Daily News

Modern Hepatology

25th Conference of the Asian Pacific Association for the Study of the Liver

The Japan Gastroenterological Endoscopy Society · The Japan Society for Portal Hypertension · The Japan Society of Hepatology · The Japanese Liver Transplantation Society · The Japanese Society of Gastroenterological Surgery · The Japanese Society of Gastroenterology · The Liver Cancer Study Group of Japan · The Organization of JDDW

Tokyo TUESDAY, 23 February 2016

Inside

Today

6℃

12℃

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At 38 Years, just Young and Robust

—25th APASL opening ceremony

Not very often would you have a member of a royal family address a medical academic conference.

And here at the 25th APASL in Tokyo, you saw it happen and felt proud and experienced the special treat as a liver disease physician or researcher when Princess Tomohito of Mikasa gave her welcoming speech to the audience of hepatologists from the Asia-Pacific region and from around the globe.

"It is my hope that your research results will find hope and shed light to patients who are suffering and to show them a path for new life..." and with her speech, Princess Tomohito kicked off the 25th APASL with lofty expectations.

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Combination Treatment in HBV Infection

Although current HBV infection treatment regimens are highly effective to suppress viral replication, reverse hepatic fibrosis and prevent progress to liver failure, but low rate of HBs Ag loss and persistency of risk of HCC, high cost and drug resistance are still worrisome.

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Perfect Performance of Radiofrequency Ablation to Treat Early HCC in Skilled Center

Because many patients with liver cancer can be detected in the early stages in Japan, up to 50% of patients can be candidates for radiofrequency ablation (RFA), while in Professor Shiina's center, almost 90% of newly diagnosed HCC patients will receive RFA therapy.

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At 38 years, just Young and Robust
—25th APASL Opening Ceremony

Your honor, my treat

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Participants increased

About 75% of the world's liver disease patients live in the Asia-Pacific area, which demands better quality medical care from their doctors. APASL has played an important role in fostering educational events and new research data-sharing and has itself witnessed rapid growth.

From 1978 to 2016, the number of attendees at APASL annual conferences has seen rapid growth, increasing from a mere few hundred to more than four thousand in recent years, said Professor Masau Omata, the Honorary President of APASL2016, as he reviewed the history of APASL. Attendance reached an historic high of 4,645 when the meeting was held in Beijing, China, in 2010, according to Prof. Omata.

Modern Hepatology

Embracing the recent breakthrough in HCV treatment, new discoveries in HBV treatment and other technological advances, we are entering a new modern era in liver disease treatment, said Prof. Osamu Yokosuka, the President of APASL2016.

With 1,500 papers submitted to the conference, Prof. Yokosuka welcomes all attendees from 60 different countries to Tokyo to enjoy a fruitful meeting.

Happy and excited

Indeed, as a first time ever participant at APASL, young Dr. Kanthanadon Dittarot from Thailand will present his poster on HBV, and he is "happy and excited "to attend.

Dr. Sanchit Budhiraja from India, also young and a first timer, will present his poster at the conference. "I want to learn the new finding in treating liver diseases at APASL and take the opportunity to sightsee the beautiful Tokyo."

Mr. Mike Brune from Chicago, USA, and another first timer, says he is "pretty much still jet-legged, but excited to be here", and he is also looking forward to take a look at the city.

Dr. Aiping Lin, from China, a multiple APASL participant, says she "has been able to get in touch with up-to-date clinical knowledge by attending APASL meetings and has been the first in her area to bring the new knowledge into her clinical practice." When asked about her impression of this conference so far, her answer is "exquisite".

DON'T MISS TOMORROW

08:00 - 10:00	Room 1BC	CEV-HAP Symposium
10:20 - 12:20	Room 1BC	WHO Symposium
12:20 - 12:40	Room 1BC	Closing Ceremony

Presidential Plenary

On February 22nd, six valuable studies were presented at Presidential Plenary session. These findings, as well as the devoted efforts of all hepatologists, open a door to a better future for patients with liver diseases.

REP2139-Ca, a Promising NAP to Treat HBV

With the recent breakthrough discoveries of DAAs in treating HCV, it is widely believed that HCV is now curable in the majority of patients. The focus of research is now shifting to HBV, hoping to copy the success story of HCV.

