Hepatitis B and C **Public Policy Association** NEWSLETTER



MAY 2014 ISSUE

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HIGH LEVEL MEETING

Economic crisis and healthcare – ensuring access to public health services: the case of hepatitis B and C

Athens, June 3-4 2014

The High-Level meeting is held under the auspices of the Greek EU Presidency, the Greek Ministry of Health and the Greek Ministry of Foreign Affairs.

Mr. Adonis Georgiadis, Minister of Health of Greece and Chair of the Council of EU Health Ministers, will be a lead speaker.

At a juncture where major therapeutical improvements become available, national policies taken under austerity programmes may not encourage the best public health outcomes. National responses to the spreading epidemic of hepatitis B and C provide a clear example of this situation.

The High-Level Meeting will examine national approaches, debate new developments and identify public policies to facilitate and improve access to care and treatment for hepatitis B and hepatitis C even in countries where austerity programmes are in place.

For further information please see the Meeting's website on www.hepmeeting2014.org.

An interview with Professor Mario U. Mondelli, MD PhD FRCP President of the International Association for the Study of the Liver (IASL)

Professor Mario U. Mondelli MD PhD FRCP University of Pavia, Italy

Q 1. Professor Mondelli, can you summarize the history of IASL?

Established in 1958, the International Association for the Study of the Liver (IASL) is among the oldest professional associations of clinicians and scientists dedicated to translating liver research into clinical practice. IASL works in concert with five continental constituent associations: the African Association for the Study of Liver Diseases (AFASLD), the American Association for the Study of Liver Diseases (AASLD), the Asian-Pacific Association for the Study of the Liver (APASL), the European Association for the Study of the Liver (EASL), the Asociación Latinoamericana para el Estudio del Hígado (ALEH). As such, IASL has a traditionally global view of liver disease worldwide. Past Presidents of IASL were high-profile personalities and founders of modern hepatology such as Hans Popper, Sheila Sherlock, James Boyer to cite but a few. Members of the Council are representatives of the constituent associations directly coopted by council members upon proposal from continental associations.

Q.2 What role do you envisage for the society in the coming years?

IASL used to hold independent scientific meetings until some 20 years ago when it became clear that continental associations, particularly AASLD, EASL and APASL, were expanding significantly (up to 10,000 delegates at each meeting) at the expense of IASL. Under my mandate as President, it was decided to change mission to focus predominantly on education, particularly in countries where hepatology is underdeveloped or does not exist even as a subspecialty of gastroenterology. After a successful postgraduate course held in 2012 in Paraguay, this process of transition is still going on. This year we are going to China where, despite the

many resources available and the enormous number of patients with chronic liver disease, hepatology is still poorly developed. Other activities include meetings focused on global epidemiology of liver disease, access to care and public health issues. To this end, IASL recently co-organized a joint meeting with the International Association of providers of AIDS Care in New York City, in which issues related to access to the new HCV drugs have been extensively debated in light of limited economic resources. Besides these activities IASL still continues to hold biennial scientific meetings in conjunction with the two major continental associations, EASL and AASLD. EASL and IASL met in London last month during the International Liver Congress where joint sessions were held.

Q.3 Do you think that IASL could play a role in broadening access to effective anti HBV and HCV treatments?

Indeed. IASL is a non-profit organization whose mission is to foster knowledge about prevention, diagnosis, and treatment of liver diseases. Therefore, every effort will be made to help achieving control of chronic liver disease worldwide. Viral hepatitis is a global public health problem and I am convinced that our association could play a pivotal role in this context. Eradication of HBV by 2020 has been declared a priority by WHO. Whether this will be possible in such a short time frame is uncertain and most probably unlikely. However, the dice is cast and hepatitis B vaccination is slowly being applied to the poorest countries in Africa and the Far East where the prevalence of chronic HBV infection and liver cancer is particularly high. Drugs to control complications of chronic HBV infection are also needed where the infection is endemic at a minimal cost. The successful example of DOTS (directly observed treatment, short-course) for tuberculosis

should be taken as an example of great success in the face of limited investment. After achieving control of complications research efforts should be concentrated on new treatments to eradicate occult HBV infection. HCV treatment is in full swing now with 2nd generation directly acting antivirals (DAAs) promising an outstanding 90-100% success rate. Problems include enormous costs, often in excess of \$100,000 per treatment, and disparity between potential HCV treatment efficacy and projected HCV treatment effectiveness. There are hints that the former problem can be reconsidered by negotiating drug prices with the big pharmas and the example of Egypt obtaining a 99% discount rate for sofosbuvir gives hope that this can at least partially be solved. With respect to the latter, the lack of expanded HCV testing will have no impact on unrecognized HCV infection. To this end, IASL could play a major role through education and promotion of HCV serology testing in high-risk cohorts such as baby boomers in the US to identify asymptomatic patients in need of treatment.

