

Role of International Organizations

EASL

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Liver Unit



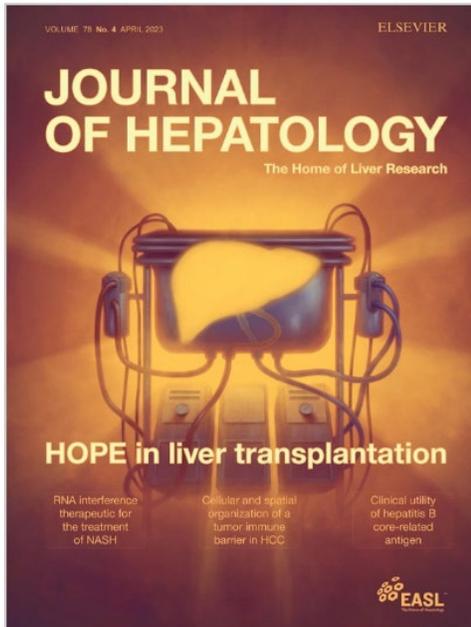
COI Declaration: Maria Buti

Advisory: Gilead, Abbvie, Janseen, GSK

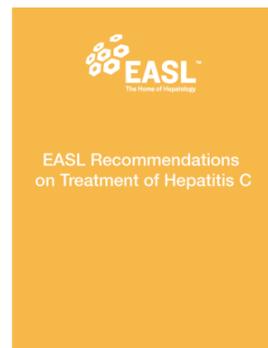
Speaker fees: Gilead, Abbvie

The European Association for the Study of the Liver

EASL, the European Association for the Study of the Liver, founded in 1966, is a medical association dedicated to pursuing excellence in liver research, to the clinical practice of liver disorders, and to providing education to all those interested in hepatology. As of 2022, EASL serves 4,800 members.



 <p>EASL Campus</p>	 <p>EASL Schools & Masterclasses</p>	 <p>Downloadable Slide Decks</p>
 <p>Clinical Practice Guidelines</p>	 <p>Fellowships</p>	 <p>EU funded projects</p>

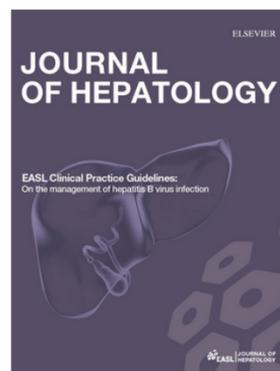


2020 | **Topic:** Hepatitis C - Viral hepatitis

EASL recommendations on treatment of Hepatitis C

2020

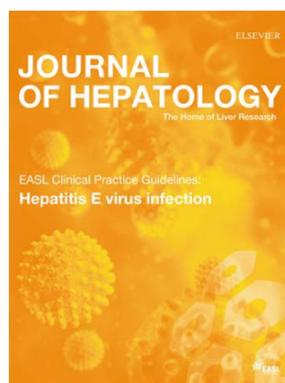
This final update of the EASL Recommendations on Treatment of Hepatitis C series is intended to assist physicians and other healthcare providers, as well as patients and other interested individuals, in the clinical decision-making process, by describing the current optimal management of patients with acute and chronic HCV infections.



2017 | **Topic:** Viral hepatitis

Hepatitis B EASL Guidelines

EASL Guideline on Hepatitis B. Hepatitis B virus (HBV) infection remains a global public health problem with changing epidemiology due to several factors including vaccination policies and migration. This EASL Clinical Practice Guideline presents updated recommendations for the optimal management of HBV infection. Chronic HBV infection can be classified into five phases: (I) HBeAg-positive chronic infection, (II) HBeAg-positive chronic



2018 | **Topic:** Viral hepatitis

Hepatitis E Virus Infection EASL Guideline

Hepatitis E Virus Infection (HEV) is a significant cause of morbidity and mortality, representing an important global health problem. Our understanding of HEV has changed completely over the past decade. Previously, the common thought was that HEV was limited to certain developing countries. We now know that HEV is endemic in most high-income countries and is largely a zoonotic infection. The focus of this Clinical Practice Guideline will be on HEV genotype 3 (and 4). This is due to the paradigm shift in our understanding of zoonotic HEV. And also because locally acquired HEV is now the commonest cause of acute viral hepatitis in many European countries.

