HepNed Symposium

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Virale Hepatitis

Donderdag 13 februari 2020

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Opleidingsruimte Utrecht
Mariaplaats 3
3511 LH Utrecht

hepned

www.HepNed.nl

WELKOM — DONDERDAG 13 FEBRUARI 2020

Geachte aanwezigen,

Graag heten wij u welkom op het eerste HepNed symposium Virale Hepatitis. Met dit symposium beogen we u meer inzicht te geven in de huidige behandelrichtlijnen, richtlijnoverstijgende klinische problematiek met u te bespreken en Nederlands wetenschappelijk onderzoek op het gebied van virale hepatitis aan u te presenteren.

HepNed is in december 2015 opgericht door acht academische artsen betrokken bij de behandeling van hepatitis C. De reden hiervoor was de beweging in het wetenschappelijke landschap naar schaalvergroting. Ons doel is dan ook het faciliteren en bevorderen van multicenter wetenschappelijk onderzoek. Door het verrichten van gezamenlijk onderzoek hopen we de zorg voor onze patiënten te verbeteren.

Sinds de oprichting in 2015 zijn er reeds verschillende studies afgerond die tot publicaties hebben geleid (zie ook www.HepNed.nl). Daarnaast hebben wij recent onze gelederen versterkt met de eerste zorgverleners uit de periferie. Indien u zich ook graag wilt aansluiten om mee te praten over het initiëren van en het participeren aan multicenter onderzoek, kunt u zich aanmelden via www.HepNed.nl/deelnemers.

Wij willen u bij dezen een interessant en leerzaam symposium toewensen. Wij zijn erg benieuwd naar uw ervaringen, en hopen daarom dat u het evaluatieformulier aan het einde van het symposium in wilt vullen.

Vriendelijke groeten, het organiserend comité

PROGRAMMA — DONDERDAG 13 FEBRUARI 2020

Opening

13:00 **Registratie**

13:40 **Opening**
Joost Drenth – Radboudumc

Richtlijn sessie
Sessie voorzitters: Joost Drenth (Radboudumc), Carina Verstraete (UMC Utrecht)

13:45 **Hepatitis B**
Milan Sonneveld – Erasmus MC

14:10 **Eliminatie van (acute) hepatitis C: een gecombineerde aanpak**
Karin Grintjes – Radboudumc
Ton Dofferhoff – Canisius Wilhelmina Ziekenhuis, Radboudumc

14:35 **Behandeling van hepatitis E**
Hans Zaaijer – Amsterdam UMC, locatie AMC, Stichting Sanquin Bloedvoorziening

Wetenschappelijke sessie (Voor abstracts zie pagina 5 en verder)
Sessie voorzitters: Joop Arends (UMC Utrecht), Rob de Man (Erasmus MC)

15:00 **HCV retrieval: het CELINE project**
Marleen van Dijk – Radboudumc

15:12 **De SNAP studie**
Sylvia Brakenhoff – Erasmus MC

15:24 **Complicaties in cirrotische patiënten na SVR**
Lisette Krassenburg – Erasmus MC

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15:36	**Nieuw HBAI20 vaccin bij non-responders** Ozgur Koc – Maastricht UMC+
15:48	**Niet-epidemische HCV genotypes** Cas Isfordink – UMC Utrecht, Amsterdam UMC locatie AMC
16:00	**Koffiepauze**

Actuele problematiek sessie
Sessie voorzitters: Pieter Honkoop (Albert Schweitzer Ziekenhuis), Marc van der Valk (Amsterdam UMC, locatie AMC)

16:30	**HCV behandeling in gevangenissen** Michael Klemt-Kropp – Noordwest Ziekenhuisgroep Alkmaar
16:45	**HBV flare onder immunosuppressie** Caroline den Hoed – Erasmus MC
17:00	**Genotyperen in het pangenotypische DAA-tijdperk** Janke Schinkel – Amsterdam UMC, locatie AMC
17:15	**Page-B score in de praktijk: bewijslast en limitaties** Hanneke van Soest – Haaglanden MC
17:30	**Echo vs. MRI voor HCC detectie** Manon Braat – UMC Utrecht
17:45	**Nieuwe HBV en HDV middelen** Bart van Hoek – LUMC

Afsluiting

18:15	**Afsluiting** Rob de Knegt – Erasmus MC
18:30	**Lichte maaltijd**

HCV retrieval: the CELINE project

Background: Hepatitis C virus (HCV) infection is a low-prevalent disease in the Netherlands (0.16%) that can be successfully treated using direct acting antivirals (DAA). Unfortunately, up to 30% of the diagnosed population has been lost to follow-up (LTFU) before receiving proper treatment. The Hepatitis C Elimination in The Netherlands (CELINE) project is a nationwide retrieval project that aims to retrieve and re-evaluate HCV patients who are LTFU, and re-link them to care.

Methods: LTFU patients are identified based on subsequent review of laboratory and patient records. Patients are invited for re-evaluation and if necessary, treatment. The primary endpoint of the study is the number of LTFU patients who have been successfully linked to care.

