

HCV hepatitis, is it still the major problem?

Francesco Paolo Russo, MD PhD

Gastroenterology and Multivisceral Transplant Unit,
High Specialization in Diagnosis and Therapy of Acute and Chronic Liver Disease
Azienda Ospedale - Università di Padova
Department of Surgery, Oncology and Gastroenterology, Università degli Studi di
Padova

email: francescopaolo.russo@unipd.it

Meeting del 45° parallelo

IBD and liver hemisphere

30 Maggio 2024

Salone del Grano

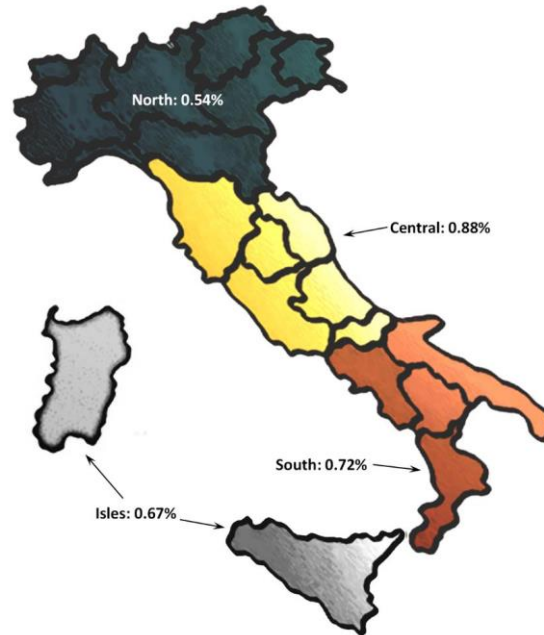
Piazza Giuseppe Garibaldi, 2
Rovigo



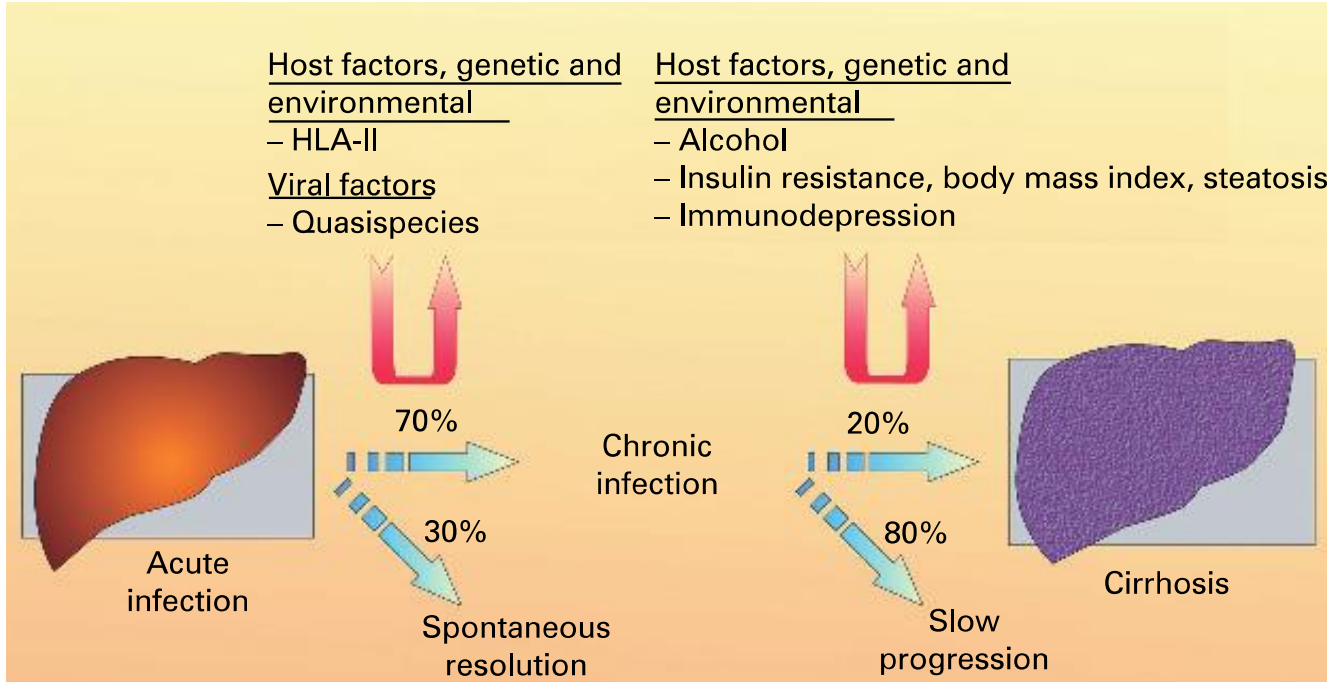
UNIVERSITÀ
DEGLI STUDI
DI PADOVA



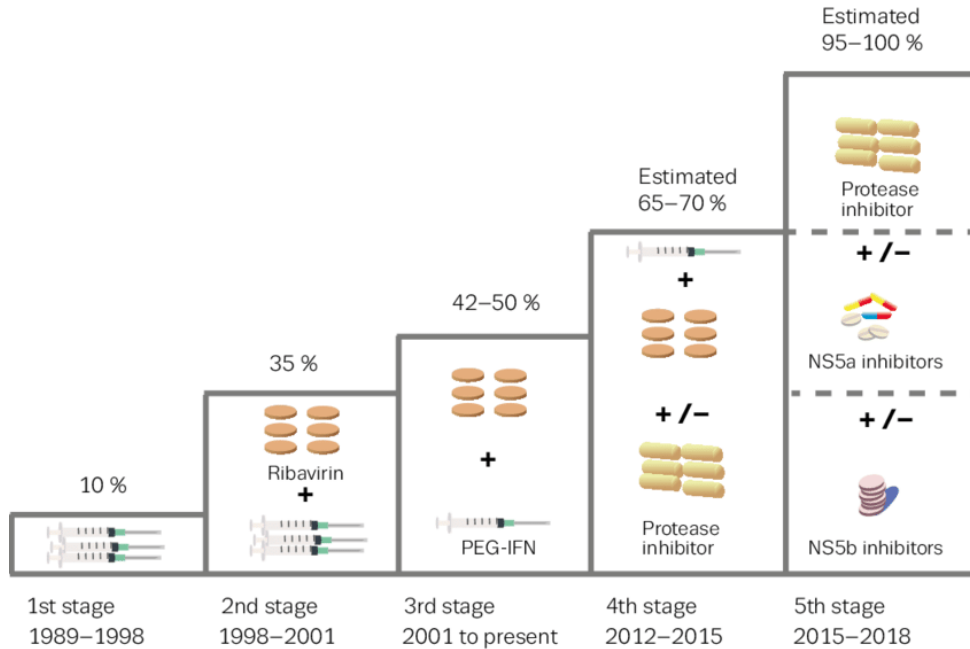
The estimated prevalence of hepatitis C virus in the 4 macroareas of Italy up to January 2021