Viral Hepatitis Elimination 2022

Towards a hepatitis-free world

An EASL special conference organised by:

Maria Buti, Spain

Antonio Craxi, Italy

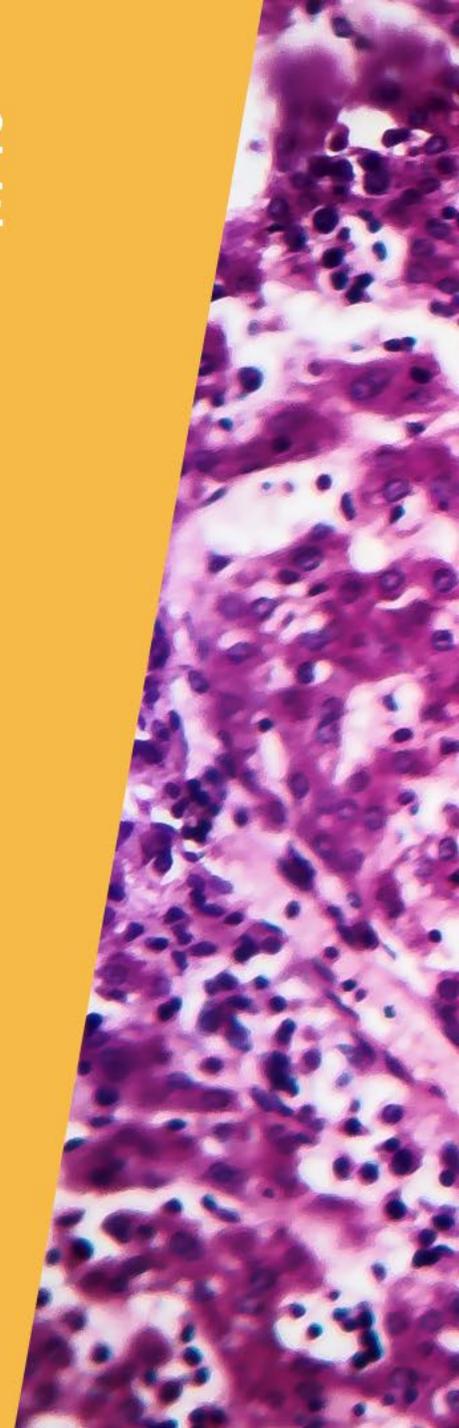
Graham Foster, United Kingdom

Mojca Matičič, Slovenia

Francesco Negro, Switzerland

Stefan Zeuzem, Germany

Fabien Zoulim, France



Viral Hepatitis Elimination 2022

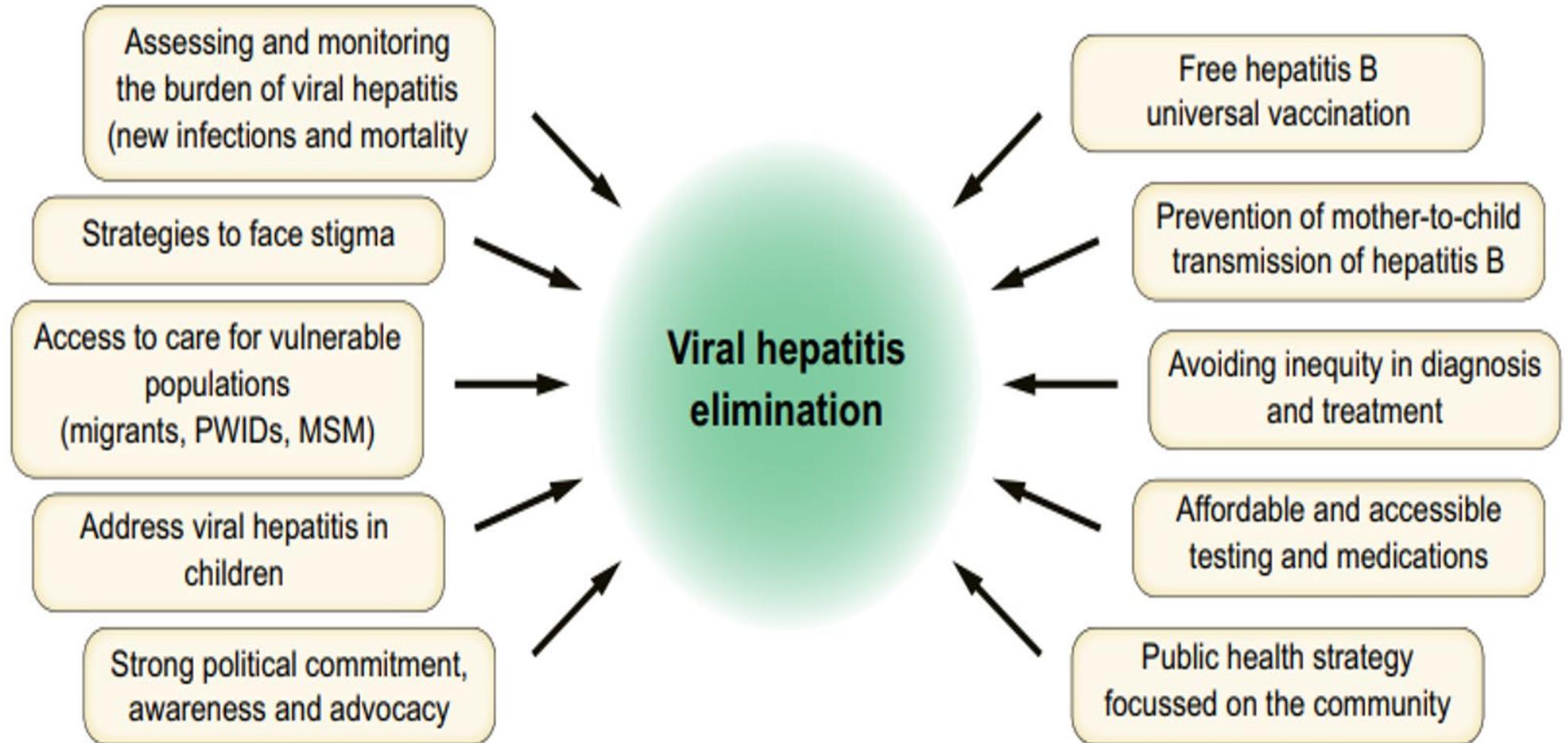
Towards a hepatitis-free world

24–25 Feb 2022
ONLINE

An EASL special conference organised by:

Maria Buti, Spain
Antonio Craxi, Italy
Graham Foster, United Kingdom
Mojca Matičič, Slovenia
Francesco Negro, Switzerland
Stefan Zeuzem, Germany
Fabien Zoulim, France

Priorities in viral hepatitis elimination



The Lancet Commissions

The EASL-Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality

Tom H Karlsen, Nick Sheron†, Shira Zelber-Sagi, Patrizia Carrieri, Geoffrey Dusheiko, Elisabetta Bugianesi‡, Rachel Pryke†, Sharon J Hutchinson, Bruno Sangro†, Natasha K Martin, Michele Cecchini, Mae Ashworth Dirac, Annalisa Belloni, Miquel Serra-Burriel, Cyriel