Results: In fourteen participating centres, 8408 potential ever chronically infected patients were identified. Sixty-one percent (n=5155) was already cured or in care and 10% (n=802) was LTFU and eligible for retrieval (alive and current address information available). Of 560 invited patients, 23% (n=131) were in care or cured elsewhere and 21% were successfully re-linked to care (n=102) or planned (n=16). Of re-linked-to-care patients with complete data, most were male (67%), aged 60 (median, IQR 54-64) and treatment experienced (32%). Eighty-one percent tested RNA-positive, of whom 69% have initiated treatment.

Conclusion: Many patients diagnosed with HCV are already cured or linked to care (61%). Only a small proportion is LTFU and eligible for retrieval (10%), of whom 21% could successfully be linked to care. Retrieval can contribute to HCV elimination. CELINE can be used to serve as a blueprint for retrieval projects in other countries.

The SNAP study (Sustained response to Nucleo(s)tide Analogues for chronic hepatitis B Patients)

Background: Nucleo(s)tide analogues (NAs) form the backbone of hepatitis B (HBV) management. Despite profound suppression of HBV DNA during therapy, on-treatment HBsAg clearance is limited. Lifelong continuous treatment has therefore been the mainstay of management in recent years, but this strategy is associated with increased risk of antiviral resistance and therapy associated side effects.

Various recent studies have explored the feasibility of NA discontinuation after a period of successful viral suppression. Virological relapse is observed in the majority of patients who cease treatment. However, this relapse could be transient and rise in ALT is only observed in a part of patients. A sustained response is observed in + 30% of patients. The main risk of treatment discontinuation is the occurrence of an HBV associated hepatic flare. So far, hepatic decompensation has only been observed in patients with advanced liver fibrosis or cirrhosis.

Based on these findings, the EASL guideline (2017) suggests that NA discontinuation can be considered in previously HBeAg-positive patients who have achieved HBeAg seroconversion followed by 12 months of consolidation treatment, and in HBeAg-negative patients who have been completely suppressed for at least 3 years. It is not recommended to cease NA treatment in patients with liver cirrhosis.

SNAP study: The Erasmus MC has initiated a prospective multicentre study in which patients will be selected based on EASL recommendations. Other centres can participate or refer patients that are willing to cease NA treatment to the Erasmus MC (contact: s.brakenhoff@erasmucm.nl).

DAAs for chronic HCV in patients with cirrhosis: complications post SVR

Treatment with direct acting antivirals (DAA) results in sustained virological response (SVR) in 95% of hepatitis C (HCV) patients with compensated (Child-Pugh (CP) A) cirrhosis and in ~80% of patients with decompensated (CP-B/C) cirrhosis. It is already known from the interferon era that SVR is associated with a decreased risk of liver decompensation (such as ascites, hepatic encephalopathy and variceal bleeding), hepatocellular carcinoma (HCC) and both liver- and non-liver-related death. The first long-term studies reviewing these complications in the DAA era show similar results in patients with compensated cirrhosis. Reaching SVR is associated with a greatly reduced risk. However, the risk has not completely subsided.

In patients with decompensated cirrhosis, the results are slightly different. Due to toxicity, these patients could not be treated during the interferon era. In the DAA era, we are finally able to ascertain the effects of SVR in patients with decompensated cirrhosis. The first studies show that there is no survival benefit, and possibly even a deteriorating effect due to treatment. Therefore, more studies should assess the effect of SVR on survival in patients with decompensated cirrhosis.

ABSTRACTS – DONDERDAG 13 FEBRUARI 2020

New HBAI10 vaccine for previous non-responders

No abstract to show.

Non-epidemic HCV genotypes

Background: The majority of hepatitis C viral (HCV) infections is found in low- and middle-income countries (LMIC), with many region-specific HCV subtypes. Nevertheless, direct acting antiviral (DAA) trials were almost exclusively executed in high-income countries, where mainly global epidemically spread HCV subtypes are present. Recently, several studies reported decreased DAA efficacy in certain non-epidemic subtypes, which could hamper global HCV elimination. Therefore, our aim was to evaluate DAA efficacy in patients with a non-epidemic HCV genotype treated in the Netherlands.

Methods: We performed a nationwide retrospective cohort study. Patients with an HCV genotype other than 1a, 1b, 2a, 2b, 3a, 4a or 4d treated with interferon-free DAA were included. Genotype was determined by phylogenetic analysis of the NS5B region. Primary endpoint was SVR-12.

Results: We identified 154 patients, mainly with non-epidemic genotype 2 (62, 40%) and 4 (48, 31%) subtypes. Most patients originated in Africa (69, 45%) or South America (35, 23%) and 46 (30%) were cirrhotic. SVR-12 was achieved in 92% (134/146) of patients with available SVR-12 data. Remarkably, only 70% (7/10) of patients with genotype 3 infection achieved SVR-12.

Conclusion: DAA treatment results in most non-epidemic genotypes in the Netherlands seem reassuring. However, the low SVR-12 rate in genotype 3 infections is alarming, especially as this genotype is common in certain countries with high HCV prevalence. Together with earlier published studies, these results show that one of the remaining challenges for global HCV elimination is confirmation and monitoring of DAA treatment effectiveness in non-epidemic genotypes.

NOTITIES – DONDERDAG 13 FEBRUARI 2020

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