Natural history of hepatitis C virus infection



Changes in standard of care for HCV, and improvements in numbers of sustained virological responses





Aggiornamento dati

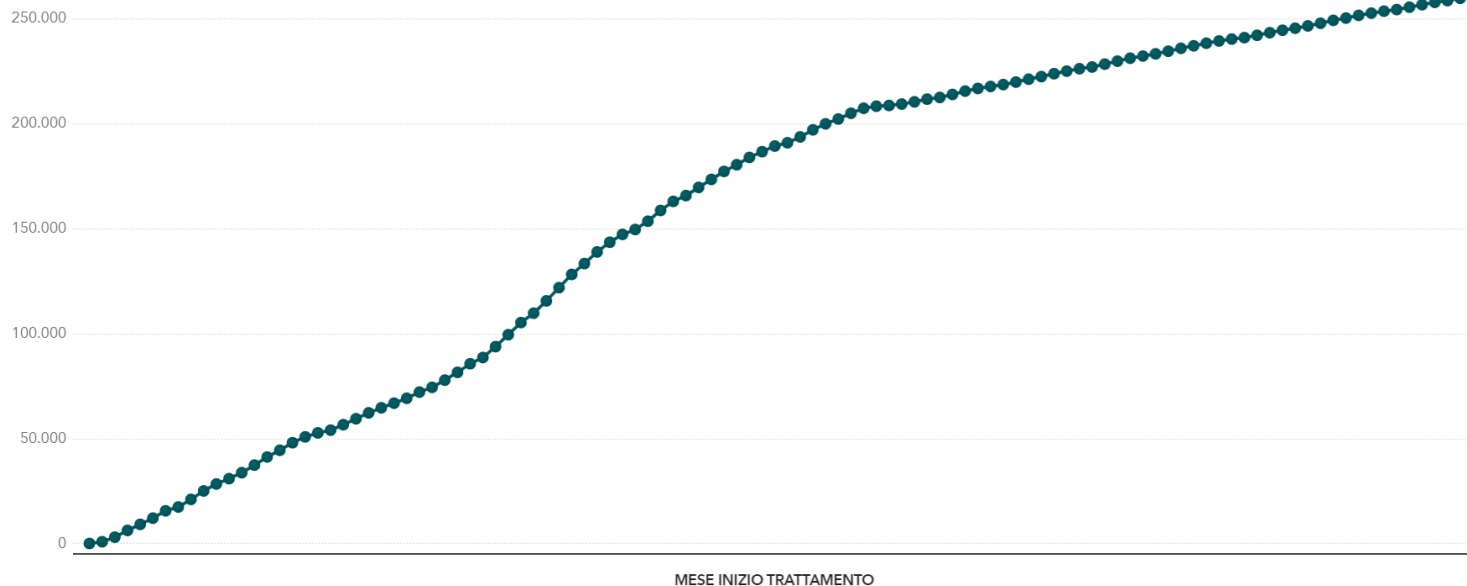
Registri AIFA DAAs - Epatite C cronica

27 Maggio 2024

Ufficio Registri di Monitoraggio AIFA

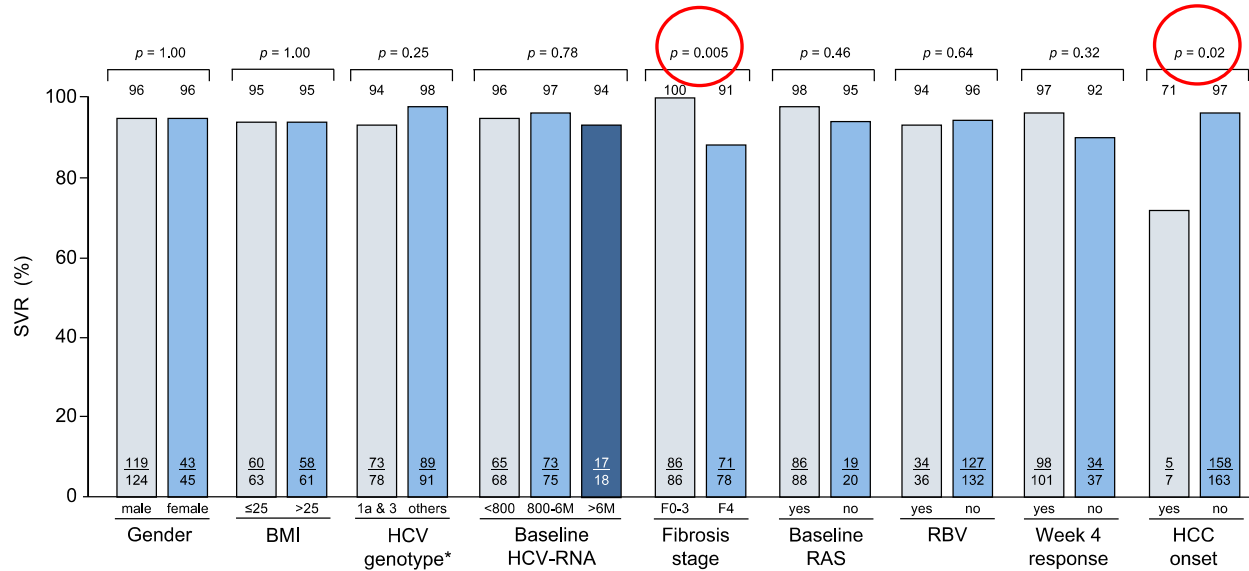
Trend cumulativo dei trattamenti avviati