Hendrik W. Reesink MD, Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands, reported the outcome of the phase II clinic trial of REP2139-Ca, a nucleic acid polymer (NAP), a promising new treatment option that is being tested to treat HBV infection by inhibiting HBsAg release with the title "Serum HBV-RNA levels decline significantly in chronic hepatitis B patients dosed with REP2139-Ca."

The trial aim was to test the effect of REP2139-CA on HBV-DNA and HBsAg levels in chronic hepatitis B (CHB) patients. In total, 12 patients with HBeAg-positive CHB were treated with nucleic acid based amphipathic polymer REP2139-Ca for 20-38 weeks. If the patients responded to REP2139 with clearance of serum HBsAg, the patients would be subsequently treated with an add-on immunomodulatory agent - pegylated interferon alpha-2a and/or thymosin alpha-1. If the patients didn't respond to the treatment, entecavir treatment followed.

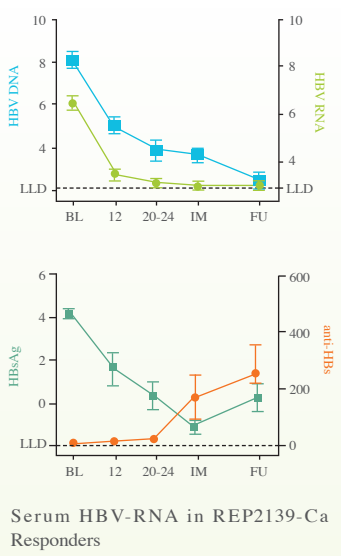
HBsAg, HBV-DNA, and HBV-RNA levels were determined at baseline, after 20-24 weeks of REP2139-Ca monotherapy, and either during a treatment-free follow-up (for responders) or during entecavir treatment.

The results demonstrated that HBV-RNA levels were detectable in all 12 HBeAg-positive patients before treatment with a mean of 6.70 (SD 0.83) logC/mL. After 20-24 weeks of REP2139-Ca treatment, mean HBV-RNA, HBV-DNA, and HBsAg levels had declined significantly compared to baseline (P<0.001).

At week 20-24, HBV-RNA was undetectable in 8/12 patients. In 7 of these 8 patients, HBV-RNA remained undetectable during the treatment-free follow-up period (mean 21.9 weeks, range 7-27). HBsAg seroconversion was achieved in 4/8 patients during follow-up with anti-HBs ranging from 200-766 U/L.

In conclusion, in patients treated with REP2139-Ca, serum HBV-RNA levels decreased significantly compared to baseline. REP2139-Ca may be a promising new treatment option for CHB patients, according to Dr. Reesink.

The trial was funded by Replicor Inc.



Serum HBV-RNA in REP2139-Ca Responders

Radiofrequency Ablation (RFA) Know-How in 2 Days

— Juntendo University radiofrequency ablation (RFA) training program

Although RFA has been a standard treatment modality for liver tumors for many years, it is highly operator-dependent. RFA skills and outcomes are different from operator to operator, and from institution to institution.

Shuichiro Shiina MD, Juntendo University School of Medicine, which is the highest RFA volume center in Japan, introduced the RFA training program held by his institution, aiming to disseminate skills and know-how on RFA.

Each year, Juntendo University hosts six RFA training programs and each course can enroll 99 doctors. The programs are popular and the quotas are filled every time.

The 2-day program is composed of comprehensive lectures, live demonstrations and case studies. Content of the lectures include the current status of RFA, RFA devices, ultrasonography, and so on. The live demonstration includes presentation of three cases on whom RFA would be performed the following day and planned ultrasound examinations conducted by participants, outlined Dr. Shiina.

On the second day, the trainee has the opportunity to perform RFA on the three cases, using artificial ascites technique, contrast-enhanced ultrasound guidance and fusion imaging. In the case studies, around 12 difficult to ablate cases from participants' hospitals are presented and discussed.

Through the intensive program, participants will be able to learn the current status of RFA. The questionnaire surveys after the program have revealed overwhelmingly positive feedback from the participants. Many participants remarked on the benefits of being directly trained by noted interventional oncologists in an academic environment where interaction between teachers and students and group discussions were encouraged.

In the future, the program will also hold a longer-term training program for up to two weeks. Additionally, the program has expanded to include an international training program for foreign doctors, with the first one held in December, 2015, according to Dr. Shiina.

TDF Effective in HBV Long-term Treatment

In past studies, tenofovir disoproxil fumarate (TDF) has demonstrated high efficacy in short-term treatment with a very low resistance rate in chronic hepatitis B (CHB) patients in China. However, long-term treatment data was lacking.