Y Ponsioen, Brittny Sheena, Alienor Lerouge, Marion Devaux, Nick Scott, Margaret Hellard, Henkjan J Verkade, Ekkehard Sturm, Giulio Marchesini, Hannele Yki-Järvinen, Chris D Byrne, Giovanni Targher, Aviad Tur-Sinai, Damon Barrett, Michael Ninburg, Tatjana Reic, Alison Taylor, Tim Rhodes, Carla Treloar, Claus Petersen, Christoph Schramm, Robert Flisiak, Marieta Y Simonova, Albert Pares, Philip Johnson, Alessandro Cucchetti, Isabel Graupera, Christos Lionis, Elisa Pose, Núria Fabrellas, Ann T Ma, Juan M Mendive, Vincenzo Mazzaferro, Harry Rutter, Helena Cortez-Pinto, Deirdre Kelly†, Robyn Burton, Jeffrey V Lazarus†, Pere Ginès†, Maria Buti†, Philip N Newsome†‡, Patrizia Burra*‡, Michael P Manns*‡*



EASL-Lancet Commission Launch



“Each year, almost 300,000 people in Europe die prematurely due to problems of the liver,” said **Ursula von der Leyen**, at the launch of the Commission report.

“Many of them could have lived longer and healthier lives. Because today, in most European countries, there is good access to secondary care.”

