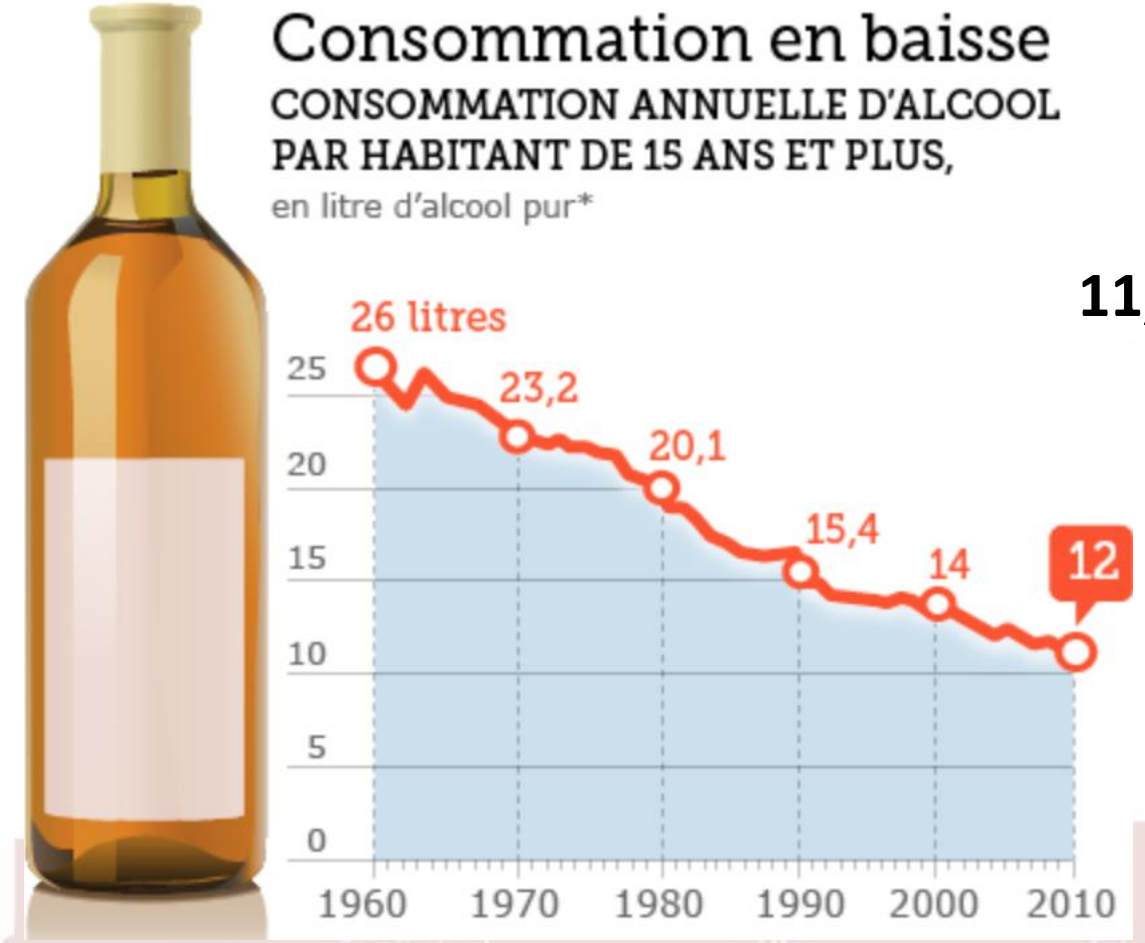
Les grands messages de l'année

Patrick Delasalle

Consommation quotidienne d'alcool en diminution



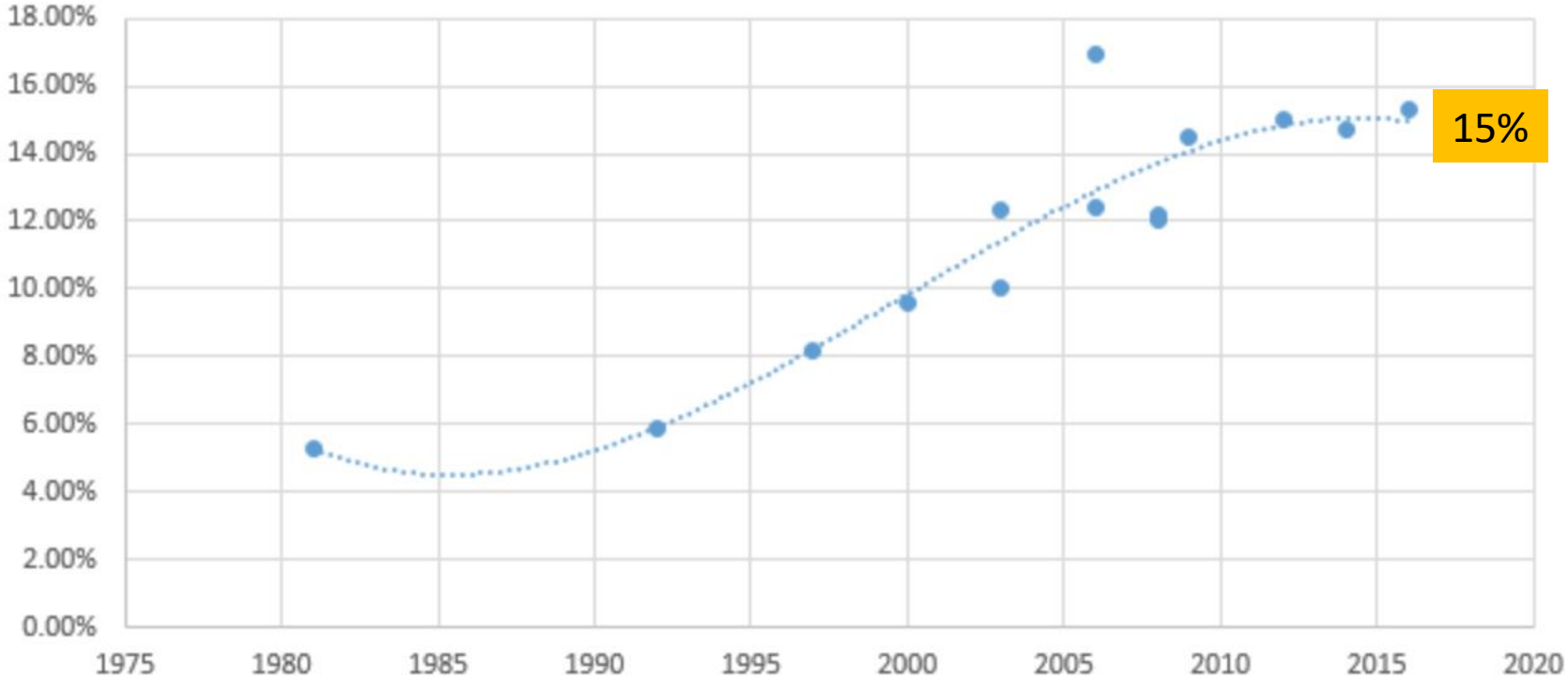
11,8 litres par an en 2014

Augmentation de l'alcoolisation ponctuelle importante

surtout 18 à 25 ans

Augmentation de l'obésité moins rapide

IMC > 30%



60% population consommation de fruits et légumes insuffisante

50% population
Activité physique insuffisante

HEPATITE C

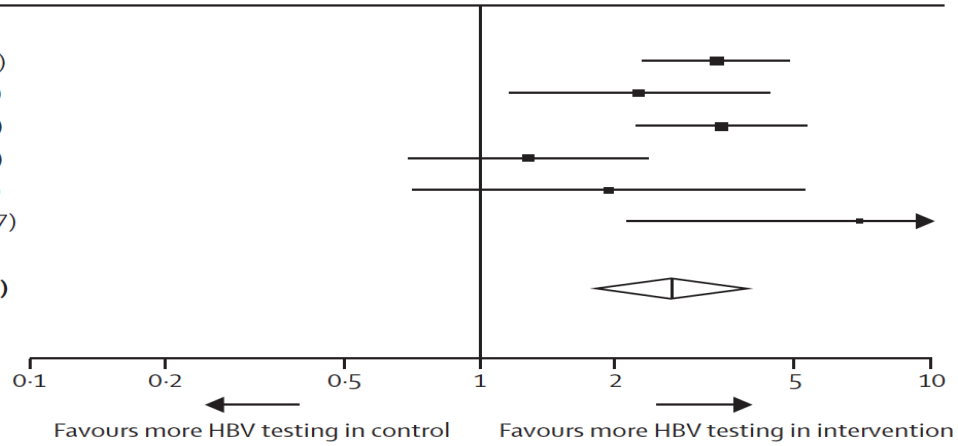
Interventions to optimise the care continuum for chronic viral hepatitis: a systematic review and meta-analyses

Kali Zhou, MD†, Thomas Fitzpatrick, BA†, Nick Walsh, MD, Ji Young Kim, BA, Prof Roger Chou, MD, Mellanye Lackey, MSI, Julia Scott, MD, Ying-Ru Lo, MD, Joseph D Tucker, MD