Professor Mario U. Mondelli MD PhD FRCP

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The interview was conducted by Alessio Aghemo, MD PhD 1st Division of Gastroenterology Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico University of Milan, Italy



The Viral Hepatitis Congress 2014 9-11 October Frankfurt, Germany

This year the third Viral Hepatitis Congress will take place from Thursday 9 October to Saturday 11 October at the Sheraton Frankfurt Airport Hotel & Conference Center. The venue offers the full range of facilities for Congress participants and, as the Congress Center is directly connected to the main airport terminal, it is incredibly easy to get to and from the meeting.

The 2013 meeting was once again judged to provide a high-quality and relevant scientific programme, augmented by extremely popular, innovative and interactive discussion sessions. We are confident that, by continuing to engage a world-class faculty, this year's meeting will be even better.

2014 will see great changes in the field of viral hepatitis, with many drugs arriving and various treatment options for patients. In this rapidly evolving environment, it is more important than ever to sustain a forum where the wealth of data can be put into a practical perspective for physicians.

The Viral Hepatitis Congress will digest the latest data from a broad range of sources, examine the new treatments, and translate this array of information for our audience. The cutting-edge programme will explore the clinical challenges presented by viral hepatitis infection and its associated complications.

There will be a particular focus on the latest developments and innovations in the practical aspects of disease management all of which are presented in a single track plenary sessions so congress delegates do not miss out. This interactive and engaging meeting is made up of the following elements: Keynote lectures and invited presentations by world leaders in the treatment of viral hepatitis, including the following special opening lecture:

Keeping blood safe – a global challenge

Harvey J Alter (NIH, USA)

- Plenary and poster sessions exploring and discussing the latest clinical data, including:
 - Viral hepatitis A, B, C, D, and E
 - Comorbidities, such as HIV
 - infection
 - Hepatocellular carcinoma
 - Clinical case studies
- Discussion and Q&A sessions, enhanced by cutting-edge, interactive keypads
- Oral and poster communications
- Industry sessions and pre-Congress workshops
- Vibrant exhibition in the main Congress hall.

The Congress scientific committee and faculty continue to include experts from across Europe, the USA and Canada, offering delegates the chance to discuss clinical experiences and key knowledge with the leading authorities in the viral hepatitis field.

In order to broaden the reach of the Congress and bridge the gap to the virtual audience, we will continue to engage with our online community by a number of means:

- Abstracts will be published as a supplement to the *Journal of Viral Hepatitis*
- Interviews with faculty will be available on a dedicated YouTube channel: ViralHepatitisTV

- We will be operating a fully integrated social media campaign to enable our online audience to interact and keep up-to-date with news both before, during and after the congress
- Speakers' presentations will be recorded and webcast on www.viral-hep.org
- Posters presented at the Congress will be brought together as online, interactive books.

In this fast-moving and highly exciting era for hepatitis treatment, the opportunity to network and actively participate in the debate and discussion is a key component of the Congress, further enhancing the learning experience. Networking opportunities include the openingnight welcome reception and a lively poster and exhibition area directly outside the main auditorium, and immersive participation will be guaranteed by utilising a cuttingedge audience response system that allows audience voting, direct text questions, verbal discussion and 'real time' feedback. In summary, our focus is to provide improved network opportunities, a unique and specialised learning atmosphere and a truly individualised participant experience.

For more information and the latest updates on The Viral Hepatitis Congress 2014, visit www.viral-hep.org or contact the organising secretariat. Congress registration is open until 30 September 2014.

Enquiries to:

The Viral Hepatitis Congress, Organising Secretariat: hep@kp360group.com

A report from APASL Brisbane 2014

by Professor Alexander J Thompson, MBBS PhD, FRACP St Vincent's Hospital and the University of Melbourne, Australia

The 23rd annual meeting of the Asia Pacific Society for the Study of the Liver (APASL) was held in Brisbane, Australia from 12-15 March 2014. More than 3000 delegates attended a very successful conference. The importance of chronic viral hepatitis and liver cancer as major regional health issues was reflected by research highlights including new data from phase 2/3 studies of interferon (IFN)-free therapies for chronic hepatitis C, and data showing that liver cancer rates are increasing. The urgent need for a regional public policy response to viral hepatitis was identified in a policy forum, which recommended the development and effective delivery of national viral hepatitis action plans in Asia Pacific.