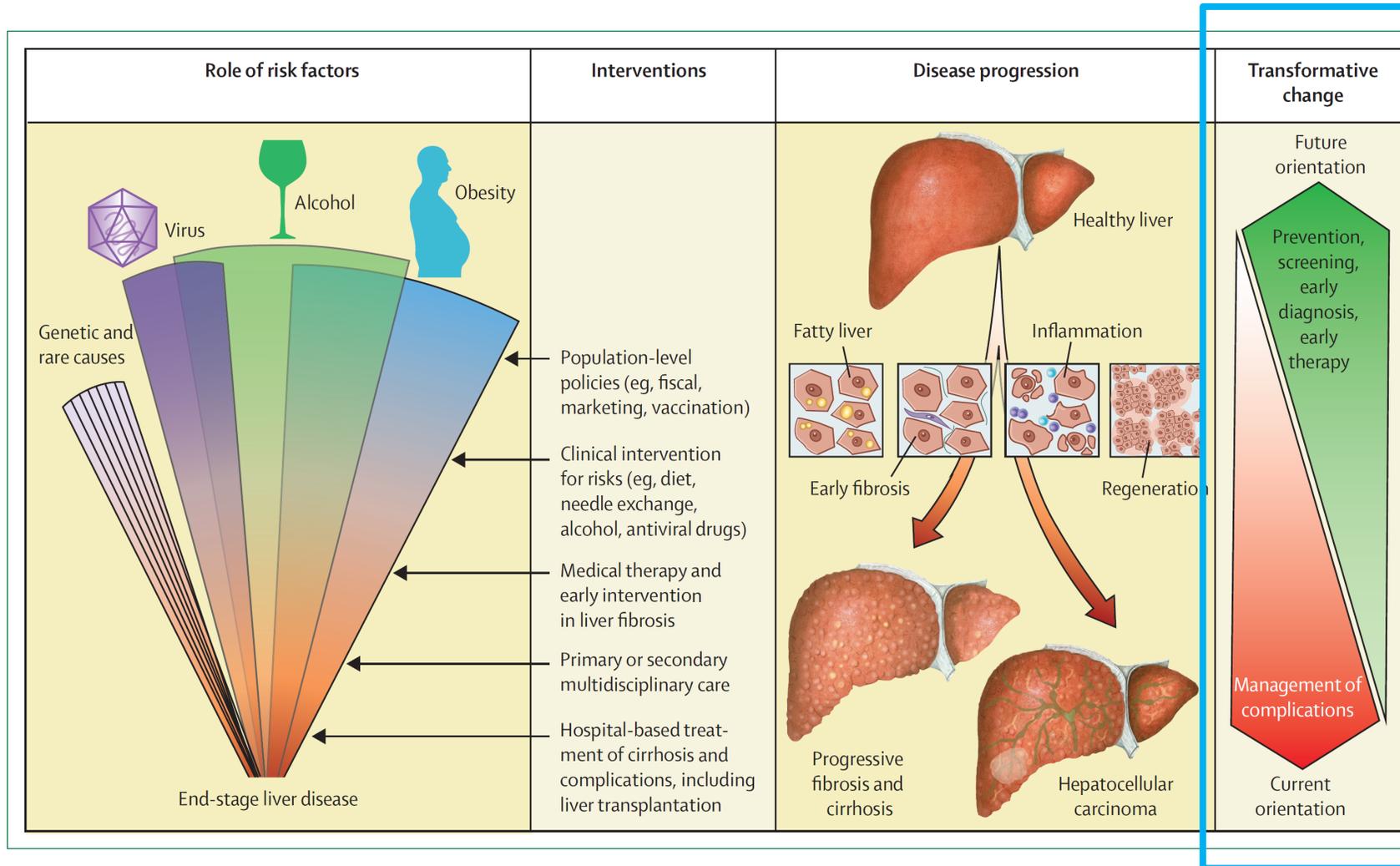
“And in most cases, liver disease can be prevented. Prevention is the best cure that we have. So together, we need to raise more awareness of the preventable and treatable nature of many chronic illnesses.”

(December 2nd video launch available on YouTube)

