeted therapies and immunotherapies has started to improve outcomes for liver cancer, which is often detected late when it is hard to treat.

As discussed in a symposium on Advances in Local and Systemic Therapies for HCC, the number of systemic drugs approved or nearing approval for hepatocellular carcinoma has risen from just one in 2012 to at five today: Nexavar (sorafenib), Stivarga (regorafenib), Cabometyx (cabozantinib), Lenvima (lenvatinib) and—in the U.S. but not yet in Europe—the PD-1 checkpoint inhibitor Opdivo (nivolumab).

Jordi Bruix at EASL 2018Liz HIghleyman

Jordi Bruix, MD, director of the Barcelona Clinic Liver Cancer group, outlined some of the unmet needs in HCC treatment, while Sandrine Faivre, MD, of Bichat-Beaujon Hospitals in Paris, described agents in the pipeline. Experimental immunotherapies—some of which are already approved for other cancers—including Keytruda (pembrolizumab), the experimental PD-1 inhibitor tislelizumab, the PD-L1 inhibitors Imfinzi (durvalumab) and Tecentriq (atezolizumab), and the CTLA-4 checkpoint blocker tremelimumab. Novel targeted therapies include Cyramza (ramucirumab), the TGF-beta inhibitor galunisertib and the kinase inhibitor BLU-554.

Even as treatment improves, prevention of hepatocellular carcinoma remains important. This includes curative treatment for hepatitis C—ideally started before advanced fibrosis or cirrhosis—vaccination and antiviral therapy for hepatitis B, moderate alcohol consumption, and a healthy diet and exercise to reduce the risk of NAFLD, which currently has no approved treatments. People with cirrhosis, and perhaps advanced fibrosis, should undergo regular liver cancer surveillance, even if they have been cured of hepatitis C or are being treated for hepatitis B.

And while the evidence is moderate, the panel for the first time encourages people with chronic

liver disease to drink coffee to decrease liver-related mortality and the likelihood of developing liver cancer. While a clear dose recommendation currently cannot be given, the experts said, studies have not shown any adverse effects of coffee on liver health—so feel free to drink up!