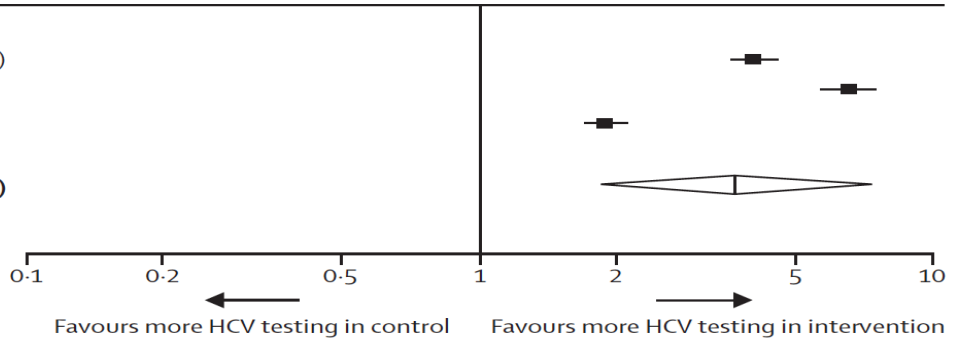
THE LANCET Infectious Diseases

Interventions brèves

	Intervention (events/total)	Control (events/total)	Weight	Relative risk (95% CI)
Single lay health worker HBV educational intervention to promote testing				
Bastani et al (2015)	104/543	33/580	24·8%	3·37 (2·32–4·89)
Chen et al (2013)	25/130	11/130	16·4%	2·27 (1·17–4·42)
Juon et al (2014)	74/220	22/226	22·8%	3·46 (2·23–5·36)
Taylor et al (2009)	22/231	17/229	17·9%	1·28 (0·70–2·35)
Taylor et al (2011)	9/95	6/123	10·2%	1·94 (0·72–5·27)
Taylor et al (2013)	21/125	3/125	7·9%	7·00 (2·14–22·87)
Total	**255/1344**	**92/1413**		**2·68 (1·82–3·93)**
I^2=56%				
Z=5·03				



Clinician reminders to prompt HCV testing during clinical visits				
Drainoni et al (2012)	822/3250	357/5731	33·3%	4·06 (3·61–4·56)
Krauskopf et al (2014)	2176/10 857	225/7372	33·2%	6·57 (5·74–7·51)
Litwin et al (2012)	2187/19 146	394/6591	33·4%	1·91 (1·72–2·12)
Total	**5185/33 253**	**976/19 694**		**3·70 (1·81–7·57)**
I^2=99%				
Z=3·59				



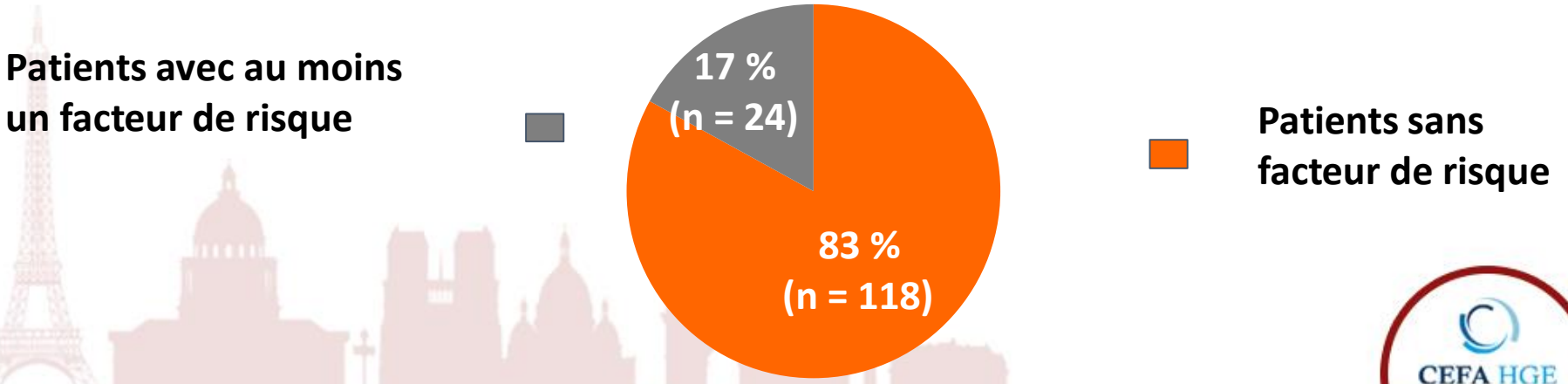
VHC et VHB

www.thelancet.com/infection Vol 16 December 2016

Le dépistage universel du VHC

- **13 718 patients dépistés pour VHC**
- **De 2004 à 2014, dans un <u>service d'hémato-oncologie</u>**
- **283 patients (2 %) Ac anti VHC +**
- **142 découverts par le dépistage (53 leucémies, 69 lymphomes et 20 greffes de moelle)**

Présence de facteurs de risque chez les patients dépistés VHC+



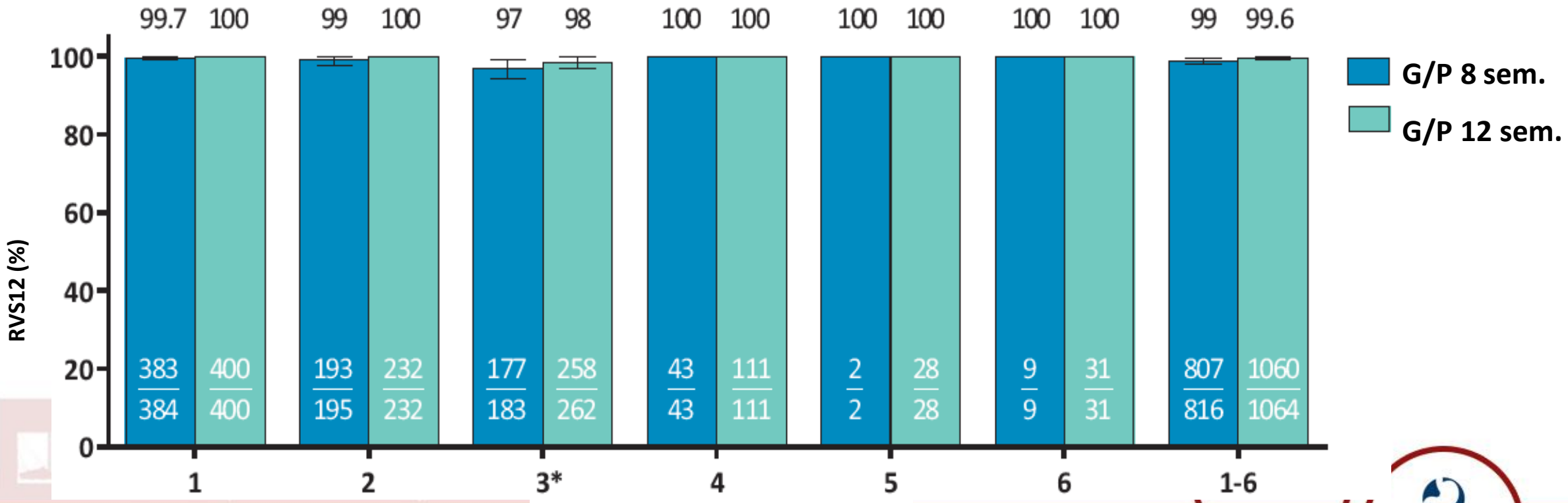
Angelidakis G, Etats-Unis, AASLD 2017, Abs. 990 actualisé

Glecaprevir/Pibrentrasvir (« GP ») chez les patients sans cirrhose

MAVIRET®

- **analyse poolée de 7 essais**

RVS12 (mITT) : 8 semaines *vs* 12 semaines



* GT-3 tous naïfs de traitement

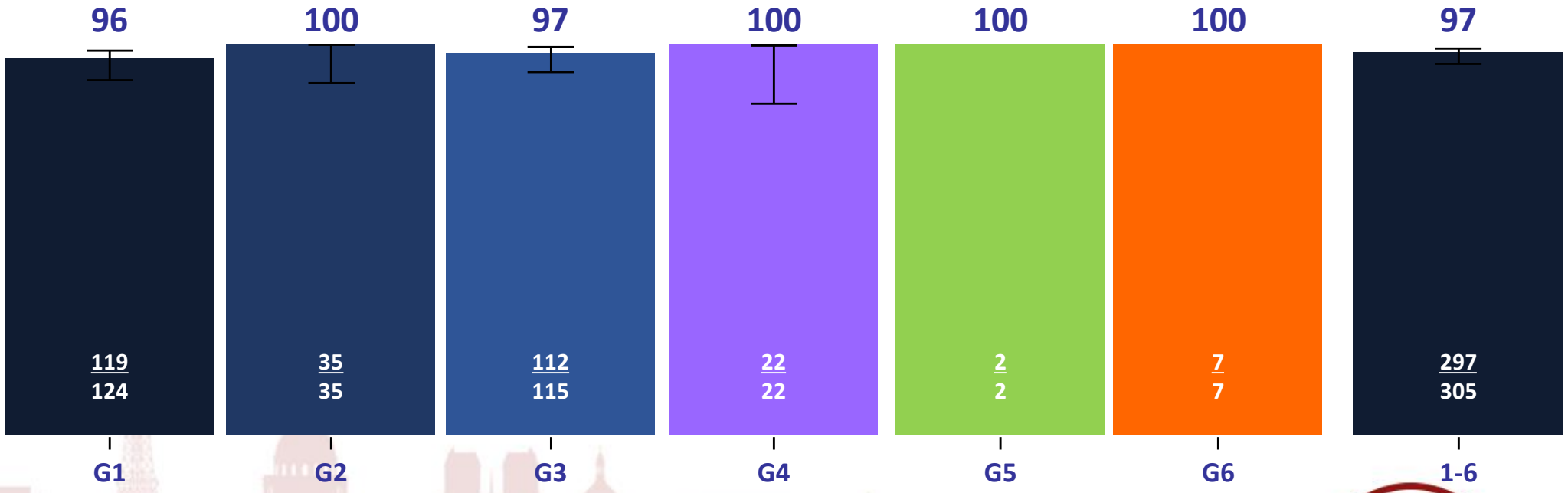
Pol S. AFEF 2017 CO-18

Glecaprevir/Pibrentrasvir chez les patients G1-6 avec cirrhose compensée

Analyse poolée de4 études 308 patients

MAVIRET®

RVS 12 mITT



Raisons de non réponse, n (%)	
Echappement	5 (2)
Rechutes	3 (1)