Key Messages

Key messages

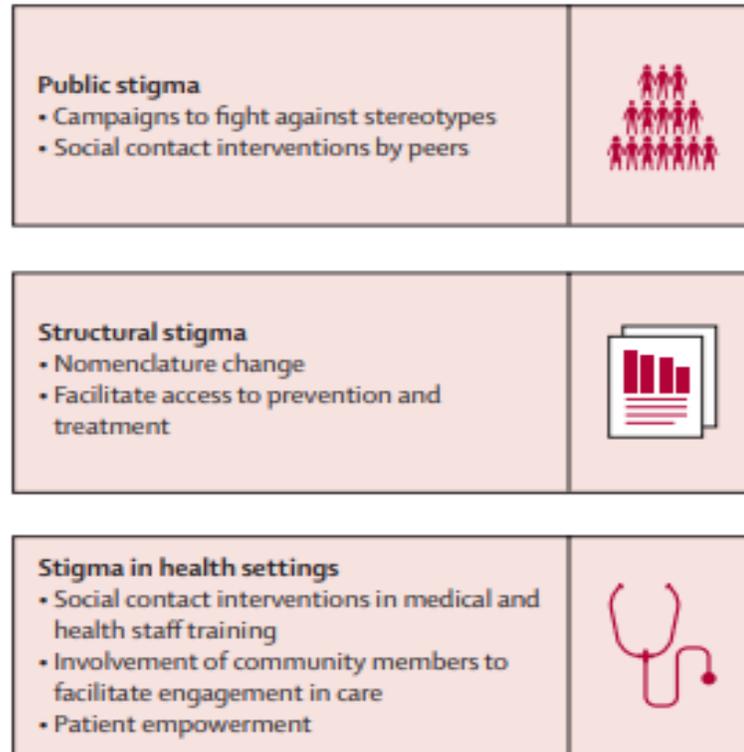
- Liver disease is now the second leading cause of years of working life lost in Europe, after only ischaemic heart disease
 - The clinical focus in patients with liver disease is oriented towards cirrhosis and its complications, whereas early and reversible disease stages are frequently disregarded and overlooked
 - The dissociation between primary and secondary care and the considerable heterogeneity across clinical pathways and inconsistent models of care cause delays in diagnosis of both rare and common liver diseases
 - Stigma has a major impact on liver diseases in Europe, leading to discrimination, reduction in health-care seeking behaviour, and reduced allocation of resources, which all result in poor clinical outcomes
- Europe has the highest level of alcohol consumption in the world, which, together with ultra-processed food consumption and high prevalence of obesity, are the major drivers of liver-related morbidity and mortality
 - A scarcity of consistent and efficient screening and vaccination programmes for viral hepatitis combined with the high costs of drugs due to variable European reimbursement systems result in reduced access to treatment and delays in elimination programmes
 - COVID-19, alongside imposing delays in diagnostic pathways of liver diseases, has brought overlapping metabolic risk factors and social inequities into the spotlight as crucial barriers to liver health for the next generation of Europeans
 - Liver diseases are generally avoidable or treatable if measures for prevention and early detection are properly implemented; achieving this would reduce premature morbidity and mortality, saving the lives of almost 300 000 people across Europe each year



“Liver health is a window to the general health challenges of Europe in the 21st century. The ultimate long-term goal must be to prevent liver diseases and protect liver health”
EASL-Lancet Commission

Stigma

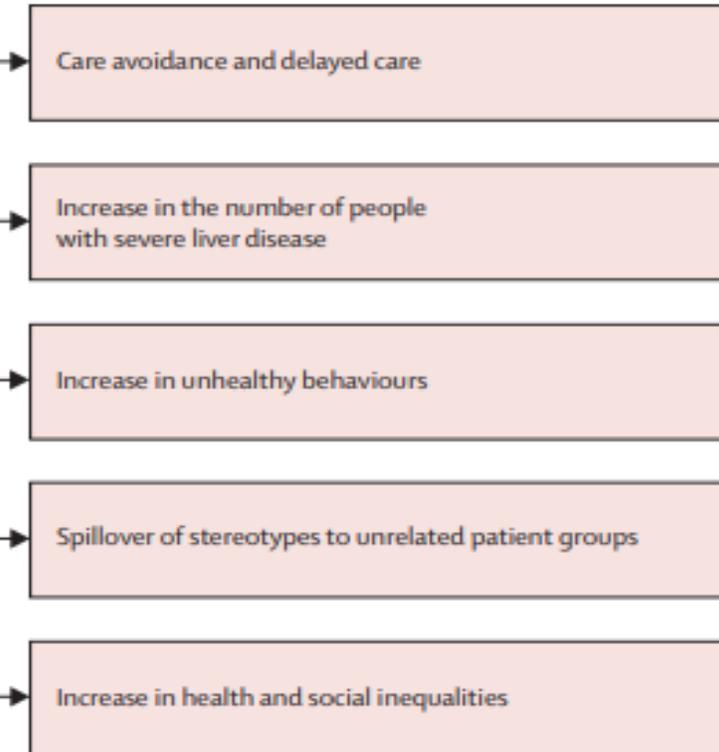
Types of stigma and example interventions



Self-stigma

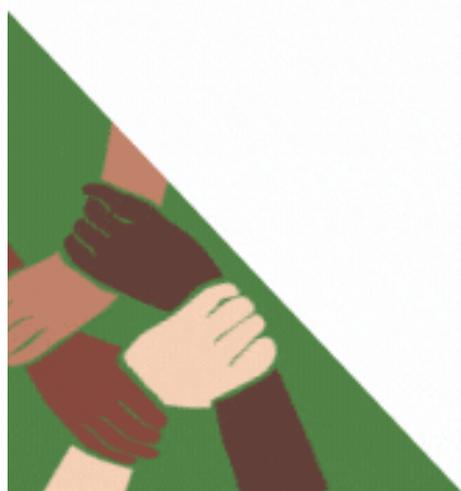


Consequences of stigma



Stigma and discriminatory attitudes towards people at risk of or with liver disease occur at different levels. To reduce the liver disease burden attributable to stigma, anti-stigma interventions should target each level and be combined.