N° di TRATTAMENTI CUMULATI

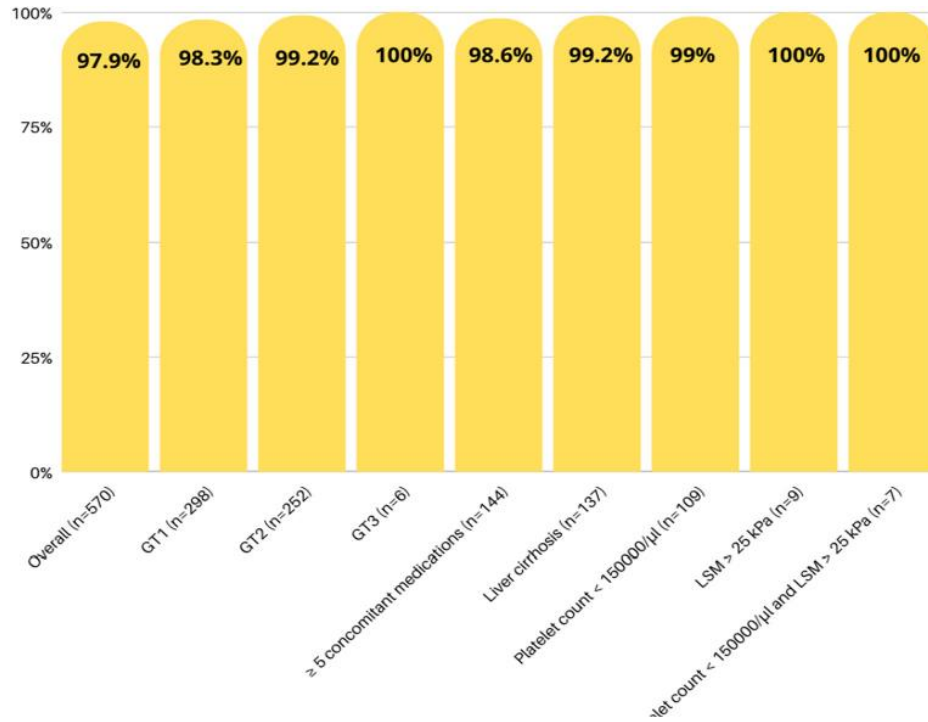


**263.498 «avviati» sono i trattamenti (solo pazienti eleggibili)
con almeno una scheda di dispensazione farmaco**

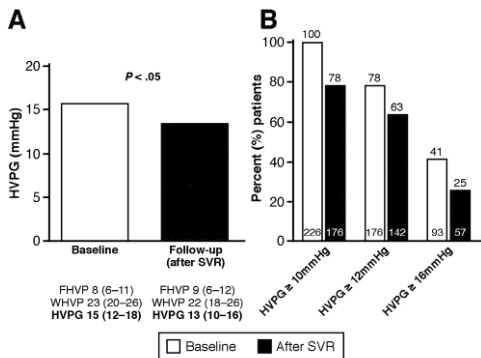
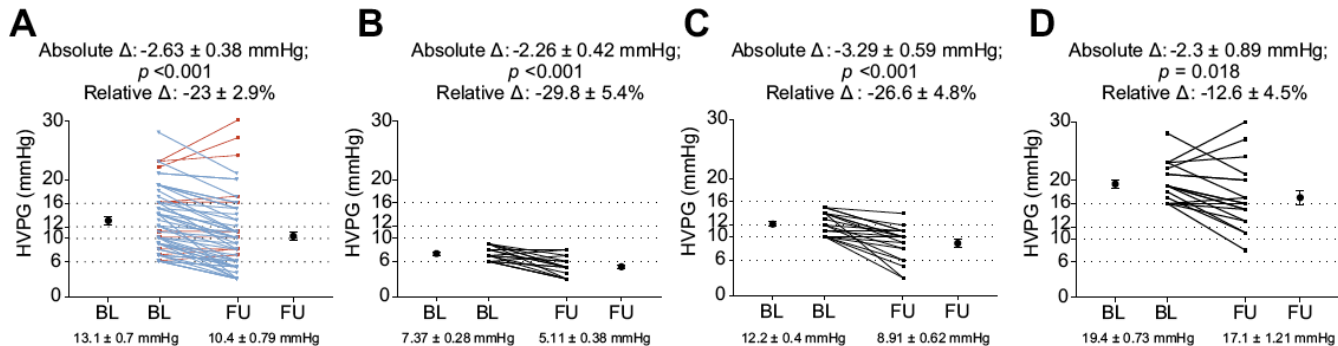
Rates of SVR according to the most important baseline and on-treatment features



Antiviral treatment is safe and effective in Italian patients with chronic hepatitis C aged 75 years or older: A multicentre study



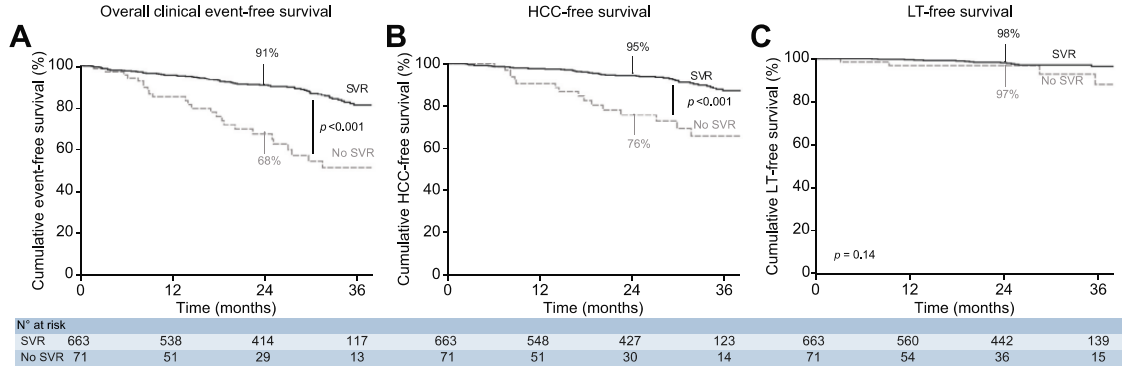
Sustained virologic response to interferon-free therapies ameliorates HCV-induced portal hypertension



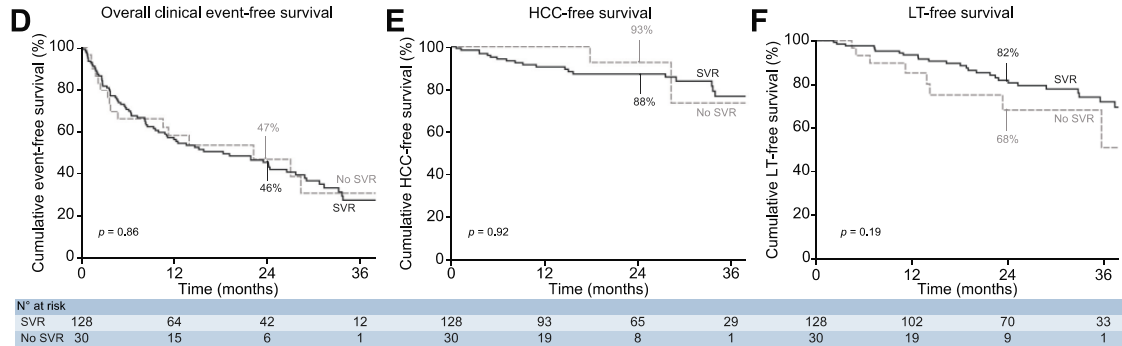
Mandorfer et al, 2016 J Hepatology
Lens S et al 2017 Gastroenterology