Updates from key phase 2/3 studies of IFN-free regimens for the treatment of chronic HCV infection were presented. Phase 2 data were presented showing SVR12 rates > 90% for the once daily combination of sofosbuvir and ledipasvir for the treatment for genotype 1a/b HCV1. The optimal duration is greater than 6 weeks. Genotype 3 HCV has been identified as harder to cure with IFNfree regimens. However, extended treatment duration increases response rates, and 24 weeks of sofosbuvir plus ribavirin demonstrated SVR12 rates > 90% in the phase 3 VALENCE study². Encouraging data from a phase 2 study of the all-oral combination of MK-5172/MK-8742 \pm RBV for the treatment of genotype 1 HCV was presented³. Genotype 1b HCV is prevalent in Asia Pacific. Phase 3 data from Japan demonstrated SVR24 of 85% in HCV-1b patients treated with 24 weeks of daclatasvir plus asunaprevir who were prior non-responders to peginterferon plus ribavirin, or who were IFN-intolerant/ineligible⁴. Baseline

age, gender, HCV RNA levels, IL28B genotype and cirrhosis did not affect SVR24 rates. High rates of virological response in HCV-1b patients were also observed in a phase 2 study of ABT-450/r plus ABT-267⁵.

HCV is a major public health issue for the Asia Pacific region, due to high prevalence, low diagnosis rates, and resource-limited settings. Although the results of IFN-free treatment regimens raise the possibility of eradication, the challenges of access and delivery mean that this remains a very distant goal. The need for a regional public policy response to viral hepatitis was identified in a policy forum convened by the Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP), which recommended the development and effective delivery of national viral hepatitis action plans. National action plans guide policy response by governments, and are fundamental for addressing the significant impact of viral hepatitis to the region. The World Health Organization (WHO)'s Global Framework for Action for the Prevention and Control of Viral Hepatitis is an important foundation for the development of national strategies, but increased effort is required to promote a co-ordinated uptake across the Asia-Pacific region. Public health experts joined regional key opinion leaders and community stakeholders to discuss the necessary tools, actions and processes required to support the development, uptake and delivery of national viral hepatitis action plans across Asia Pacific. CEVHAP called for all Asia Pacific governments to support the new WHO resolution covering viral hepatitis to be debated at the 2014 World Health Assembly.

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The sixth international conference "White Nights of Hepatology"

June 5th & 6th, St Petersburg, Russia.

By Professor Vasily Isakov, MD, PhD, AGAF Co-Chairman of WNH2014

The EASL endorsed conference the "White Nights of Hepatology – 2014" will take place on June 5th and 6th, 2014 in St.Petersburg, Russia.

Six years ago the first conference "White Nights of Hepatology was organized as an EASL endorsed conference by two EASL members: Professor Konstantin Zhdanov and Professor Vasily Isakov. The purpose of the conference was to provide doctors in Russia and surrounding countries with information about evidencebased research and the latest developments in the management of viral hepatitis. It was a timely and needed event given the large number of patients with viral hepatitis in Russia (more than five million), and given the lack of knowledge of recent developments in diagnostic techniques and therapy. Following the great success of the first meeting, it was decided to make it an annual event, and today it attracts more than 500 participants, and consists of a two- day program with state of the art lectures by outstanding international faculty.

This year the conference program includes the one day educational course "Triple therapy with protease inhibitors for hepatitis C patients: how to use, control and manage adverse events", in which all aspects of treatment with boceprevir, telaprevir and semiprevir will be covered. Treatment options for patients who failed treatment with protease inhibitors or cannot tolerate interferon-based treatment will also be discussed. The second day will be dedicated to more detailed scientific workshops, and these workshops are supported by pharmaceutical companies, which will be represented at the Conference Exhibition Hall. In order to broaden the conference audience, all abstracts, faculty biographies and presentations will be published as an e-book, which will be adapted for all types of tablets and smartphones and will be available on the web-site of the conference. Speakers' presentations will be recorded and webcast online.

For more information and the latest updates on the "White Nights of Hepatology – 2014", visit www.wnh2014.ru or contact the organising secretariat: ph@peterlink.ru.

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