Gane EJ, Nouvelle Zélande, AASLD 2017, Abs. 74 actualisé

AMM Maviret ®

	Sans cirrhose	Avec cirrhose
Tous génotypes Patients naïfs ou prétraités PRS*Δ	**8 semaines**	**12 semaines**
	*Δ16 semaines pour les patients G3 prétraités PRS**	

Publication d'un membre de la commission hepato du CREGG….

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

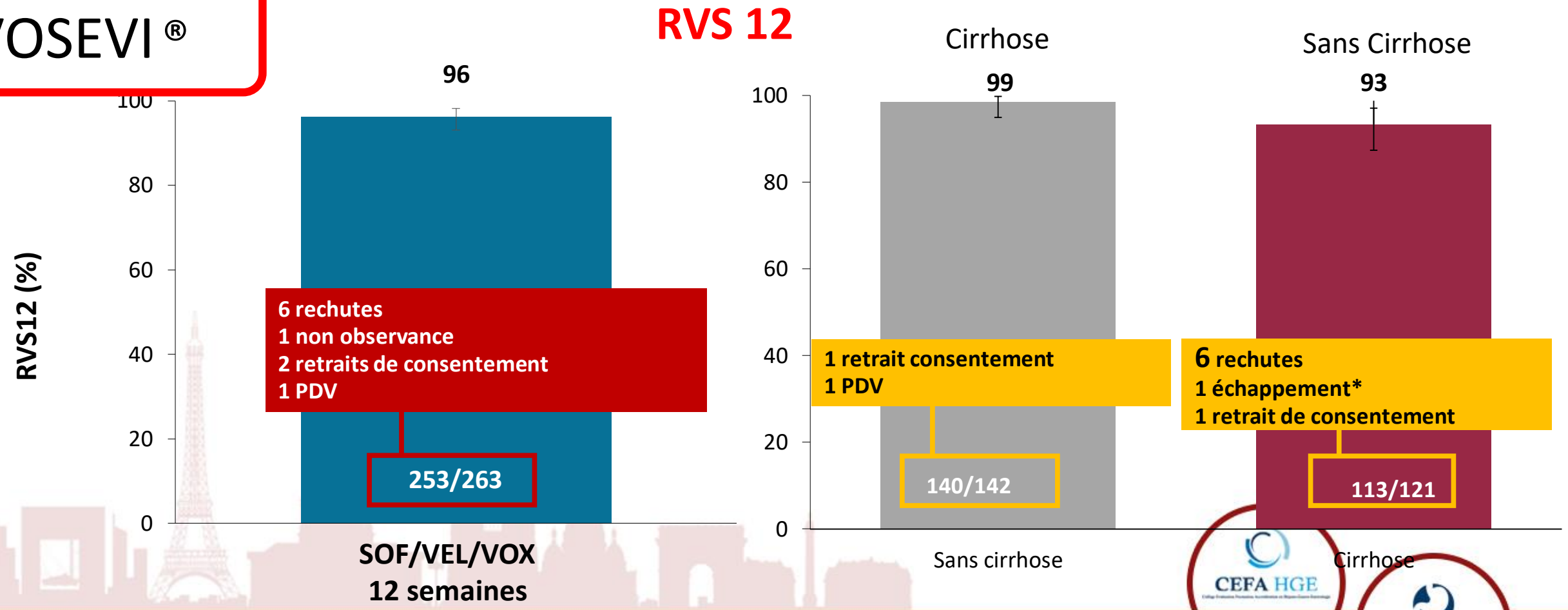
Sofosbuvir, Velpatasvir, and Voxilaprevir for Previously Treated HCV Infection

M. Bourlière, S.C. Gordon, S.L. Flamm, C.L. Cooper, A. Ramji, M. Tong, N. Ravendhran, J.M. Vierling, T.T. Tran, S. Pianko, M.B. Bansal, V. de Lédinghen, R.H. Hyland, L.M. Stamm, H. Dvory-Sobol, E. Svarovskaia, J. Zhang, K.C. Huang, G.M. Subramanian, D.M. Brainard, J.G. McHutchison, E.C. Verna, P. Buggisch, C.S. Landis, Z.H. Younes, M.P. Curry, S.I. Strasser, E.R. Schiff, K.R. Reddy, M.P. Manns, K.V. Kowdley, and S. Zeuzem, for the POLARIS-1 and POLARIS-4 Investigators*

N ENGL J MED 376;22 NEJM.ORG JUNE 1, 2017

POLARIS-1 : sofosbuvir/ velpatasvir/ voxilaprevir pendant 12 sem. chez 263 patients en échec AAD comprenant un inhibiteur de NS5A

VOSEVI ®



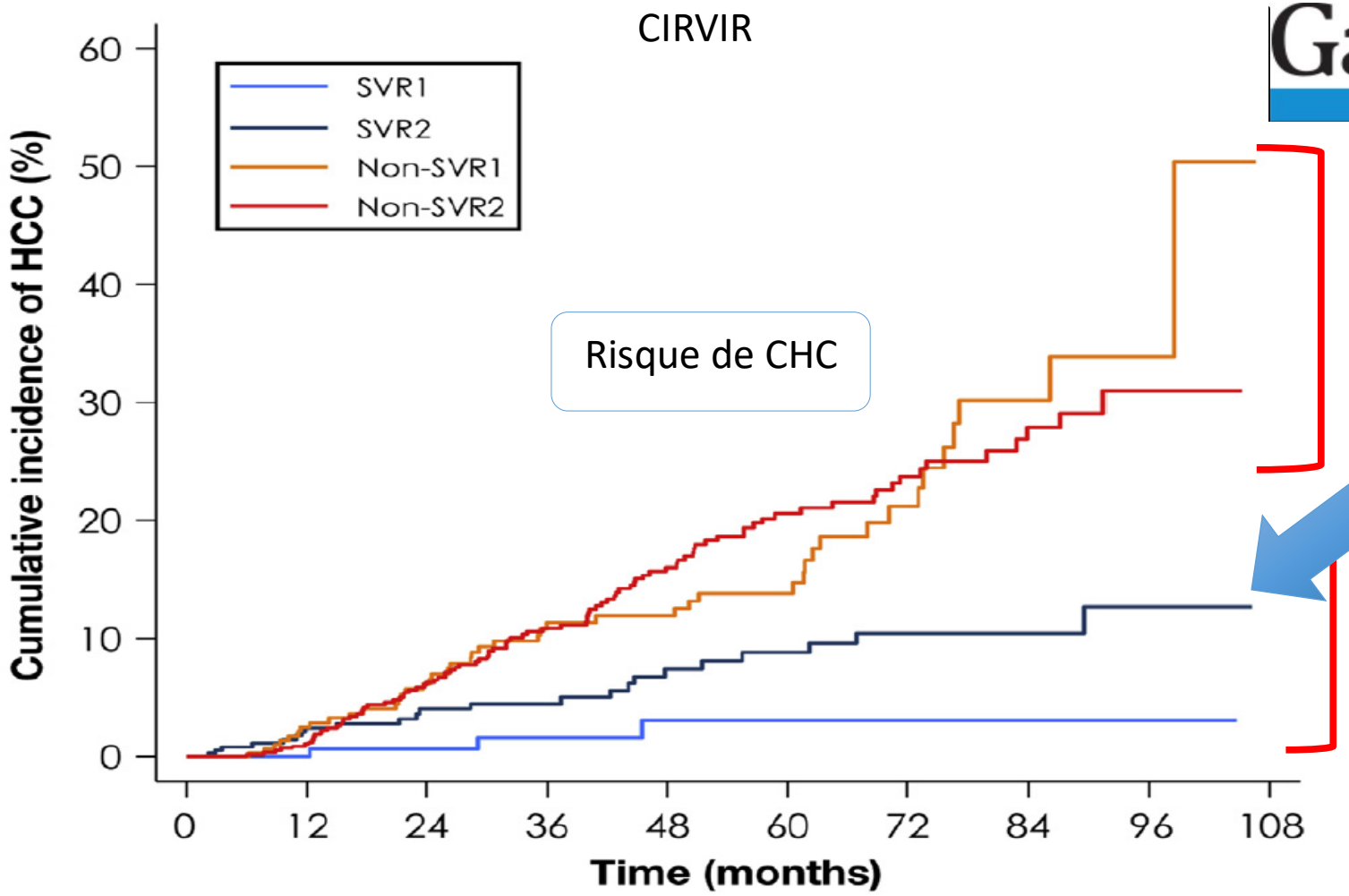
79 % avaient des RAV contre les inhibiteurs de NS5A