Survival in patients with SVR vs. no SVR

Child Pugh A cirrhosis

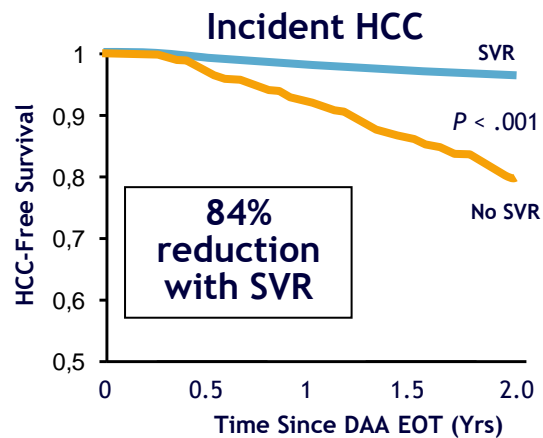
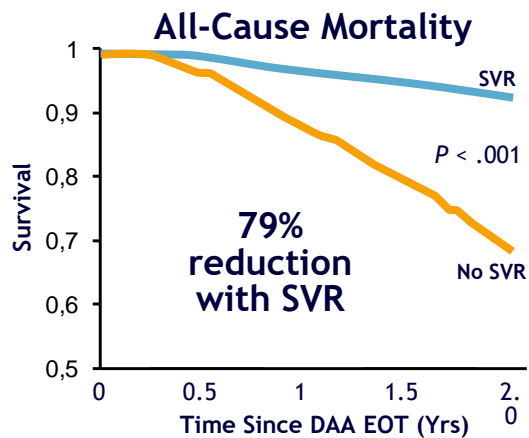


Child Pugh B/C cirrhosis

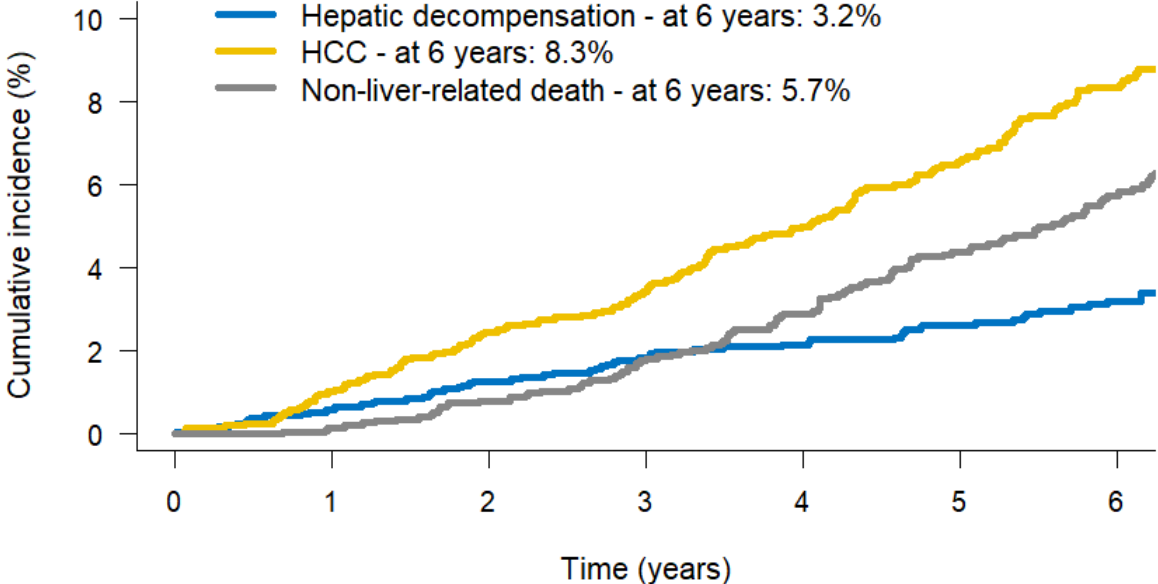


SVR With DAA Therapy: Mortality and HCC Risk

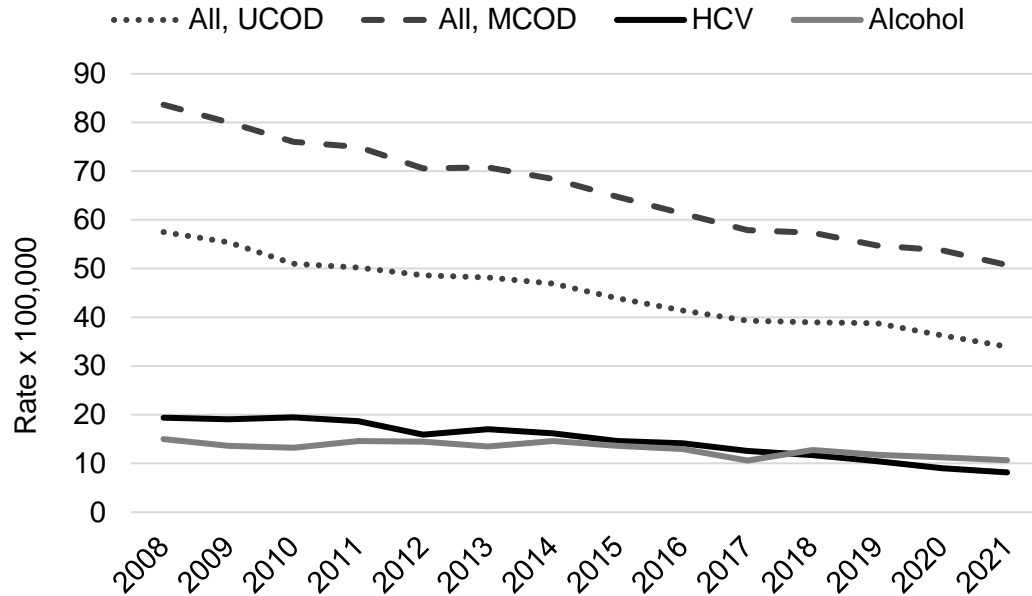
- Patients with HCV infection, FIB-4 > 3.25 in VA HCV Clinical Case Registry (N = 15,059)
 - SVR with DAA therapy significantly lowered all-cause mortality and incident HCC



Long-term outcome and risk stratification in compensated advanced chronic liver disease after HCV-cure



Mortality related to HCV and other chronic liver diseases in Veneto (Italy), 2008-2021: changes in trends and age-period-cohort effects

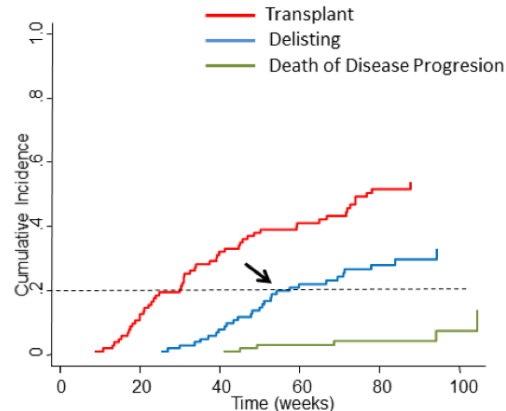
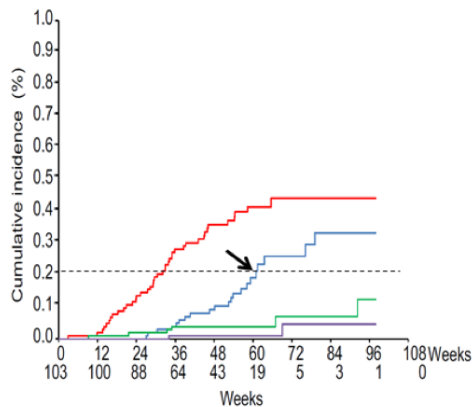


