

Large Cure Rate for Patients with Hepatitis C May Have a Significant Impact on the Transplant Wait List

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SAN FRANCISCO, Nov. 16, 2015 /PRNewswire/ -- The direct acting antivirals that have been used to treat many patients with hepatitis C virus and cure almost all treated in the past two years has led to many questions for the healthcare system including the impact on the transplant wait list. Researchers at Hahnemann University Hospital Drexel College of Medicine presented data at the Annual Meeting of the American Association for the Study of Liver Diseases on the specific topic of curing patients with decompensated hepatitis C cirrhosis similar to those patients who are on the waitlist for transplantation.

Viral hepatitis is a frequent cause of decompensated cirrhosis, which starts as compensated cirrhosis in which there are no symptoms of the scarring of the liver (cirrhosis). The symptoms of progression to decompensated cirrhosis, which is life-threatening unless a liver transplant is performed, are bleeding varices, ascites, encephalopathy, and jaundice.

Patients with decompensated HCV cirrhosis comprise 30 percent of adults on the transplant list waiting for a liver. Treating these patients successfully with antiviral therapy will change their Model End-Stage Liver Disease (MELD) scores. MELD scores control patient priority on the waiting list. Patients with a MELD score of 15 or lower are less likely to benefit from transplantation.

Researchers examined data from five clinical trials which treated patients with decompensated hepatitis C cirrhosis with the very latest generation of direct acting antiviral (DAA) therapy. Eighty-five percent of these patients were cured of hepatitis C 4 to 12 weeks after therapy. Because the patients from these clinical trials are similar to those on the active transplant list, researchers determined that more than half of patients improved their MELD score down to a point where transplantation may no longer be needed. They estimate 515 donor livers could become available to other patients.

Principal investigator for the study Santiago J. Munoz, MD said, "Given the unprecedented success of the newest treatments for hepatitis C, and the fact that hepatitis C cirrhosis and hepatitis C related liver cancer are the most frequent causes for needing a liver transplant, the implications for the field of liver transplantation will likely be substantial."

Dr. Munoz also addressed future research needs and his research interests in this area, "We are now working on trying to identify predictors of marked versus small MELD responses -- and even no responses -- with more sophisticated simulation models."

Abstract title: Curing decompensated wait listed HCV patients with the new DAAs: The potential significant impact on liver transplant wait list and organ allocation

AASLD is the leading medical organization for advancing the science and practice of hepatology. Founded by physicians in 1950, AASLD's vision is to prevent and cure liver diseases. This year's Liver Meeting®, held in San Francisco, CA, November 14-17, will bring together more than 9,000 researchers from 55 countries.

A pressroom will be available from November 13 at the annual meeting. For copies of abstracts and press releases, or to arrange researcher interviews, contact Gregory Bologna at 703-299-9766.

Press releases and all abstracts are available online at www.aasld.org.

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