Bourlière M, Marseille,

Eradication of Hepatitis C Virus Infection in Patients With Cirrhosis Reduces Risk of Liver and Non-Liver Complications

CIRVIR

Gastroenterology



Risque de CHC

Non RVS

RVS

Syndrome métabolique

Gastroenterology 2017;152:142–156

Vendredi 8 décembre 2017

HEPATITE B

HEPATOLOGY

AASLD AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

HEPATOLOGY, VOL. 66, NO. 1, 2017

Evaluation of Hepatitis B Reactivation Among 62,920 Veterans Treated With Oral Hepatitis C Antivirals

Etude rétrospective
85% bilan VHB
0,7% AgHBs positifs
42% Anti HBs

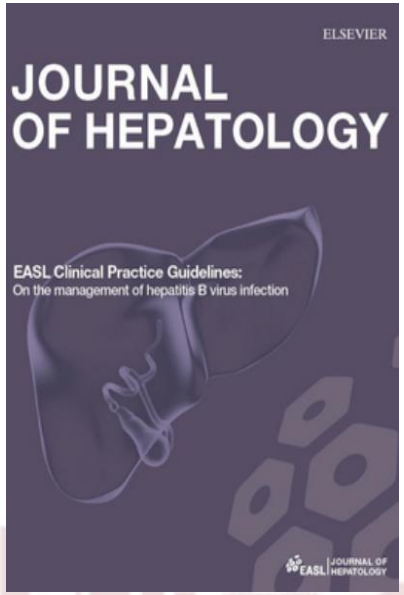
9 réacrivations B:
8 AgHBs
1 anti HBc

3 transaminases > 2

EASL | JOURNAL OF HEPATOLOGY

EASL 2017 Clinical Practice Guidelines on the management of hepatitis B virus infection☆

European Association for the Study of the Liver *

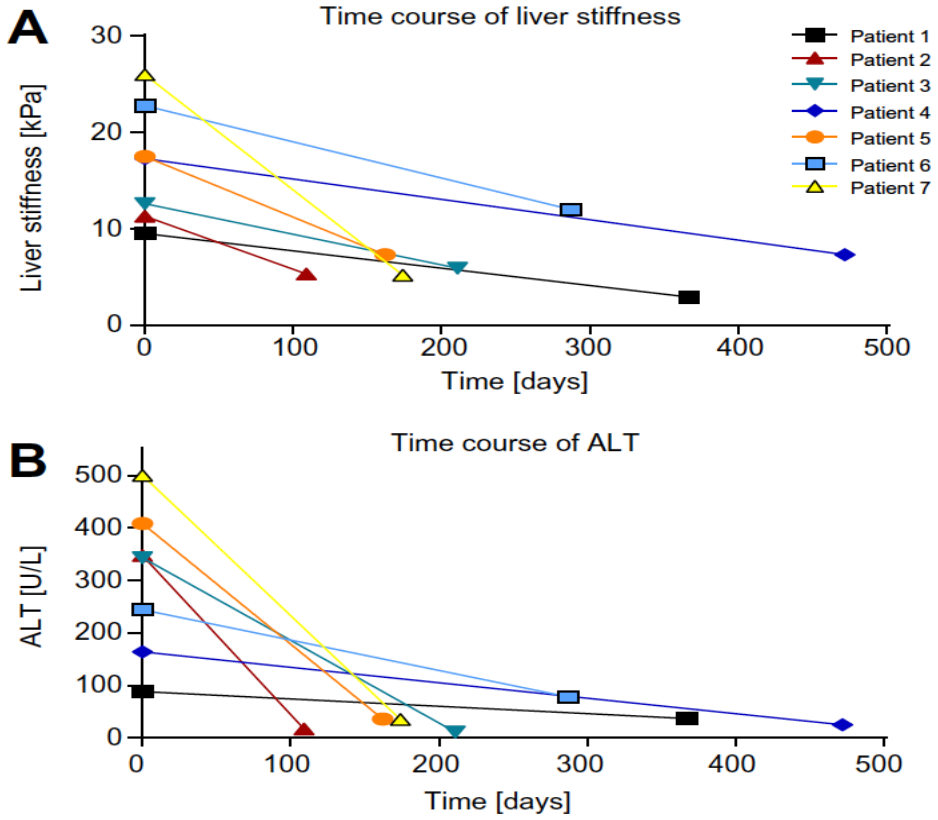


Journal of Hepatology **2017** vol. 67 | 370–398

Vendredi 8 décembre 2017

HAI

Transient elastography in autoimmune hepatitis: Timing determines the impact of inflammation and fibrosis



Fibroscan et HAI aussi

Attendre 6 mois de traitement pour résultats fiables

16 Kpa Cut Off pour la cirrhose

EASL JOURNAL OF HEPATOLOGY

Journal of Hepatology **2016** vol. 65 | 769–775

HEPATOCARCINOME

CEFA HGE

CREGG
Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie

Forum Hépatologie

Vendredi 8 décembre 2017

AASLD

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

Hepatocellular Carcinoma, management

Download

January 2017

Treatment of Hepatocellular Carcinoma

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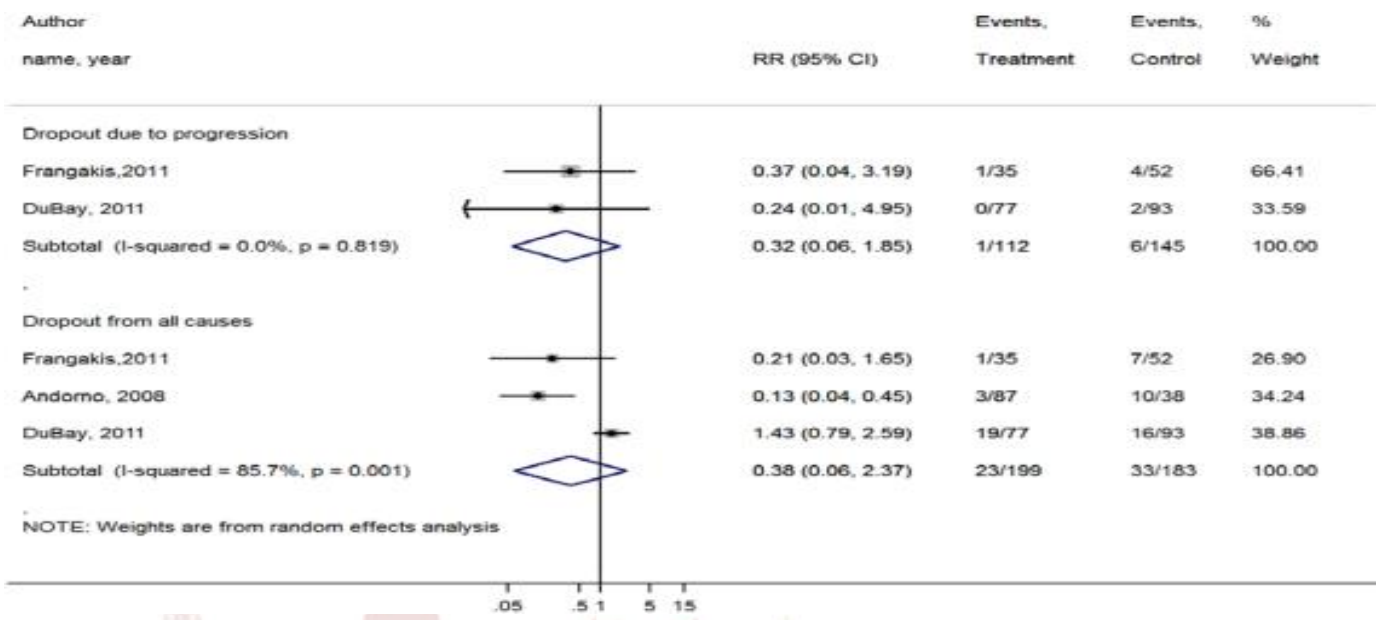
Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie

Therapies for patients with hepatocellular carcinoma awaiting liver transplantation: A systematic review and meta-analysis



Traiter avant
la transplantation

Hepatology
29 NOV 2017 DOI: 10.1002/hep.29485
http://onlinelibrary.wiley.com/doi/10.1002/hep.29485/full#hep29485-fig-0003