Impact of HCV clearance on the waiting list

Delisting

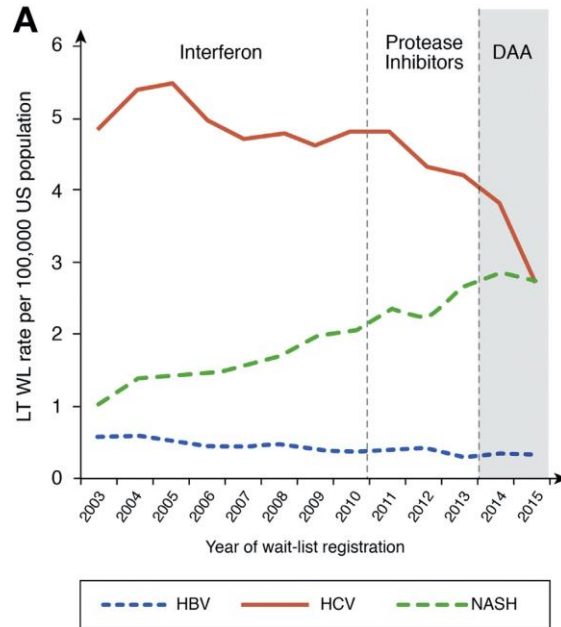
11 European transplant centers

18 Spanish transplant centers

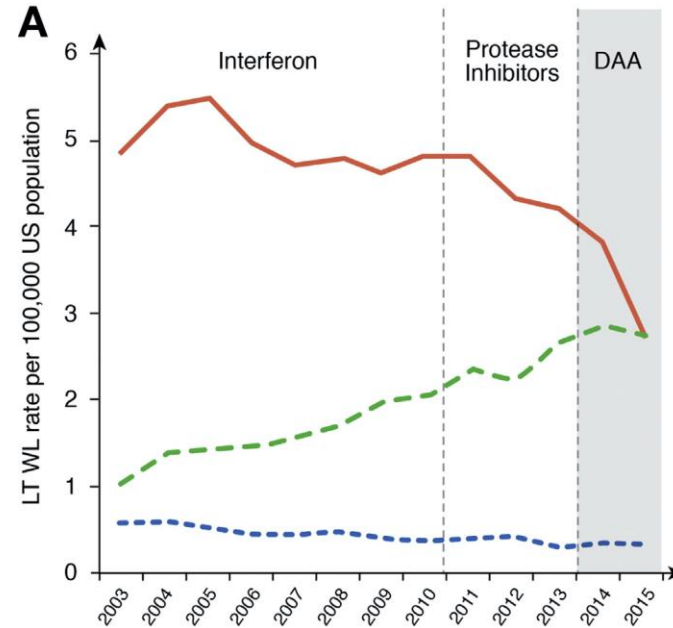


Variables related with delisting: Baseline MELD, Delta MELD and Delta Albumin

Decline in the proportion of patients on liver transplant waitlists (LT WL) whose etiology of cirrhosis is hepatitis C since the introduction of DAA

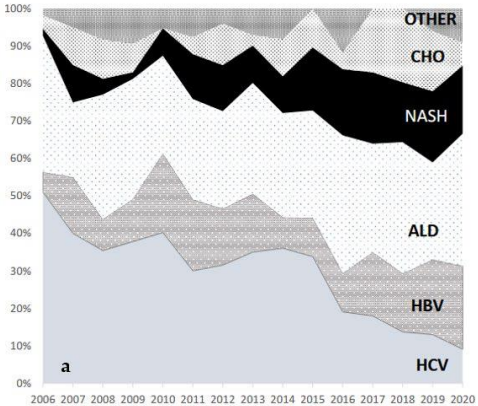
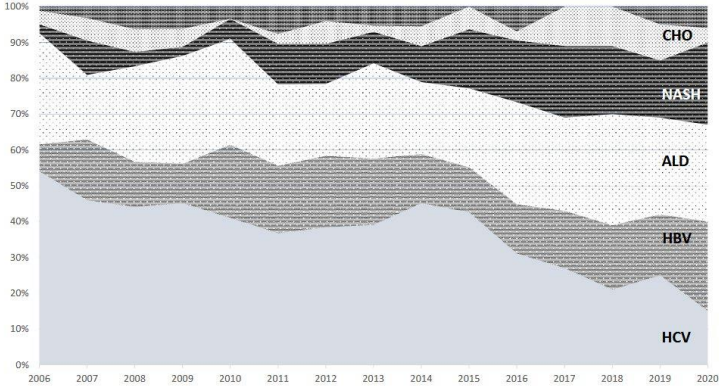


UNOS

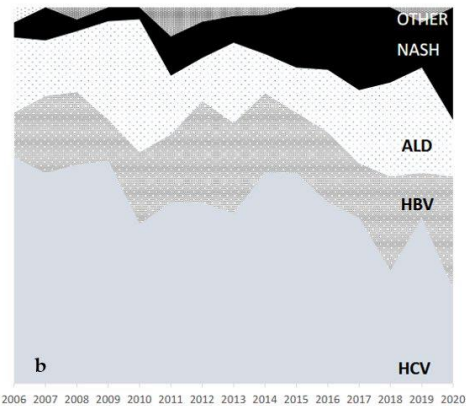


ELTR

Nash Up, Virus Down: How the Waiting List Is Changing for Liver Transplantation: A Single Center Experience from Italy