Jian Sun PhD MD, representing Jinlin Hou MD, Nanfang Hospital, China, reported the outcomes of a 192-week TDF monotherapy, phase III, 22-centered clinical trial in treating Chinese patients with CHB.

The researchers first treated subjects with TDF monotherapy for 48 weeks in an open-label study period, then randomized treatment to either TDF 300mg QD or adefovir dipivoxil (ADV) 10mg QD. Patients with HBV DNA>10^5copies/ml were eligible for initial randomization and subgrouped to HBeAg-positive and -negative groups. A total 497/512 (97%) subjects, with 198 HBeAg-positive and 299 HBeAg-negative, entered the open-label phase; and 252 subjects were randomized to TDF follow-up treatment (TDF-TDF) and 245 subjects randomized to receive ADV (ADV-TDF) treatment. The majority of subjects (95.5%) were treatment naive.

The results demonstrated that at week 192, the majority of treated subjects (TDF-TDF vs. ADV-TDF) in HBeAg-positive (91.3 vs. 92.9%, P>0.05) and HBeAg negative (92.9 vs. 92.2%, P>0.05), achieved virologic suppression (HBV DNA <400copies/ml). Also, more than 80% of the subjects achieved ALT normalization. The results suggested that a higher proportion of subjects in the TDF-TDF group experienced HBeAg loss and HBeAg seroconversion, but these differences were not statistically significant. No subject experienced durable HBsAg loss/seroconversion. No TDF resistance mutations were identified. More than 92% subjects completed the 192-week treatment and TDF's long-term safety profile was as previously established.

In summary, TDF demonstrated high potency, no resistance, and good tolerability in Chinese CHB subjects with 192-week monotherapy, Dr. Sun concluded.

This trial was funded by GlaxoSmithKline (GSK).

VEL/SOF Effective in HCV Patients with Decompensated Cirrhosis

As a second generation of DAAs, velpatasvir (VEL) has demonstrated high SVR rates in patients with genotypes 1-6 HCV when used in combination with sofosbuvir (SOF). So could fixed dose combination of SOF/VEX be used effectively and safely in HCV infected patients with decompensated liver disease?

Michael Charlton, MD, Intermountain Medical Center, Salt Lake City, USA, reported the outcomes of "Sofosbuvir/velpatasvir for the treatment of HCV decompensated liver disease patients: ASTRAL-4 study".

The researchers randomized GT1-6 HCV infected patients with CPT-B cirrhosis 1:1:1 to receive SOF/VEL (400 mg/100 mg) daily for 12 weeks, SOF/VEL + weight-based ribavirin (RBV) (1000 or 1200 mg/day) for 12-weeks, or SOF/VEL for 24 weeks. Patients with prior liver transplant or hepatocellular carcinoma were excluded.

The trials was done in a US population with 267 patients treated, most were male (70%), white (90%) and treatment experienced (55%). Patients had genotypes 1(78%), 2 (4.5%), 3 (15%), 4 (3%) or 6 (<1%) HCV infection. Although SOF/VEL + RBV for 12 weeks resulted in high SVR rates (95.6% compared with 83.3% and 85.6% of other groups), there was 1 (1%) GT1 and 2 (15.2%) GT3 subjects who experienced virologic failure and 1 GT3 patient who had virologic breakthrough.

Among patients who achieved SVR, 47% and 56% had improvements in CPT and MELD scores respectively at 12-week follow-up. Fatigue, headache and nausea were the most common adverse events.

Nine patients in total discontinued SOF/VEL due to adverse events. 18% (47) patients experienced serious adverse events and there were 9 deaths; but none were attributed to the study drug.

In conclusion, SOF/VEL + RBV for 12 weeks resulted in high SVR rates across all HCV genotypes in decompensated patients with early improvements in liver function. This regimen was well tolerated with AEs consistent with clinical sequelae of advanced liver disease and side effect profiles of RBV, according to Dr. Charlton.

This clinical trial was funded by Gilead Sciences.

LDV/SOF Efficacious in HCV Patients with Decompensated Cirrhosis

For HCV patients with decompensated cirrhosis, or those who have undergone liver transplant, there are usually not many treatment choices left. Could the emerging DAAs meet the needs of these patients?