People Living with Hepatitis: Getting Involved



Patient Forum 2022

**Barriers to liver disease care:
Exploring the impact of stigma
and discrimination**

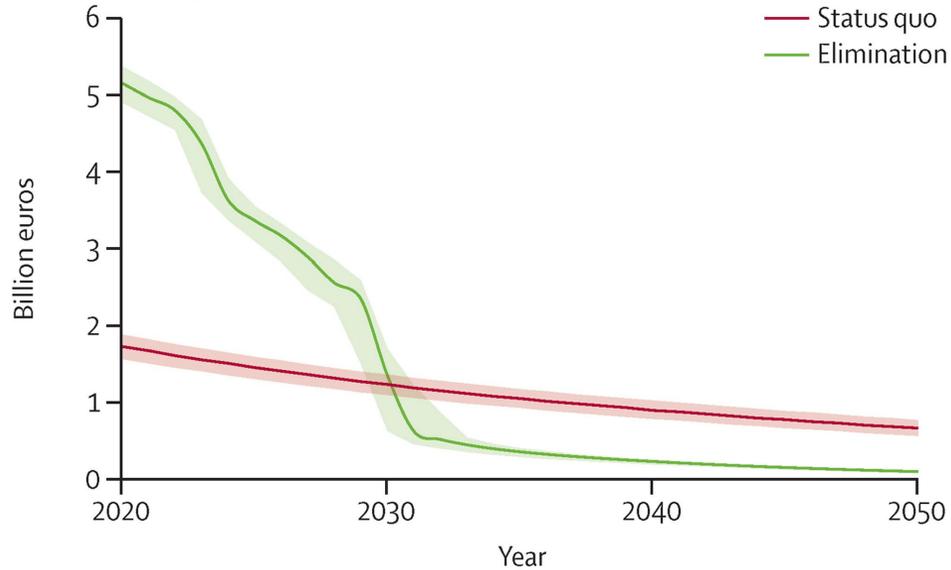
Friday, 24 June 2022
14:00–15:00 BST / 15:00–16:00 CET

Attend at ILC 2022 or register to join online!