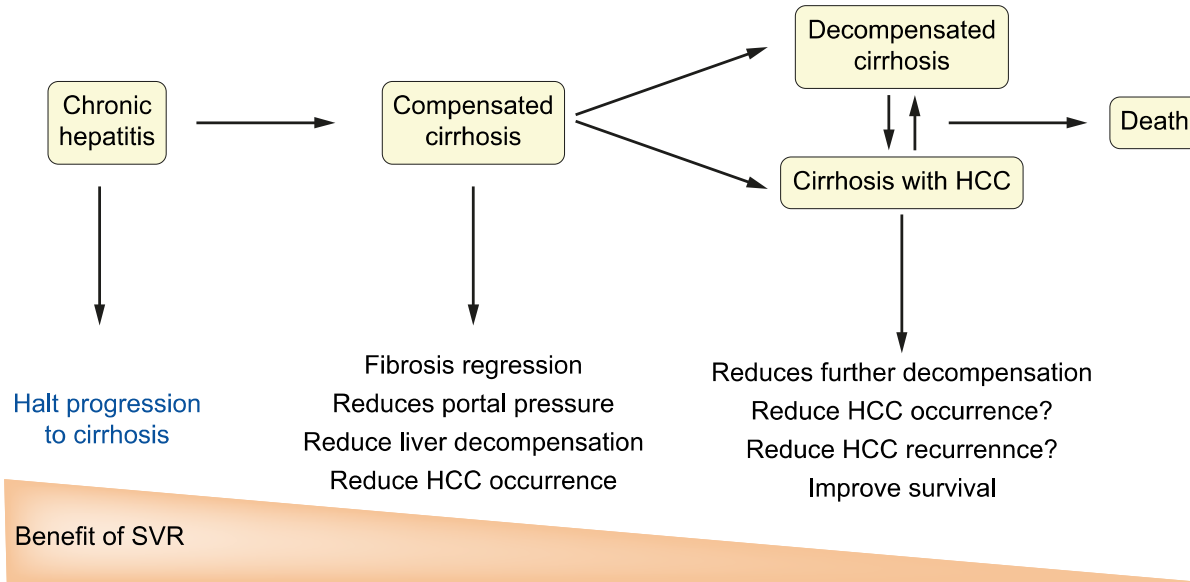


Decompensated cirrhosis

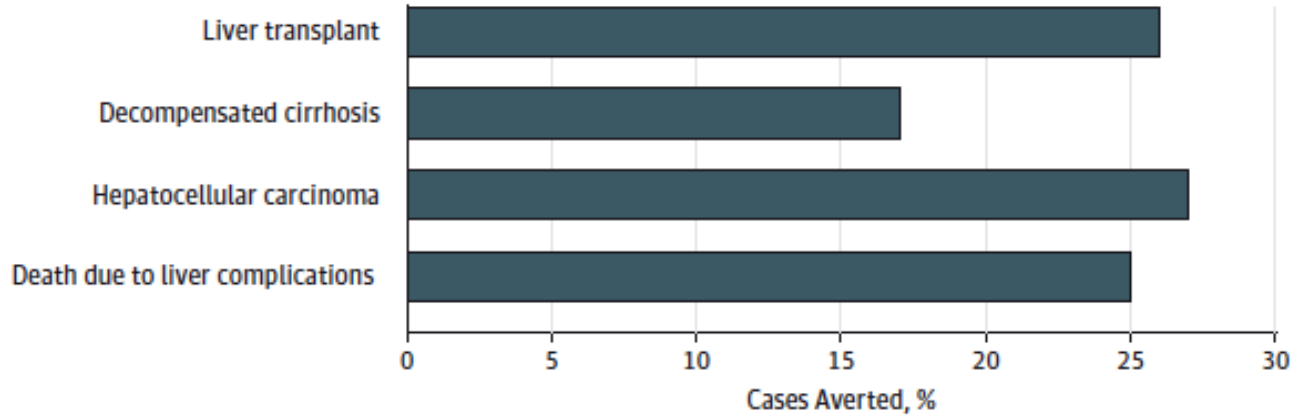


HCC

Hepatic benefit of SVR according to stage of liver disease



Cost-effectiveness of Early Treatment of Hepatitis C Virus Genotype 1 by Stage of Liver Fibrosis in a US Treatment-Naive Population



Chahal et al JAMA 2016

Non-invasive tests for clinically significant portal hypertension after HCV cure

Pooled analysis



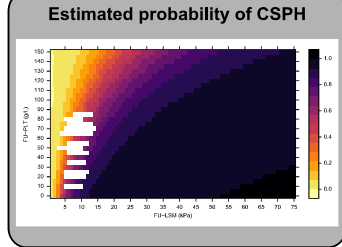
418 patients with paired HVPG-measurements +/- NIT before and after HCV-cure

! Etiological cure modifies relationship between NIT and HVPG !

- ✓ Increased correlation LSM/HVPG
- ✓ Numerically higher accuracy for diagnosing CSPH

Clinical decision rules

LSM <12 kPa & PLT >150 G/L
→ CSPH excluded



LSM ≥25 kPa
→ CSPH ruled-in

Validation vs. Direct endpoints

755 cACLD patients followed for a median of 38 months

Prevalence

42.5%

40.7%

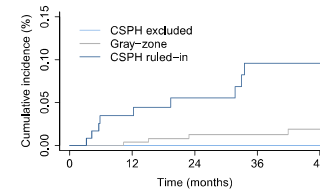
16.8%

Cumulative incidence of hepatic decompensation at 3 years

0%

1.3%

9.6%





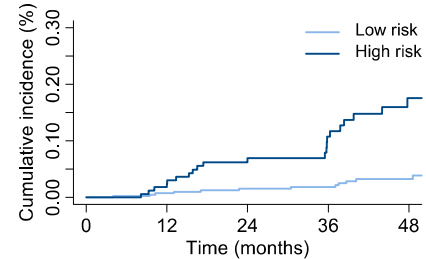
HCC risk stratification after cure of hepatitis C in patients with compensated advanced chronic liver disease

HCC risk stratification after cure of hepatitis C in patients with cACLD



One time assessment 12-48 weeks after end of treatment

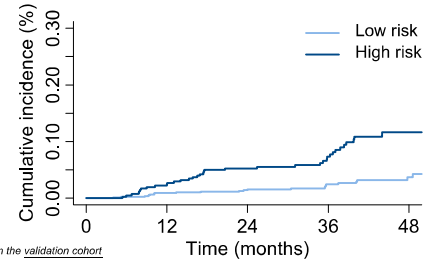
AFP/LSM/albumin-based	
AFP ≥4.6 ng/ml	→ 3 points
Age ≥59 years	→ 2 points
LSM ≥19 kPa	→ 1 point
Albumin <42 g/L	→ 1 point
Optionally: Alcohol consumption >30 g/d ♂ / >20 g/d ♀	→ 2 points

Risk group	Proportion of patients	HCC incidence at 4 years (%)	HCC per 100py
Low-risk (0-3)	 70.8%	3.3	0.9
High-risk (≥4)	 29.2%	17.5	4.4



