

News From the Liver Meeting



The 2014 Liver Meeting took place in Boston on November 7 through 11. As anticipated, treatment of hepatitis C virus (HCV) took center stage. There were 423 abstracts on HCV, including 44 oral presentations and 379 posters. Studies evaluated existing combinations, treatment of special populations, shorter treatment durations, and agents in the pipeline. Real-world data confirmed the promise of earlier clinical trials. Regimens achieved cure rates of 100% in certain patient subgroups. Among difficult-to-treat populations, such as cirrhotic patients who failed prior therapy, cure rates reached 90% and higher. Certain patient subgroups were cured with less than 12 weeks of antiviral therapy. The latest analyses suggested that ribavirin may still have a role for certain patients, such as those who have undergone transplant. Studies on patient-reported outcomes showed that indicators improve after treatment, regardless of disease severity.

Efforts are under way to refine management by genotype and subpopulation (treatment-naïve vs treatment-experienced and cirrhotic vs noncirrhotic) and to clarify the necessary treatment duration. There are several new regimens poised for approval over the next year. Future issues of *Gastroenterology & Hepatology* will explore these exciting data.

Our current issue begins the coverage in our Advances in Hepatology column. We speak with Dr Nezam H. Afdhal, a principal investigator of the pivotal ION trials. These studies led to the recent approval by the US Food and Drug Administration of the sofosbuvir/ledipasvir combination tablet (Harvoni, Gilead) for patients with HCV genotype 1. Dr Afdhal details the ION data, and he discusses how this new treatment will impact the management of HCV.

With all of the attention on HCV, it is important to remember hepatitis B virus (HBV). Nearly one-third of the world's population has HBV. In the United States, approximately half of patients with HIV infection have been exposed to HBV. In the aptly named feature article "Hepatitis B Virus–HIV Coinfection: Forgotten but

Not Gone," Drs Narayan Dharel and Richard K. Sterling describe the management of coinfecting patients. Although these patients present with unique challenges, new algorithms have simplified treatment.

Inflammatory bowel disease (IBD) is another important focus in this issue. In a feature article, Drs Christina Ha and Asher Kornbluth evaluate data for vedolizumab (Entyvio, Takeda Pharmaceuticals), a humanized monoclonal antibody that was approved earlier this year for patients with ulcerative colitis or Crohn's disease. Drs Ha and Kornbluth identify the unmet needs in IBD, and they consider how vedolizumab will fit into the treatment armamentarium. In another feature article, a team from the University of Oklahoma Health Sciences Center discusses its survey of physicians who treat pregnant women with IBD. Current guidelines state that, for most patients, the benefits of continuing medical therapy to maintain disease remission during pregnancy outweigh the risks associated with the cessation of medications. The survey showed significant variations in the level of knowledge among physicians from various specialties. In our Advances in IBD column, Dr Thomas Ullman examines surveillance of IBD, including the use of chromoendoscopy.

In a Clinical Update, we report on a satellite symposium on *Helicobacter pylori* that was presented by Drs Neil H. Stollman and David Y. Graham at the 2014 American College of Gastroenterology meeting. Dr Richard Kozarek examines endoscopy training in our Advances in Endoscopy column.

I hope this issue's content provides insight into the ever-growing research in our field.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gary R. Lichtenstein, MD, AGAF, FACP, FAGC