Edward Gane, MD, University of Auckland, New Zealand, reported the outcomes of a multinational (mainly Western European and North American countries), multi-centered clinical trial "LDV/SOF + RBV in HCV patients with decompensated cirrhosis or liver transplantation: SOLAR-1 and SOLAR-2" at APASL2016.

The researchers extracted data from the SOLAR-1 and SOLAR-2 studies, in which patients with HCV genotype 1 or 4 were randomized to receive 12 or 24 weeks of ledipasvir (LDV)/sofosbuvir (SOF) + ribavirin (RBV): patients without a transplant with (1) Child-Pugh-Turcotte (CPT) B or (2) CPT-C cirrhosis; or transplanted patients with (3) no cirrhosis (F0 to F3), (4) CPT-A, (5) CPT-B or, (6) CPT-C cirrhosis, or (7) fibrosing cholestasis hepatitis. Then the researchers evaluated SVR12, relapse and change from baseline in CPT and MELD scores 12 weeks after the end-of-treatment among those patients with SVR12.

The outcomes of the trial were striking. In the total of 667 patients, 27 were excluded because they have not reached the post-treatment week 12 visit. Subjects with GT1 responded better to the treatment. Overall, 92% (575 of 627 subjects) achieved SVR12. That included 92% (545 of 590 subjects) and 81% (30 of 37 subjects) in genotype 1 and genotype 4 infection, respectively.

The results also demonstrated that the relapse rates were low, only 4% overall (23 of 598 subjects), being 4% (20 of 565 subjects) and 9% (3 of 33 subjects) in GT1 and GT4 infection, respectively. The results suggested that relapse occurred more commonly in decompensated patients, but was not related to treatment duration, according to Dr. Gane.

The authors used MELD score to assess liver function and CPT score to predict prognosis. Of the 250 decompensated patients who achieved SVR12, 60% (150) had an improvement in MELD scores from baseline to post-treatment week 12, 61% (41/67) with baseline MELD >=15 had a post-treatment week 12 MELD<15, and 66% (164/248) had improvement in CPT scores.

In short, LDV/SOF + RBV for 12 or 24 weeks in patients with decompensated cirrhosis or recurrent HCV was efficacious with low relapse rates. And most patients with SVR12 also had improvements in CPT and MELD scores, concluded Dr. Gane.

This research was funded by Gilead Sciences.

AARC-ACLF, the Better Prognostic Score

—AARC-ACLF Score predicts 30-day survival better than CLIF-SOFA

and MELD scores in patients with ACLF

Acute-on-chronic liver failure (ACLF) is associated with the rapid worsening of liver failure and high mortality. A well-validated scoring system used to predict survival and early intervention can improve outcomes. The challenge was to build a prognostic model in patients of ACLF by APASL's definition that is better than existing MELD and CLIF-SOFA scores.

Ashok K Choudhury, MD, Institute of Liver and Biliary Sciences, New Delhi, India, representing the APASL ACLF Research Consortium (AARC), reported that based on his research from 1021 patients, the AARC-ACLF could be the answer.

The researchers enrolled a total 1021 ACLF cases with 90 days follow-up into the analysis, with a derivation set of 338 cases analyzed for a prognostic model and calibrated in 683 cases as a validation set.

The results demonstrated that of all the baseline independent predictors of mortality, total

bilirubin, creatinine, lactate, INR and hepatic encephalopathy were considered. AUROC in derivation and validation cohorts were 0.797and 0.793 respectively. AARC-ACLF score was developed with a minimum and maximum of 5 and 15. The score was better than the

MELD and CLIF-SOFA with an AUROC of 0.76, sensitivity of 70%, specificity of 67%, PPV of 78% and NPV of 58% in predicting 90 days survival. Grading was done with Grade A (5-9), Grade B (10-11) and Grade C (12-15 points). The mortality risk increases by 9.7% with each unit increase. Score of 11 at baseline or persistence of the same in the first week was associated with 100% mortality in 30 days. Overall, median survival was 26.3 days and for Grade B and C, 16 and 5 days respectively. Overall survival was 51.8%.

In short, he AARC-ACLF score is dynamic, simple and better than the existing models. Definitive therapies like transplant can be predicted within the first week, Dr. Choudhury concluded.

Combination Treatment in HBV Infection

Jinlin Hou

"Today is limited, tomorrow is promising, the CHB cure will come true within the next 5-10 years!"