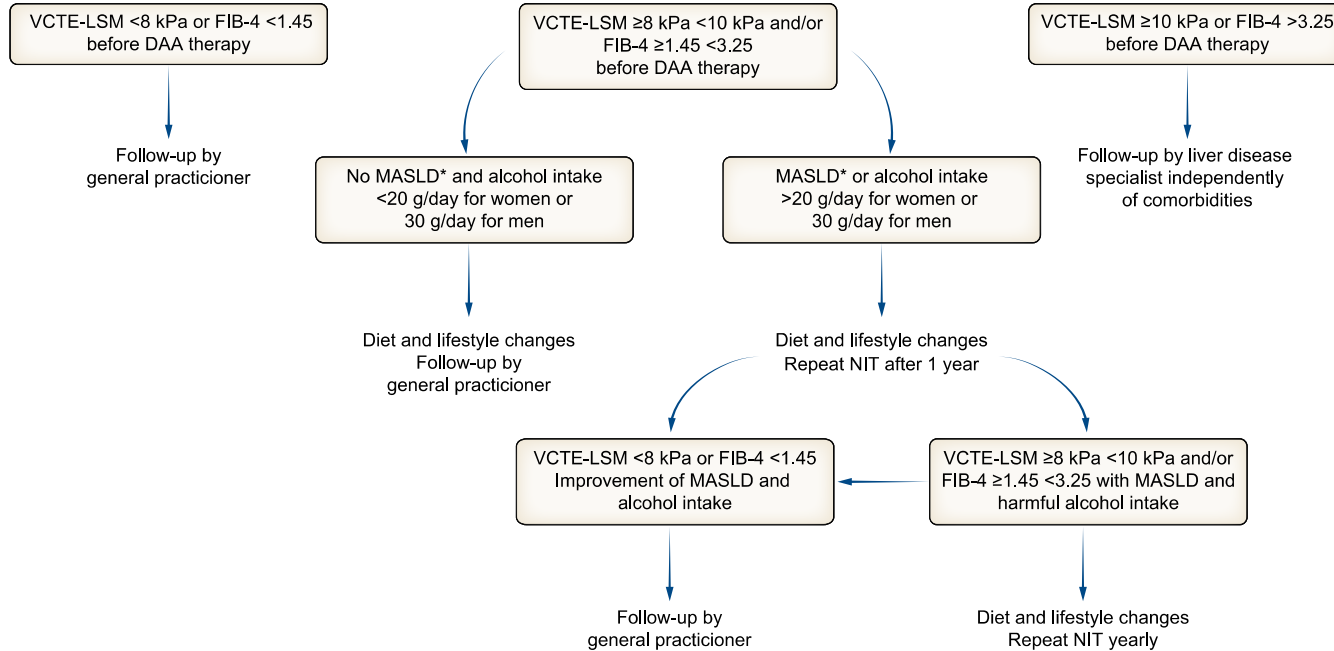
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Optionally: Alcohol consumption >30 g/d ♂ / >20 g/d ♀	→ 2 points

Risk group	Proportion of patients	HCC incidence at 4 years (%)	HCC per 100py
Low-risk (0-3)	 66.1%	3.7	0.9
High-risk (≥4)	 33.9%	11.6	3.0



AFP - alpha-fetoprotein; d-day; LSM-liver stiffness measurement; py-patient years; 0 points if criterion is not met; data shown are based on algorithms considering alcohol consumption in the validation cohort

Follow-up post HCV eradication: EASL position paper



La dualità dell'HCV



HCV E' UNA
MALATTIA DI
FEGATO



HCV E' UN
PROBLEMA
SANITARIO



Prevenzione
della cirrosi,
HCC e morte
prematura

Attenuazione
dei sintomi
extraepatici

**BENEFICIO
INDIVIDUALE**

Prevenzione della
trasmissione

Raggiungimento
dell'eliminazione
come problema di
salute pubblica

**BENEFICIO
SOCIETA'**

**Cosa suggerisce l'Organizzazione
Mondiale della Sanità?**

Risposta delle politiche sanitarie

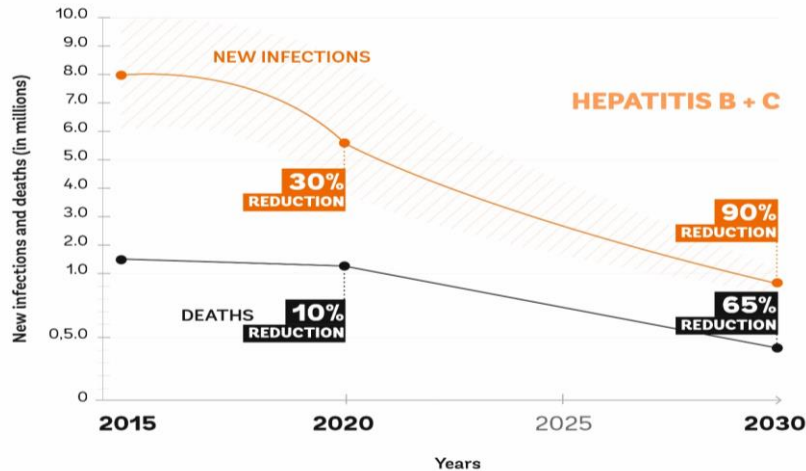
Emendamento al Decreto Milleproroghe riguardante l'epatite C.

Legge 28 febbraio 2020, n. 8 (modificazioni del Decreto Legge 30 dicembre 2019, n. 162) art. 25 sexies: screening nazionale gratuito per l'eliminazione del virus HCV.

In via sperimentale, per gli anni 2020 e 2021, è garantito uno screening gratuito, destinato:

- ai nati negli anni dal 1969 al 1989;
- ai soggetti che sono seguiti dai servizi pubblici per le tossicodipendenze (SerT, ora denominati SerD);
- ai soggetti detenuti in carcere, al fine di prevenire, eliminare ed eradicare il virus dell'epatite C (HCV).

L'obiettivo dell'OMS è eliminare l'epatite virale, considerato un grave problema di salute pubblica, entro il 2030



6-10 milioni di infezioni (in 2015)
a 900,000 infezioni (nel 2030)

2.0 milioni di decessi (nel 2015) <
500,000 decessi (nel 2030)

**Come si è impegnata la Regione
Veneto?**

EPATITE C SE C'È, SI CURA!