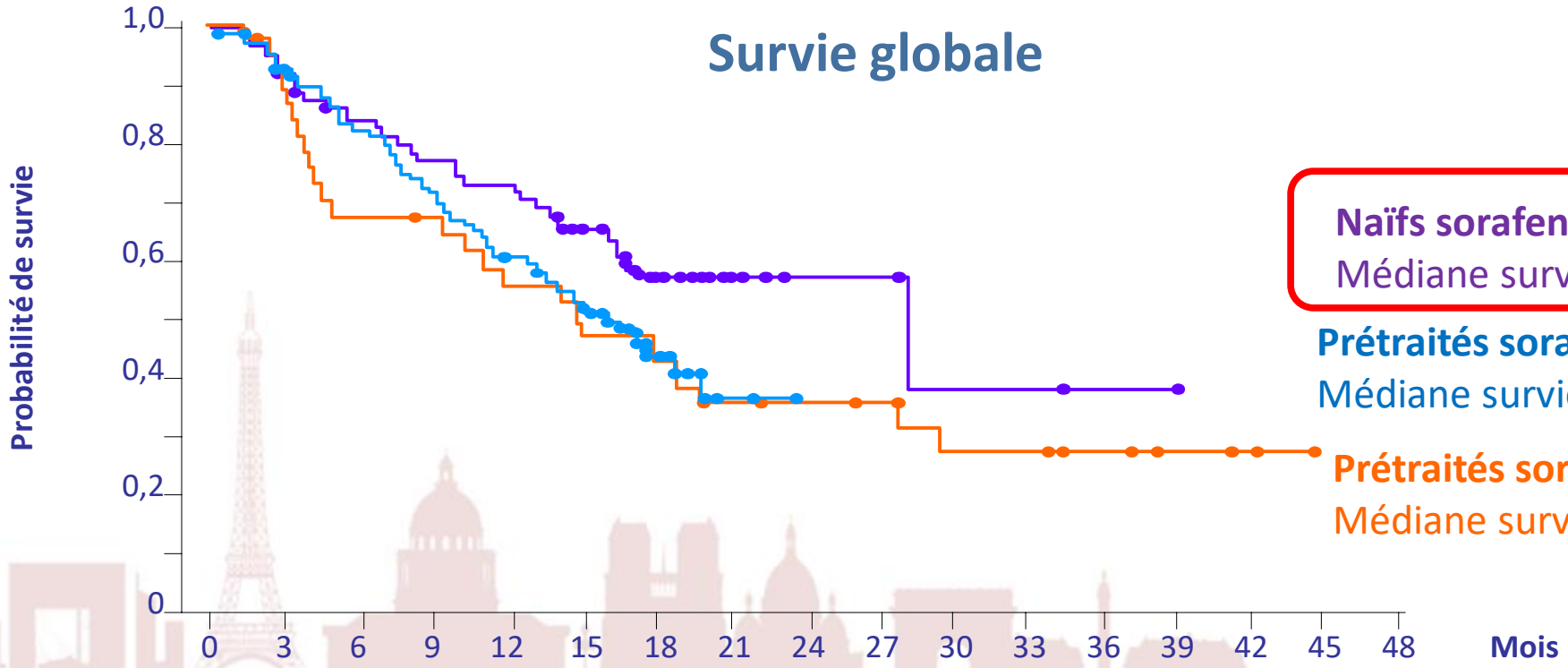
Nivolumab dans le CHC

Approche anti-PD1

Inhibiteur de point de contrôle immunitaire

Essai CheckMate 040

50% des tumeurs contrôlées!



Naïfs sorafenib (ESC + EXP)
Médiane survie 28,6 mois (16,6-NE)

Prétraités sorafenib (EXP)
Médiane survie 15,6 mois (13,2-18,9)

Prétraités sorafenib (ESC)
Médiane survie 15,0 mois (5,0-28,1)

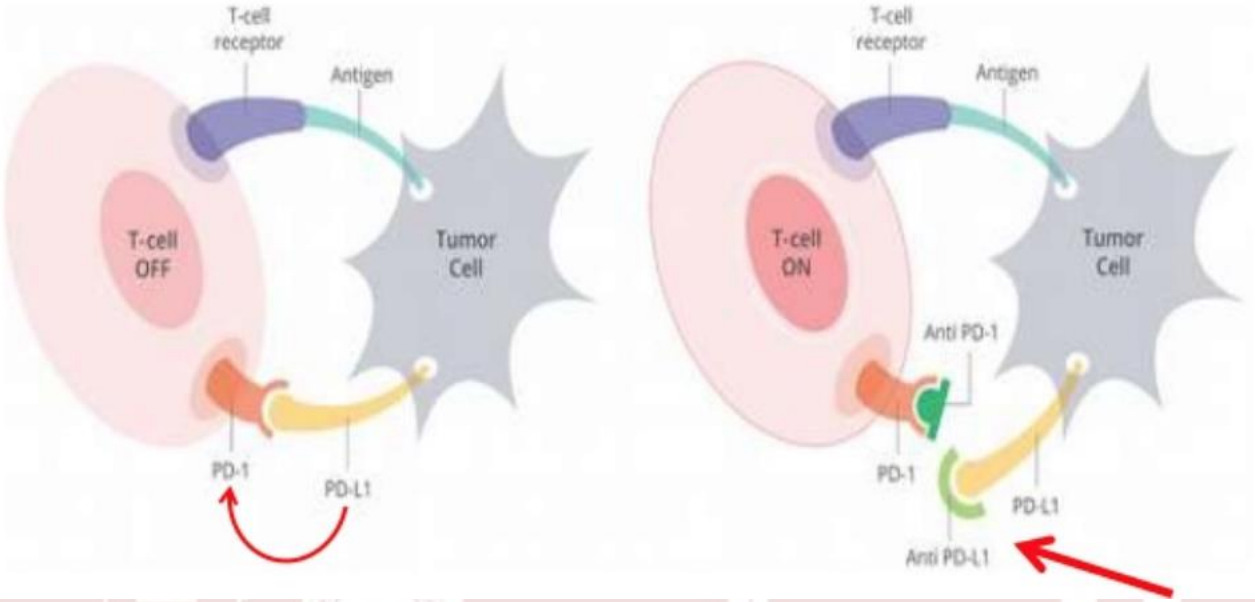
Sangro B, Espagne, AASLD 2017, Abs 141

www.thelancet.com Vol 389 June 24, 2017

Le prix de l'immunothérapie anti cancéreuse

NIVOLUMAB: 5000 à 6000 Euros HT/mois

FDA Approval of Tisagenlecleucel
Promise and Complexities of a $475 000 Cancer Drug



Leucémie Lymphoblastique de l'enfant
et adulte jeune
80% de rémissions

JAMA November 21, 2017 Volume 318, Number 19

HYPERTENSION PORTALE

CEFA HGE

CREGG
Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie

Forum Hépatologie

Vendredi 8 décembre 2017

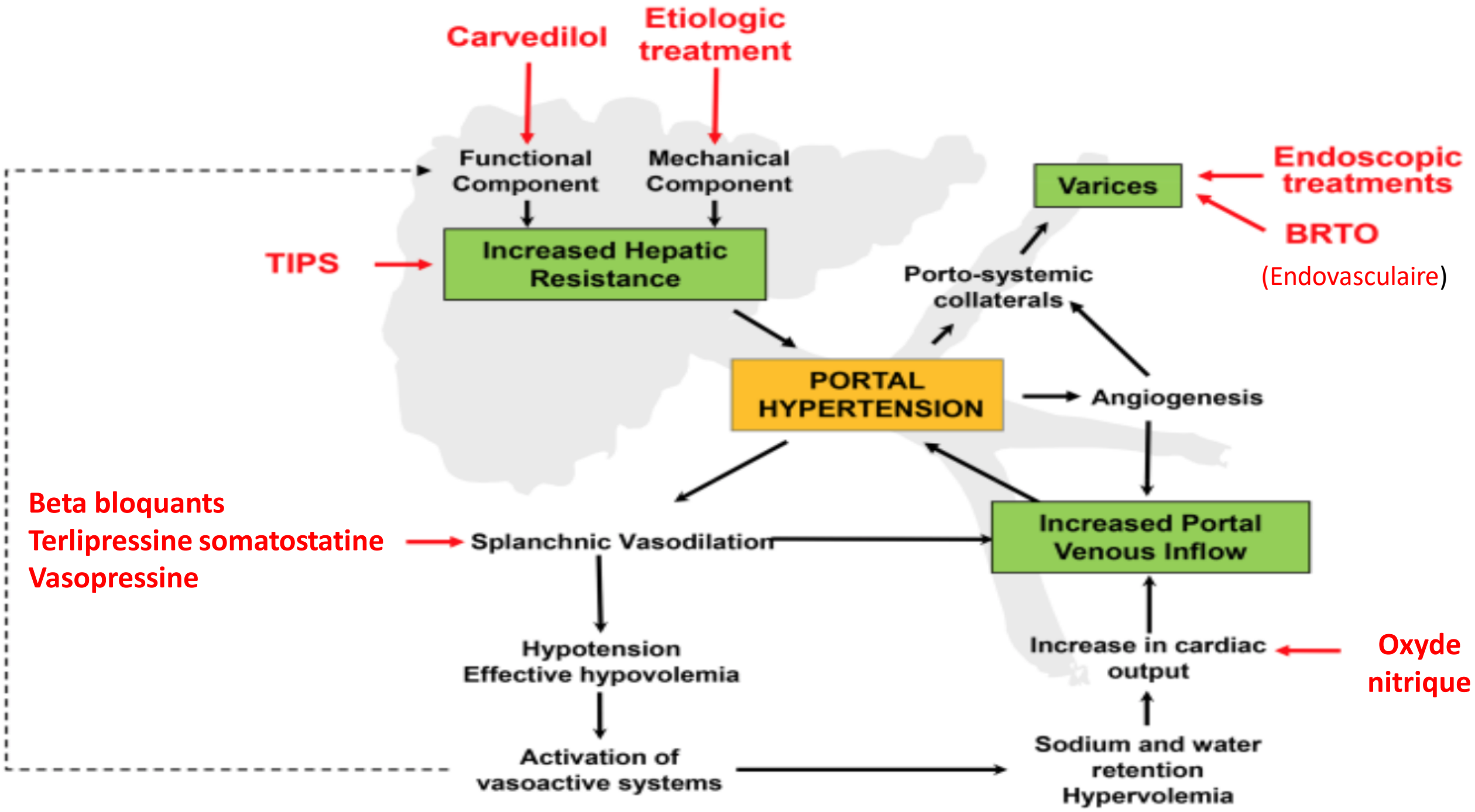
HEPATOLOGY

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

PRACTICE GUIDANCE | HEPATOLOGY, VOL. 65, NO. 1, 2017

Portal Hypertensive Bleeding in Cirrhosis: Risk Stratification, Diagnosis, and Management: 2016 Practice Guidance by the American Association for the Study of Liver Diseases