Although current HBV infection treatment regimens are highly effective in suppressing viral replication, reversing hepatic fibrosis and preventing progress to liver failure, low rates of HBsAg loss, the persistent risk of HCC, high cost and drug resistance are still worrisome, stated Prof. Jinlin Hou from Nanfang Hospital, Guangzhou, China, and the President Elect of APASL 2017, at a lecture at the Post Graduate Course at 25th APASL on Feb 20th.

Would combinations with other newer drugs, namely the oral antiviral agent nucleos(t)ide analogues (NAs), with pegylated interferon work better?

The main finding in the SWITCH (OSST) study was "for patients who achieve virological suppression with ETV, switching to a finite course of pegylated interferon alfa-2a significantly increased rates of HBeAg seroconversion and HBsAg loss", according to Prof. Hou. And in the New SWITCH study, the patient group who had an early response (HBsAg<200 IU/ml at 24 weeks) regardless of their baseline, had shown better HBsAg loss at 48 weeks of treatment.

What about combinations of different new NUC agents?

Dr. Hou introduced the EFFORT study to address this approach. From the two-year outcomes, it seemed that the telbivudine (LDT) optimization strategy demonstrated superiority to LDT monotherapy for HBeAg-positive HBV patients, with 77% vs. 61% in virological responses and 2.7% vs. 25.8% in genotypic resistance, respectively.

While HCV infection has welcomed breakthrough treatment advances recently, understandably, people now shift the same expectation to HBV infection treatment.

From the many exciting small molecule host-targeting agents under investigation, Dr. Hou focused on nucleic acid polymers (NAP), which prevent sub-viral particle (SVP) formation in HBV-infected hepatocytes and inhibits HBsAg release. From a phase II clinical trial result in a small number of patients, the combination of NAP with pegylated interferon alfa-2a achieved high SVR rates.

"Triple combination therapy with NAPs (with pegylated interferon alfa-2a + TDF) and existing approved treatment is likely to achieve high SVR rates", said Dr. Hou.

For the choices of treatment of chronic hepatitis B and as quoted by another hepatologist, Dr. FS Wang in China, Dr. Hou shared an optimistic vision for the near future - "Today is limited, tomorrow is promising, the CHB cure will come true within next 5-10 years!"

Switching PEG-RBV to DAAs in Patients Chronically Infected with GT1b HCV

Guofeng Chen

In today's Free Paper Session, Dr Guofeng Chen from Beijing 302 Hospital of PLA, China will present their results of *Switching PEG-RBV to DAAs for Chinese with Chronic Hepatitis C GT1b.*

Chronic hepatitis C is prevalent in China and the major genotype is 1b. Standard treatment is pegylated interferon plus RBV (PR). Beijing 302 Hospital of PLA and the Humanity & Health Medical Center (Hong Kong) jointly established the HCV Diagnosis and Treatment Center in 2013. New regimens have becoming increasingly available since 2013.

Some patients have used the PR therapy and have attained RVR or EVR, but they suffered and could not tolerant adverse reactions as well as the long duration of treatment. Dr Chen and her colleagues switched PR to DAAs to treat those patients who gave informed consent.

This clinical study was prospective, real-life research. 129 consecutive CHC GT1b Chinese patients who were initiated with PR and had completed early virologic response were studied. 20 (16%) discontinued PR therapy, due to PR-intolerance and were switched to 4 (n=10) or 8 (n=10) weeks of Harvoni® (ledipasvir/sofosbuvir) at the patient's discretion. The first aim was to identify the SVR of Chinese chronic hepatitis C patients treated with PR therapy after switching to a pan-oral direct-acting antiviral agents strategy. The second aim was to evaluate the safety and cost-effectiveness of a DAA strategy.

A simplified Markov model was used for decision analysis. It simulated the progression of a 50-year-old chronic hepatitis C, genotype 1b cohort, under different SOF-based therapeutic strategies. The initial population consisted of both treatment-naïve and -experienced patients by sex and fibrosis stages (F0-F4 and decompensate cirrhosis defined by METAVIR score). Subjects can progress through fibrosis stages F0-F4, DC based on natural progression rates. Fibrosis regression after SVR is possible for subjects in stage F3 and F4. Further fibrosis progression to HCC and liver transplant after SVR is possible for subjects in stages F4 and DC at lower rates. An annual discount rate of 3% was applied.