3 motivi per fare il test:

- L'EPATITE C oggi è curabile
- L'EPATITE C può provocare seri danni al fegato
- Molti non sanno di avere l'infezione

Il test è **GRATUITO** per i nati tra il
1969 ed il 1989



Scegli come fare il test nel laboratorio
della tua Azienda Sanitaria:

- in occasione di altri esami del sangue
- prenotando un appuntamento, anche senza impegnativa
- con la lettera di invito che ti arriverà a casa

Parlane con il tuo medico di fiducia o
vai sul sito web della tua Azienda Ospedale
Università di Padova

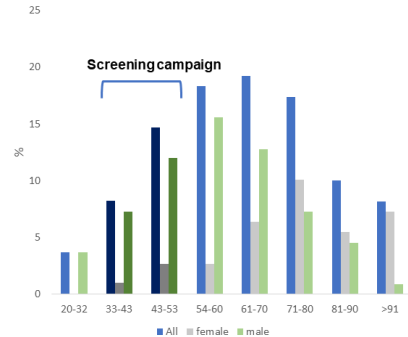
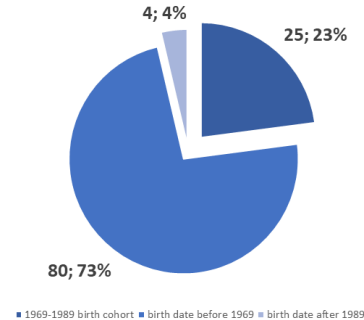
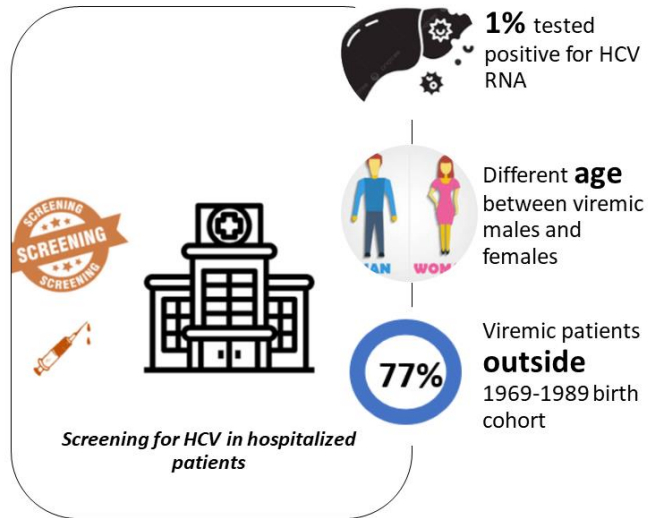


Dati Regione Veneto al 31.12.2023

POP GENERALE		SerD		CARCERI	
Volumi attività		Volumi attività		Volumi attività	
Popolazione target	1392322	Popolazione target	26576	Popolazione target	9203
Invitati	1366853	Invitati	18576	Invitati	8308
Aderenti	256299	Aderenti	8744	Aderenti	6709
Indicatori		Indicatori		Indicatori	
Estensione	98,7%	Estensione	80,3%	Estensione	92,5%
Adesione	19,4%	Adesione	47,1%	Adesione	80,8%
Copertura	19,1%	Copertura	37,8%	Copertura	74,7%
Positività alla ricerca di anticorpi HCV	0,6%	Positività alla ricerca di anticorpi HCV	15,6%	Positività alla ricerca di anticorpi HCV	7,7%
Detection rate (‰)	1,5	Detection rate (‰)	74,5	Detection rate (‰)	47,1
Soggetti con infezione attiva avviati a trattamento	63,1%	Soggetti con infezione attiva avviati a trattamento	79,0%	Soggetti con infezione attiva avviati a trattamento	54,7%

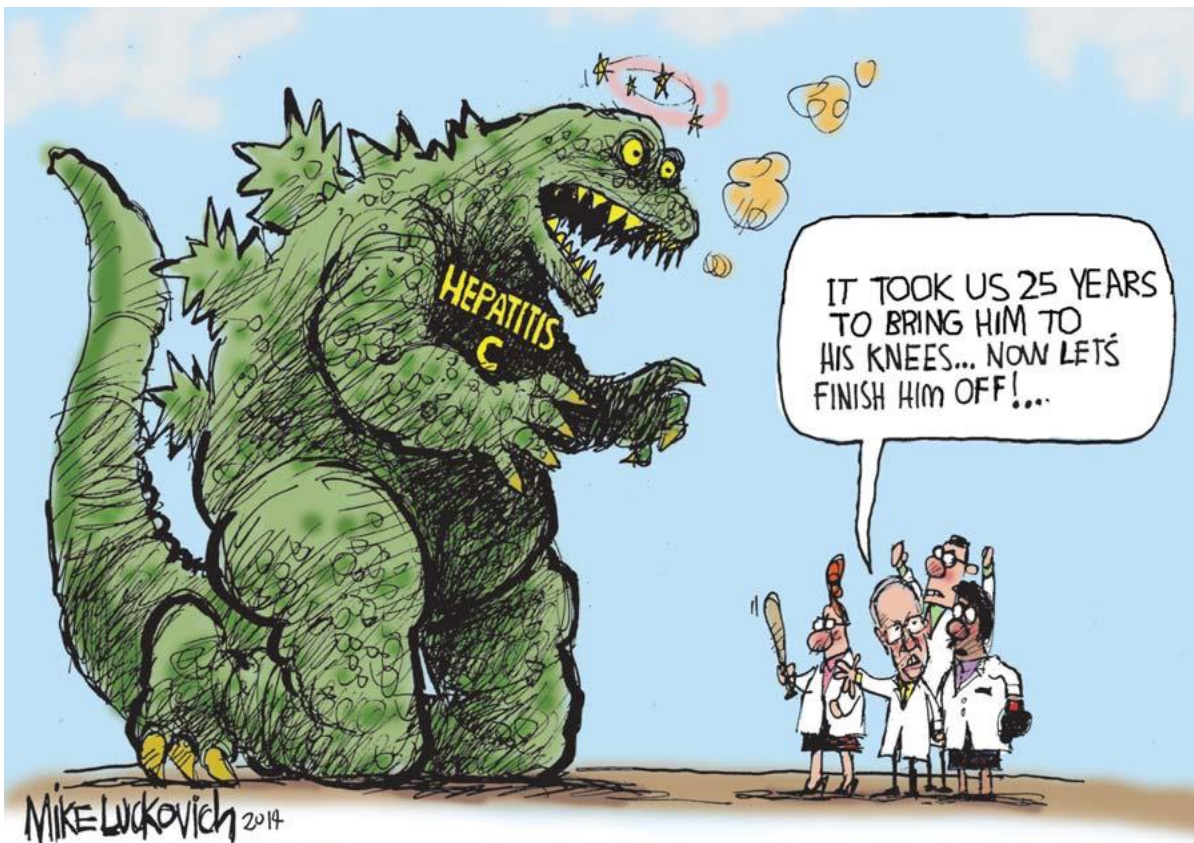
Cortesia Dott.ssa Elena Narne, Azienda Zero

Progetto CORIS, Screening AOPD extra 69-89



Summary

- Current DAAs-based regimens are highly effective and safe, also in difficult to treat patients
- Early treatment halt the progression to cirrhosis and allow for a decrease in health care costs
- HCV eradication can prevent the complications of liver cirrhosis and of extrahepatic manifestations
- Non invasive tests are available to predict the onset of complications
- Ideal follow-up after SVR in patients with advanced liver disease and cirrhosis is still debated
- The last challenge in HCV treatment is the screening



MIKE LUCKOVICH 2014



EASL

CONGRESS

Milan, Italy
5-8 June

2024



See you in Milan!

easlcongress.eu

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