Guadalupe Garcia-Tsao,[1,2] Juan G. Abraldes,[3] Annalisa Berzigotti,[4] and Jaime Bosch[4–6]


Carvedilol
Etiologic treatment
Functional Component
Mechanical Component
Increased Hepatic Resistance
TIPS
Varices
Endoscopic treatments
BRTO
(Endovasculaire)
Porto-systemic collaterals
PORTAL HYPERTENSION
Angiogenesis
Beta bloquants
Terlipressine somatostatine
Vasopressine
Splanchnic Vasodilation
Increased Portal Venous Inflow
Hypotension
Effective hypovolemia
Increase in cardiac output
Oxyde nitrique
Activation of vasoactive systems
Sodium and water retention
Hypervolemia

CHOLESTASE

CEFA HGE

CREGG
Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie

CBP: CHANGEMENT DE NOM

~~Cirrhose~~

Position Paper

CrossMark

EASL JOURNAL OF HEPATOLOGY

Changing nomenclature for PBC: From 'cirrhosis' to 'cholangitis'☆☆

Ulrich Beuers[1,*], M. Eric Gershwin[2], Robert G. Gish[3], Pietro Invernizzi[4], David E.J. Jones[5], Keith Lindor[6], Xiong Ma[7], Ian R. Mackay[8], Albert Parés[9], Atsushi Tanaka[10], John M. Vierling[11], Raoul Poupon[12]

[1]*Department of Gastroenterology & Hepatology and Tytgat Institute for Liver and Intestinal Research, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands;* [2]*Division of Rheumatology, Allergy and Clinical Immunology, The University of California School of Medicine, Davis, CA, USA;* [3]*Department of Medicine, Division of Gastroenterology & Hepatology, Stanford University, Stanford, CA, USA;* [4]*Center for Autoimmune Liver Diseases, Humanitas Clinical and Research Center, Rozzano (Milan), Italy;* [5]*Institute of Cellular Medicine, Newcastle University, Newcastle upon Tyne, UK;* [6]*College of Health Solutions, Arizona State University, Phoenix, AZ, USA;* [7]*Division of Gastroenterology & Hepatology, Renji Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai Institute of Digestive Disease, Shanghai, China;* [8]*Department of Biochemistry & Molecular Biology, Monash University, Clayton, Vic 3800, Australia;* [9]*Liver Unit, Hospital Clinic, IDIBAPS, CIBERehd, University of Barcelona, Barcelona, Spain;* [10]*Department of Medicine, Teikyo University School of Medicine, Tokyo, Japan;* [11]*Departments of Medicine and Surgery, Baylor College of Medicine, Houston, TX, USA;* [12]*Reference Center for Inflammatory Biliary Diseases, Service d'Hépatologie, Saint-Antoine Hospital, Paris, France*

See Editorial, pages 1066–1067

« CHOLANGITE BILIAIRE PRIMITIVE »

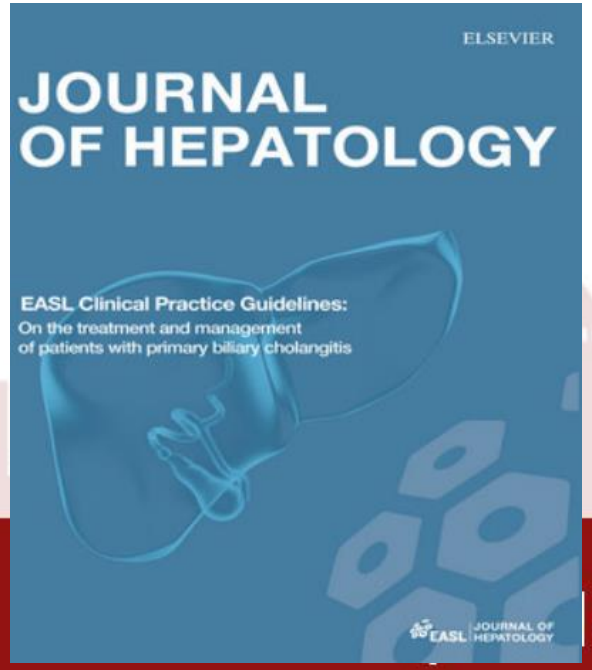
Clinical Practice Guidelines

CrossMark

EASL | JOURNAL OF HEPATOLOGY

EASL Clinical Practice Guidelines: The diagnosis and management of patients with primary biliary cholangitis☆

European Association for the Study of the Liver *



RECOS CBP

CEFA HGE

CREGG

Journal of Hepatology **2017** vol. 67 | 145–172

CREGG HÉPATOLOGIE

La Cholangite Biliaire Primitive (CBP) en pratique

Solange Bresson Hadni *(Besançon)*,
Bertrand Hanslik *(Montpellier)*,
Pierre Toulemonde *(Toulouse)*

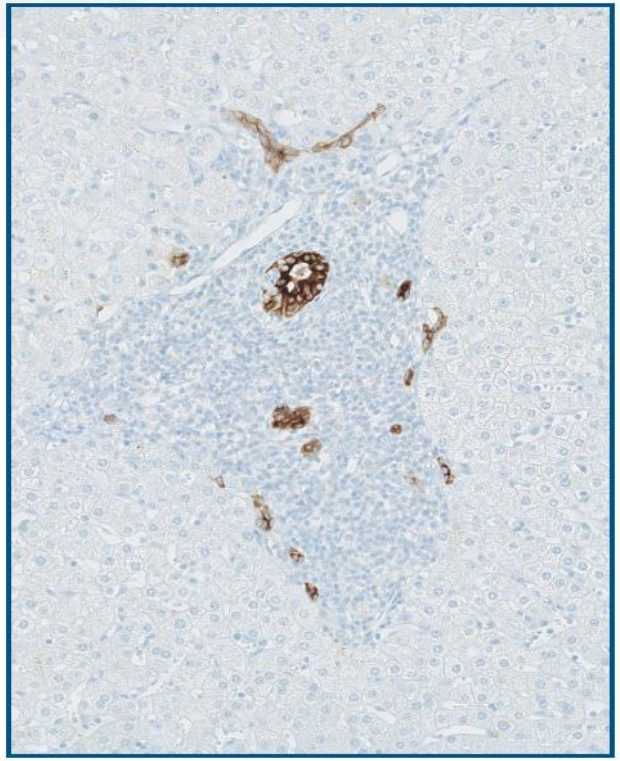
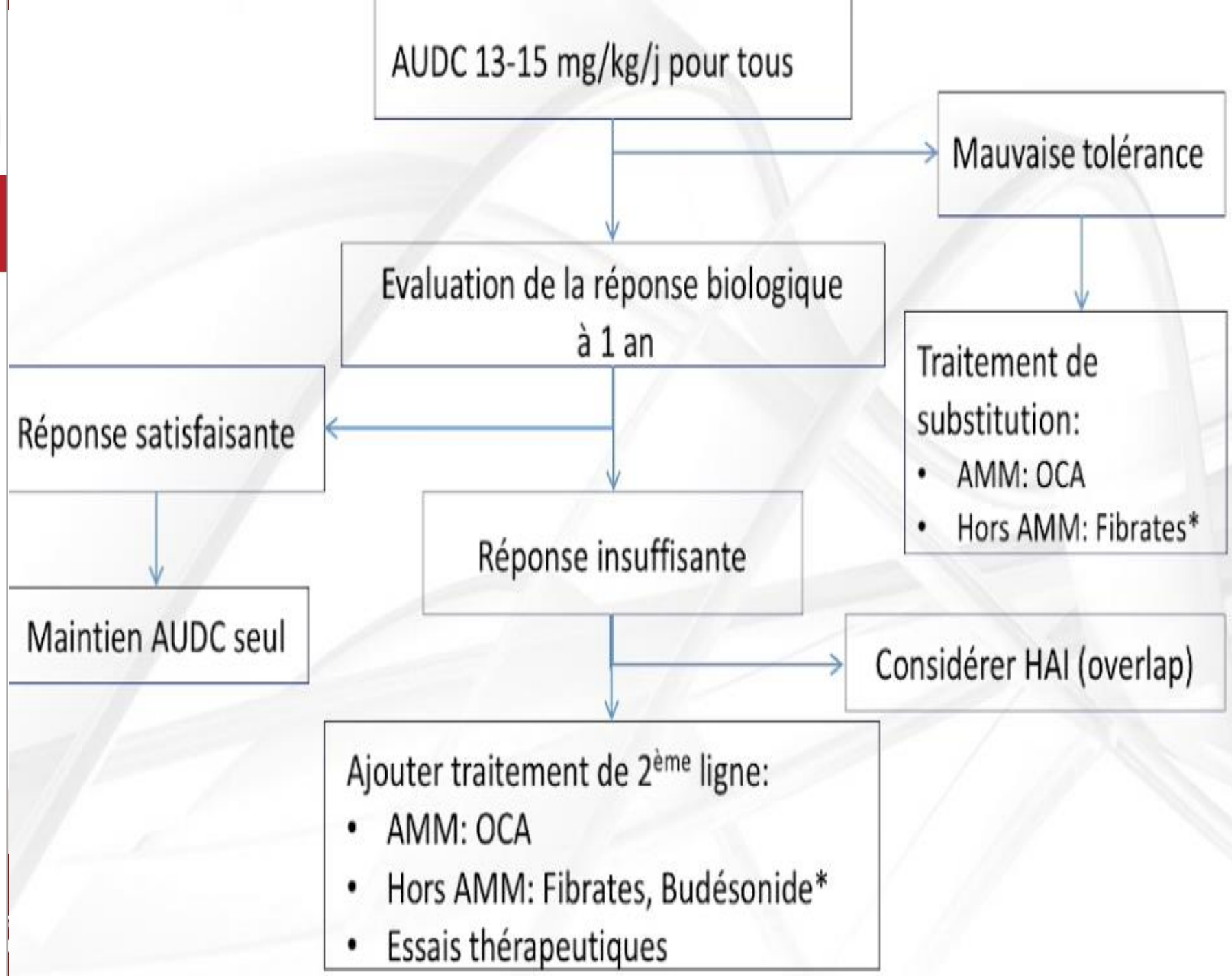
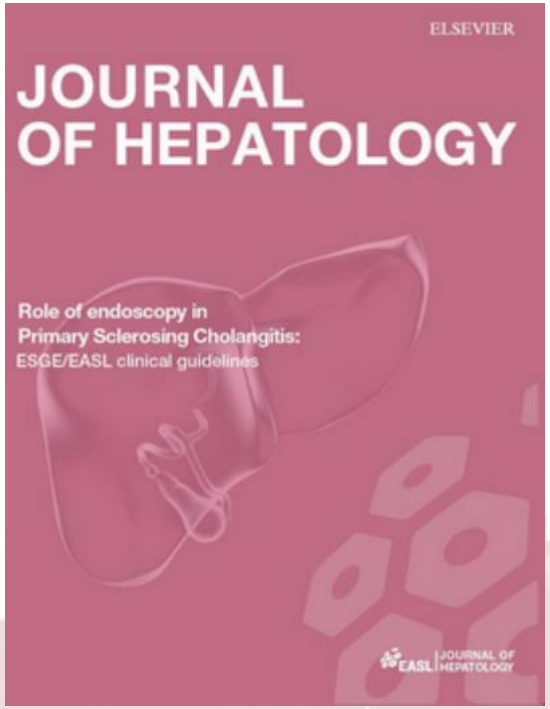