The authors used real-world data from their centers to evaluate clinical effect and costs. Disease progression and QALYs data were taken from literature. A cycle of 4-weeks was applied in the first 52 weeks and yearly cycle was applied afterwards. Outcome measures include discounted cost (in 2014 US$), quality-adjusted-life-year (QALY), and incremental cost-effectiveness ratio (ICER).

The results shows that for PR therapy in CHC GT1b patients with cEVR, switching to 4-8 weeks Harvoni® is safe, effective and cost-effective. All CHC patients treated with Harvoni® had SVR12 as compared to 52/109 who continued PR therapy (100 % vs. 48%, P<0.0001). Compared to PR48, PR12+ 4 weeks Harvoni and PR12+ 8 weeks Harvoni gained 1.173 and 1.168 QALYs, PR12+ 4 weeks Harvoni® have a cost saving.

The authors concluded that when CHC patients got EVR on PR treatment but were intolerant to the severe side effects, we can switch therapy to DAAs. They also noted the limitation of the small size of this study and the undefined equivalence between 4-week and 8-week treatments.

(From: Chen GF, Second Liver Cirrhosis Diagnosis and Treatment Center, 302 Hospital, Beijing, China)

TOKYO

Free Paper –
"Switching PEG-RBV to DAAs for Chinese with Chronic Hepatitis C GT1b"
(11245)
08:50 – 10:30
Room 5

What to Watch out for Today

Lecture			
Room 1BC	10:45 - 11:05	Future Perspective of Hepatology	Eugene R. Schiff
Room 1BC	11:05 - 11:45	Okuda Oration-Acute on Chronic Liver Failure: APASL ACLF Research Consortium (AARC) - A Proud Asian Initiative	Shiv K. Sarin
Room 1BC	15:15 - 15:35	Disorders of Iron and Copper in the Asian Pacific Region	Lawrie W. Powell
General Session 7. Update of NASH/ASH Research			
Room 2	09:10 - 09:30	Noninvasive (Genetic) Predictor of NASH	Yoshito Ito
Symposium 13. Recent Trend in HCC Treatment			
Room 1D	10:45 - 11:05	Treatment of Advanced HCC in BCLC B/C Treatment	Massimo Colombo
APASL-AASLD Joint Meeting			
9:30 - 9:50		PBC and GWAS	Lai Wei
9:50 - 10:30		Epidemiology of Primary Biliary Cholangitis: East and West	W. Ray Kim
APASL-EASL Joint Meeting			
Room 3	15:50 - 16:15	Autoimmune Liver Disease:EASL Clinical Practice Guidelines and Future Directions	Tom Hemming Karlsen
Room 3	16:15 - 16:40	Non-Invasive Diagnosis of Fibrosis: APASL Clinical Practice Guidelines and Future Directions	Hiroshi Yatsuhashi
Room 3	16:40 - 17:05	Non-Invasive Diagnosis of Fibrosis: EASL Clinical Practice Guidelines and Future Directions	Laurent Castera

Perfect Performance of Radiofrequency Ablation to Treat Early HCC in Skilled Center

This morning, Professor Shuichiro Shiina, from the Department of Gastroenterology, Juntendo University, Japan will share his experience on local treatment of hepatocellular carcinoma (HCC), mainly focusing on radiofrequency ablation (RFA) .

Because many patients with liver cancer can be detected in the early stages in Japan, up to 50% of patients can be candidates for radiofrequency ablation (RFA), while in his center, almost 90% of newly diagnosed HCC patients will receive RFA therapy, explained Professor Shiina in a interview with APASL Daily. His center has one of the highest volumes of RFA cases in Japan.

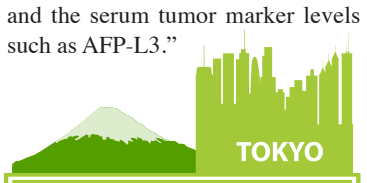
According to Professor Shiina, RFA has many advantages over surgical resection to treat HCC, "it is much less invasive than surgical resection. Elderly patients (>85 years) or those with advanced liver cirrhosis or with cardiopulmonary complications can be candidates for RFA preferentially over resection. Because of the reduced invasiveness, RFA can be repeated in the case of recurrence. At our institution, almost 90% of patients with recurrence can be treated again with RFA. Using surgical resection, maybe only 20% of patients can be candidates for repeated resection."