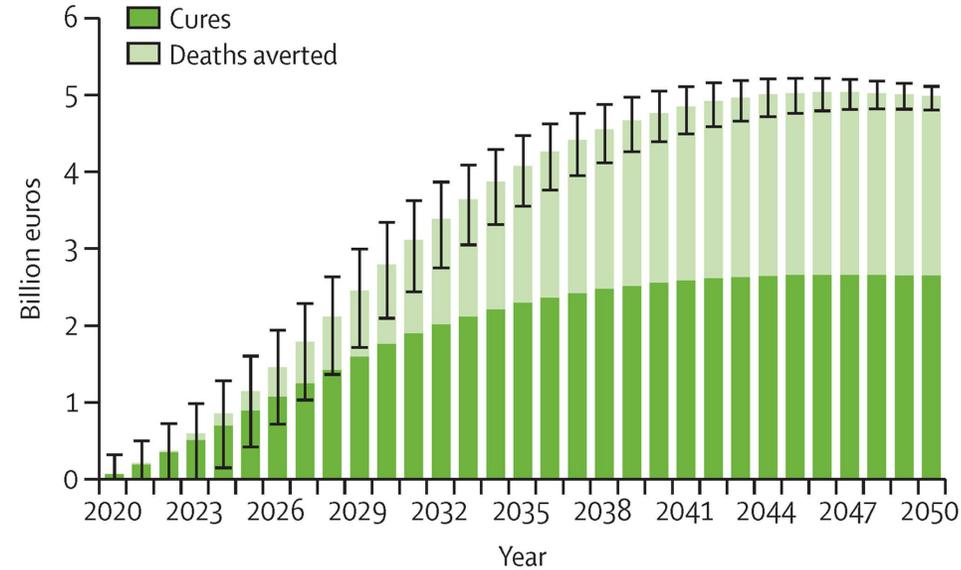


A Annual direct HCV costs

Testing, treatment, health care

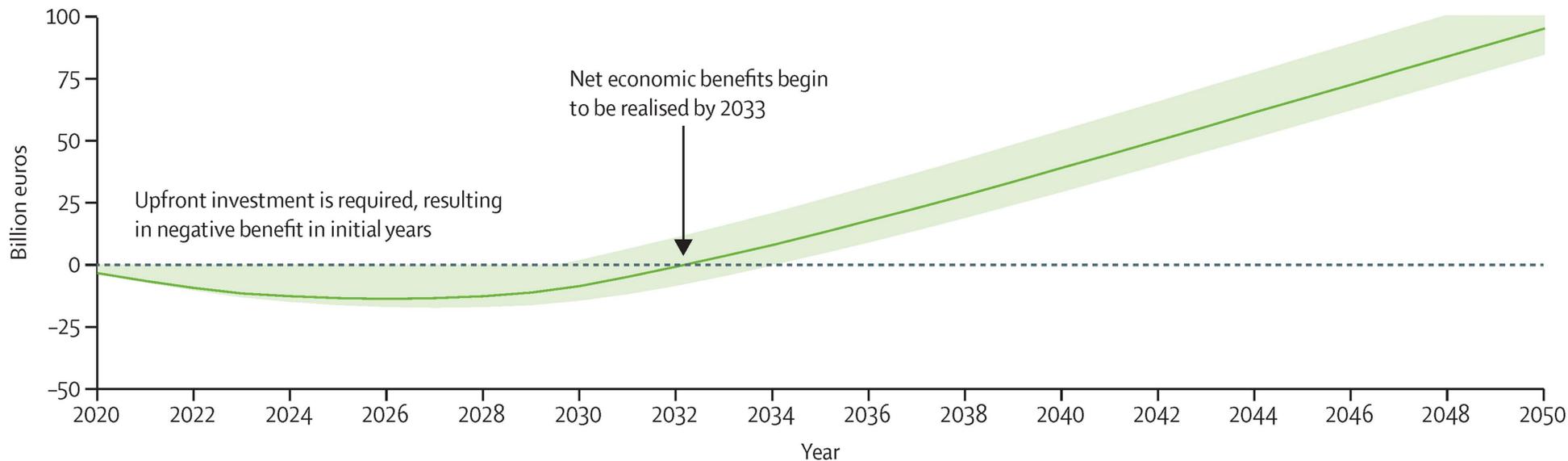


B Annual economic productivity gains from HCV elimination



C Net economic benefit of HCV elimination

Difference in cumulative direct cost plus productivity gains compared to the status quo



According to the EASL-Lancet Commission, HCV elimination will lead to significant economic benefits beginning as early as 2033 in the form of healthcare savings and years of working life **saved**.

Key Barriers for Viral Hepatitis Testing

- National plans only recommend testing in high-risk populations
- Insufficient financial support for nucleic acid testing (viraemia)
- Failure to procure reflex testing for HCV RNA, HBV DNA, and anti-HDV in patients with a positive anti-HCV or HBsAg test
- Screening mainly done in secondary and tertiary health-care centres

Key Barriers to Implementation

- Absence of uniform systems of state health coverage, and variability in reimbursement systems and health insurance for treatment of viral hepatitis across Europe
- Restriction of antiviral therapy to hospital specialists, due in part to the high prices of antiviral therapy in some countries
- Scarcity of access to generics in most European countries
- Absence of primary care prescription of HCV treatment