Photo : Dr Sophie FELIX, service d'Anatomie Pathologique, CHU Besançon



Clinical Practice Guidelines

Role of endoscopy in primary sclerosing cholangitis: European Society of Gastrointestinal Endoscopy (ESGE) and European Association for the Study of the Liver (EASL) Clinical Guideline☆



CSP
Dilater les sténoses
plutôt
qu'une prothèse

Journal of Hepatology **2017** vol. 66 | 1265–1281

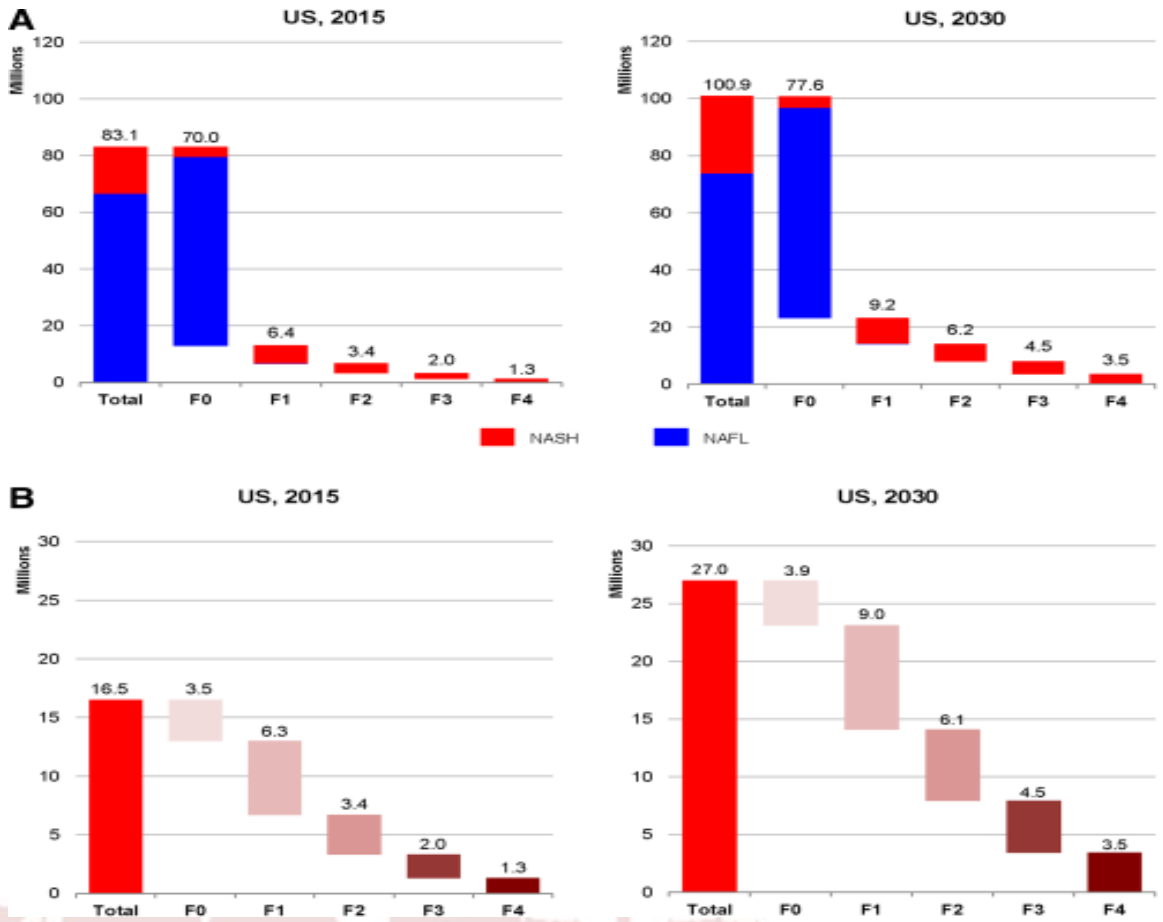
Vendredi 8 décembre 2017

METABOLIQUE

Projection d'une augmentation exponentielle de la NASH aux USA

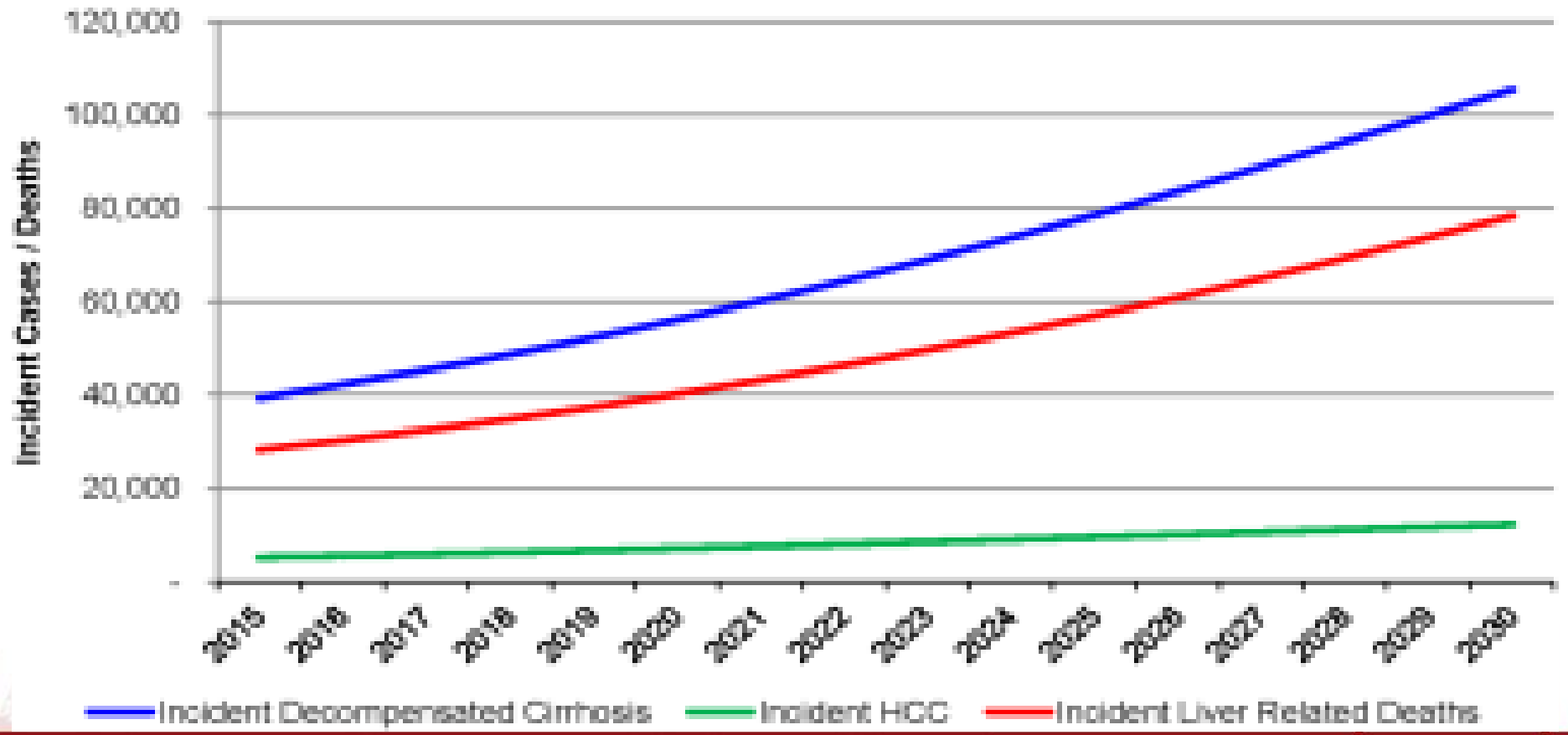
NAFLD

NASH



Hepatology
1 DEC 2017 DOI: 10.1002/hep.29466
http://onlinelibrary.wiley.com/doi/10.1002/hep.29466/full#hep29466-fig-0003

Projection d'une augmentation exponentielle de la NASH aux USA



Hepatology
1 DEC 2017 DOI: 10.1002/hep.29466
http://onlinelibrary.wiley.com/doi/10.1002/hep.29466/full#hep29466-fig-0005

LiverMultiScan

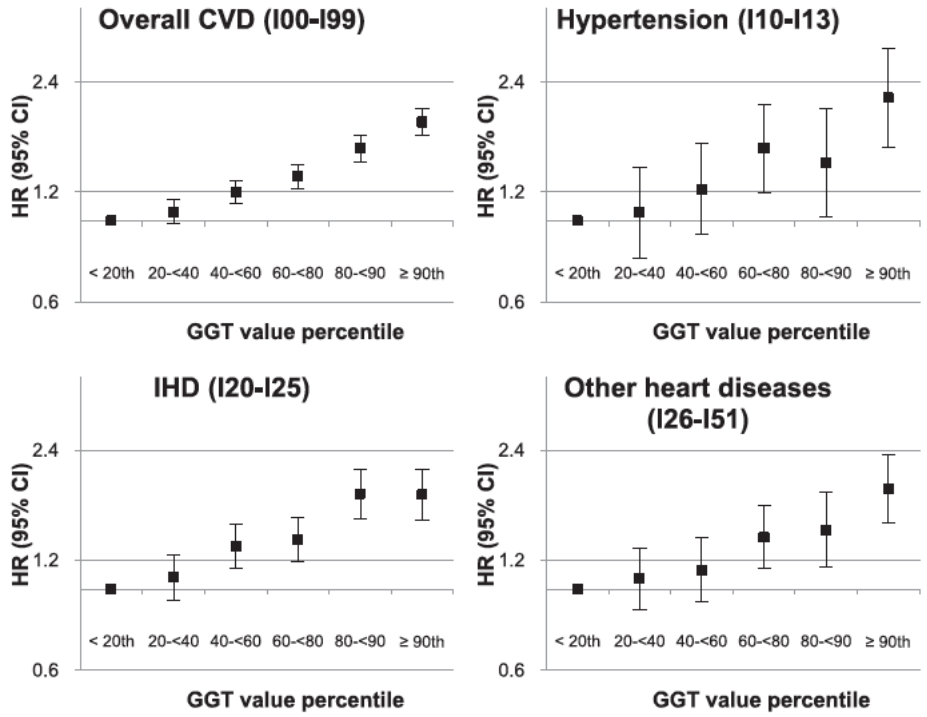
Approuvé en NOV 2017 par la FDA

Contents lists available at ScienceDirect

Atherosclerosis

journal homepage: www.elsevier.com/locate/atherosclerosis

Gamma-glutamyltransferase and cardiovascular mortality in Korean adults: A cohort study