RFA has demonstrated high efficacy and a favorable safety profile. In his center's 10-year experience of RFA, final CT showed 99.4% of complete tumor ablation. With a median follow-up of 38.2 months, 5- and 10-year survival rates were 60.2% and 27.3%, respectively. On the other side, the complication rates using RFA have been remarkably decreased in recent years. The frequency of the most common complication, bleeding (hemoperitoneum or hemothorax), is <0.5% nowadays, said Professor Shiina.

"At our institution, almost 90% of patients with recurrence can be treated again with RFA. Using surgical resection, maybe only 20% of patients can be candidates for repeated resection."

At the end of the interview, Professor Shiina noted how to evaluate the risk of HCC recurrence and death after RFA. "There are two kinds of recurrence in HCC. One is recurrence distant from the primary site and the other is local tumor progression and local recurrence. With regard to distant recurrence, the tumor size and number and serum tumor marker levels are significantly related to recurrence from the primary site. For local progression or recurrence, the tumor size is the main factor. Overall, the factors related to survival are age and in Japan, the presence of hepatitis C, tumor size and number, and the serum tumor marker levels such as AFP-L3."

Shuichiro Shiina



Symposium 11: Update of HCC Treatment – "Local Treatment of HCC"
10:10 – 10:30
Room 1D

Welcome Message

Jinlin Hou

Dear Colleagues,

We are delighted and honored to introduce you to the 26th Conference of the Asian Pacific Association for the Study of the Liver (APASL), which will take place in Shanghai, China. We will bring together a distinguished faculty of renowned specialists from the Asia-Pacific region and from around the world to this conference.

The APASL Annual Meeting has grown as the leading conference focusing on remarkable advances in liver disease, aimed at providing the latest scientific and evidence-based research results that will be applicable to everyday clinical practice. It provides an excellent opportunity to share and exchange experiences especially from the viewpoint of Asian-Pacific countries. These elements are essential to pave the way for the further development of hepatology.

We plan to have a three-day core program to provide an overview of various liver diseases with the State-of-the-Art Lectures on hot-off-the-press issues. Additionally, Postgraduate Courses and Morning Sessions will be designed for the in-depth discussion of particular topics.

Free paper and poster presentations are always the soul of the conference to share research findings and there will be several awards available aimed at supporting young scientists to attend the conference and encourage scientific research.

We thus enthusiastically invite you to submit abstracts and join us at this conference as well as our blooming city, Shanghai.

We look forward to welcoming you in Shanghai!

Jinlin Hou, M.D., PhD
President, APASL 2017

New Drugs to Overwhelm the Barriers to Eliminate HCV

Only 25 years from the discovery of the hepatitis C virus, a cure is now likely for most people afflicted with this chronic infection. The recent approval of several direct-acting antiviral agents has dramatically increased the viral clearance rate to over 90%. As Dr Eugene Schiff says, once treatment programs get going, in thirty years, the disease could be expected to be eradicated.

However, barriers exist on the road to curing HCV infection. According to Dr T. Jake Liang in an interview with APASL Daily, "cost is a major challenge." Dr Liang is a former President of AASLD2011, from the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, USA. He gave an excellent speech on the topic of Challenges and Prospects of HCV Therapy Beyond the DAAs at APASL2016. He told APASL Daily that with the current price of the drugs, many people and countries of low- to mid-income level couldn't afford them. "The cost of treatment would have to go down significantly first before we can consider eradication", said by Dr. Liang.

Additionally, diagnosis and access to appropriate healthcare and treatment for the majority of people infected with HCV is another major problem. Other challenges include further reducing the treatment duration, and who should to be treated and with what regimen. Also, there remain difficult-to-treat patient populations.

To address these remaining challenges, one of the options is to develop new drugs targeting other viral or host factors.

"The cost of treatment would have to go down significantly first before we can consider eradication".

When asked his opinion on the role of host-targeting agents for treating hepatitis C, Dr. Liang believes it is a viable alternative to DAAs "because host-targeting agents have less of an issue with drug resistance and are likely to be active against all HCV genotypes. The miR-122 inhibitor sounds promising in early clinical trials. Entry inhibitors such as antibody or small molecule-based therapeutics have shown promise not only as preventive but also in therapeutic strategies."

Also Dr. Liang believes that a vaccine is necessary to prevent new infections, especially in high-risk populations or high-prevalence countries. "However, the lack of convenient animal models to test vaccine candidates is probably the most significant barrier to the development of an effective vaccine. The other barrier to development of an effective HCV vaccine is a dearth of funding opportunities in both the private and public sectors."

T. Jake Liang