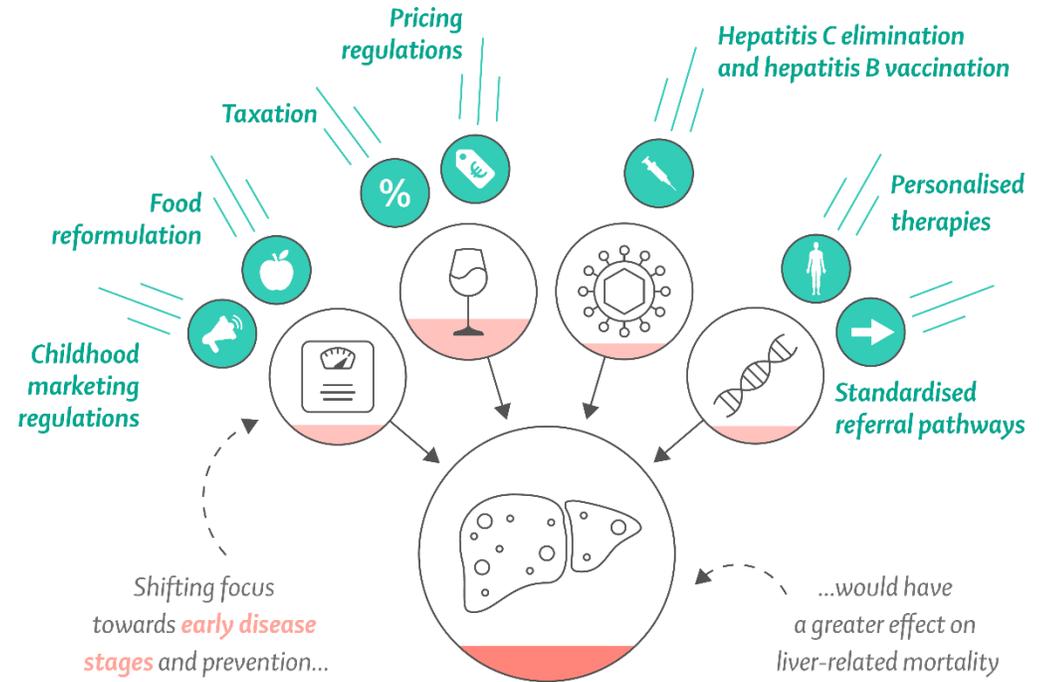
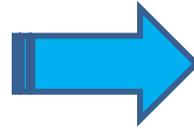
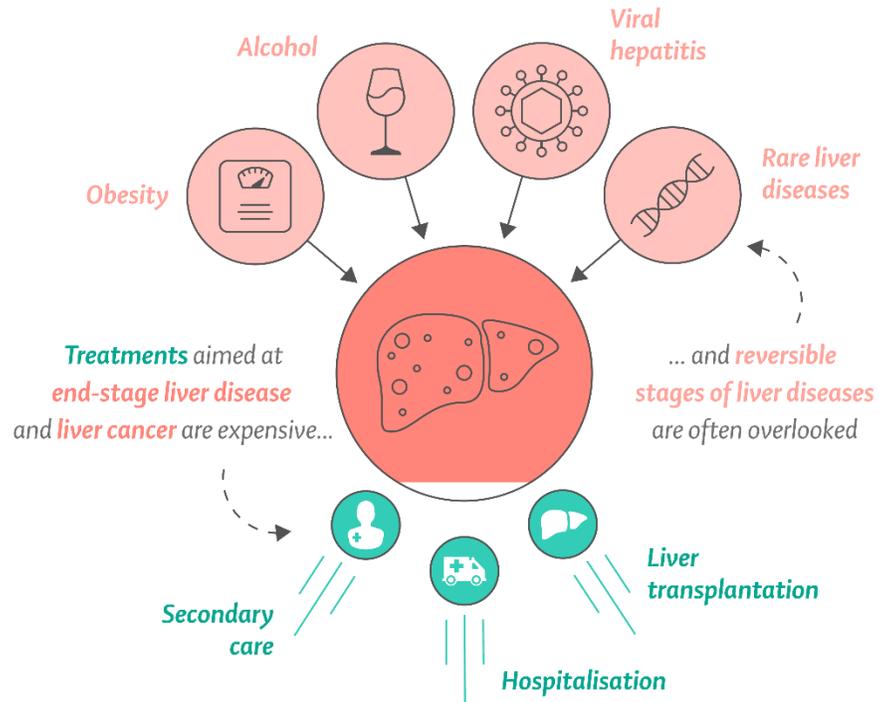
EASL-*Lancet* Commission: Suggested Implementation Actions

- Support at national and local level for widespread testing for HBV and HCV based on past or present risk, and country of origin
- Updating laboratory protocols to automatically do HCV RNA and HBV DNA testing upon a positive anti-HCV or HBsAg test coupled with appropriate reimbursement
- Involve primary care and community-based practitioners, including GPs, pharmacists, addiction specialists, and prison services in the diagnosis and monitoring of liver disease and diagnosis of viral hepatitis
- Increase access to harm reduction for PWID, combining packages of OAT and NSPs, ensuring one or more sterile syringes for each injection to prevent acquisition

EASL-*Lancet* Commission: Suggested Actions for Implementing Recommendations

- Set up an observatory to ensure **transparent pricing** of antiviral drugs in the WHO European region
- Implement a **monitoring system** for access to antiviral drugs in the European regions to **reduce gaps in specific areas** or groups and simplify treatment pathways
- Provide guidelines stating **unrestricted access to antiviral therapy** (including generics) in Europe for HCV irrespective of fibrosis stage
- Establish mechanisms for **prescription of HCV therapy** in **primary care** and **community services** coupled with appropriate reimbursement

Call to Action: Paradigm Shift for Liver Disease



The EASL-Lancet Liver Commission Recommendations

- Investment to scale up case-finding and screening for viral hepatitis in:
- Selected settings (eg, primary care serving immigrants, harm reduction or drug services, and prisons)
- Broader community settings (eg, coupled with SARS-CoV-2-antibody testing) with reflex testing for viraemia for those with antibodies.

**Thank You for Your
Attention**