L'augmentation des gamma GT indépendamment de l'alcool augmente proportionnellement les risques cardiovasculaires

S.-W. Yi et al. / Atherosclerosis 265 (2017) 102–109

FER

Metabolic and Hepatic Effects of Bloodletting in Dysmetabolic Iron Overload Syndrome: A Randomized Controlled Study in 274 Patients

Fabrice Lainé,[1-3] Marc Ruivard,[4] Véronique Loustaud-Ratti,[5] Fabrice Bonnet,[1,6,7] Paul Calès,[8] Edouard Bardou-Jacquet,[1-3,7] Sylvie Sacher-Huvelin,[9] Xavier Causse,[10] Christine Beusnel,[11] Alain Renault,[1,7] Eric Bellissant,[1,7] and Yves Deugnier,[1,7] Study Group*

étude Française

Hépatosidéroses dysmétabolique

Les saignées c'est NON!

HEPATOLOGY

AASLD AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

HEPATOLOGY, VOL. 65, NO. 2, 2017

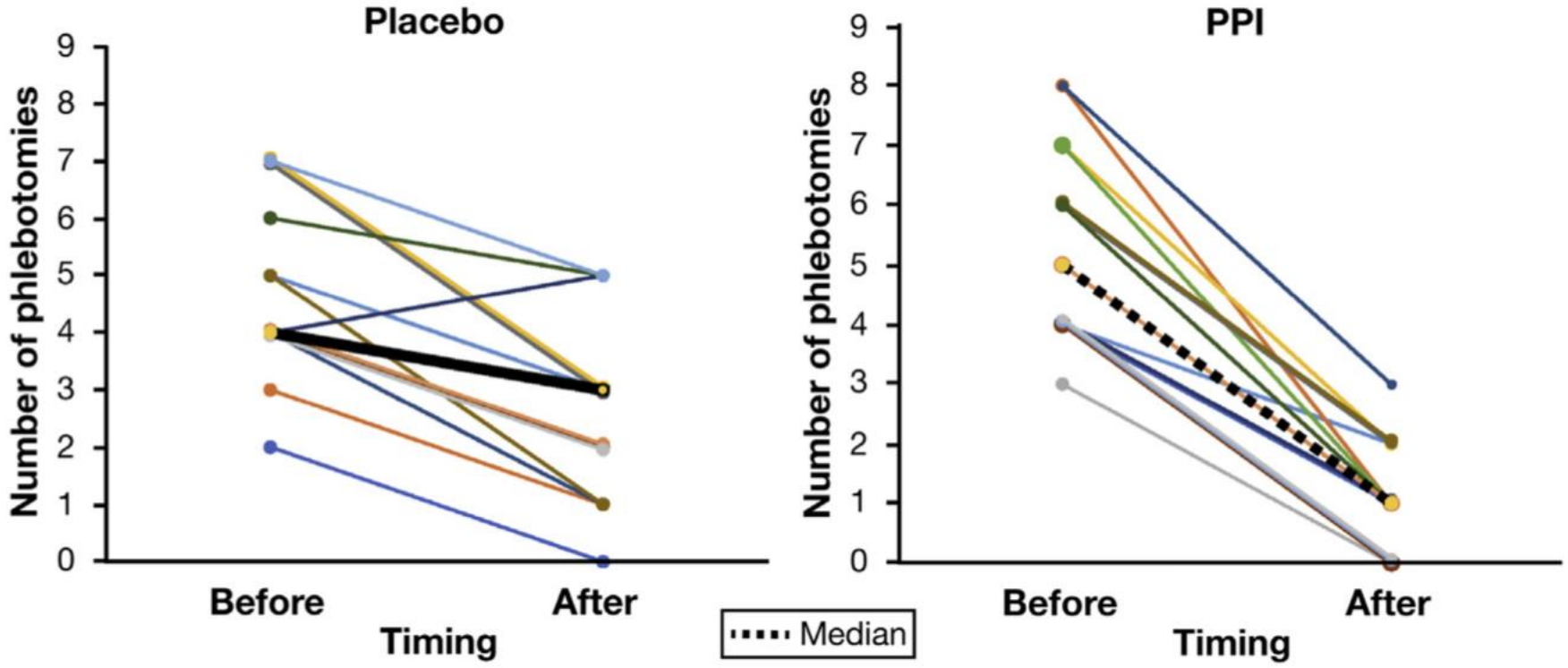
CEFA HGE

CREGG Club de Réflexion des Cabinets et Groupes d'Hépato-Gastroentérologie

mbre 2017

Proton Pump Inhibitors Decrease Phlebotomy Need in HFE Hemochromatosis: Double-Blind Randomized Placebo-Controlled Trial

Annick Vanclooster,[1] Cees van Deursen,[2,4] Reggy Jaspers,[3] David Cassiman,[1] and Ger Koek[4,5,6]



IPP pleine dose
Baisse de 50% des saignées HFE1

Gastroenterology 2017;153:678–680

«Tout le bonheur du monde est dans l'inattendu.»