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The Liver Meeting®



DIGITAL EXPERIENCE

The Best of The Liver Meeting®

HEALTH DISPARITIES AND PUBLIC HEALTH



About the program:

Best of The Liver Meeting 2021 was created by the Scientific Program Committee for the benefit of AASLD members, attendees of the annual conference, and other clinicians involved in the treatment of liver diseases. The program is intended to highlight some of the key oral and poster presentations from the meeting and to provide insights from the authors themselves regarding implications for patient care and ongoing research.

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The 2019 HCV cascade of care for children and youth in British Columbia, Canada

Aim

- To construct the HCV cascade of care for young people living with HCV in British Columbia (BC) in 2019, and to assess their progression along the stages of the cascade

Methods

- The BC Hepatitis Testers Cohort: integration of data on HCV testing with medical visits, hospitalizations, cancers, deaths, and all dispensed prescriptions
- All BC residents under 30 years in 2019 who have been diagnosed with HCV were included
- The HCV care cascade was defined in 6 steps (see Figure)

Conclusions

- HCV treatment initiation was low among young people living with HCV in 2019 in British Columbia.
- The approval of highly effective pangenotypic regimens for youth provides the opportunity for early treatment to prevent liver damage. More efforts should be made to uncover and address barriers to HCV care for young people in order to optimize the access to care.

Main Findings

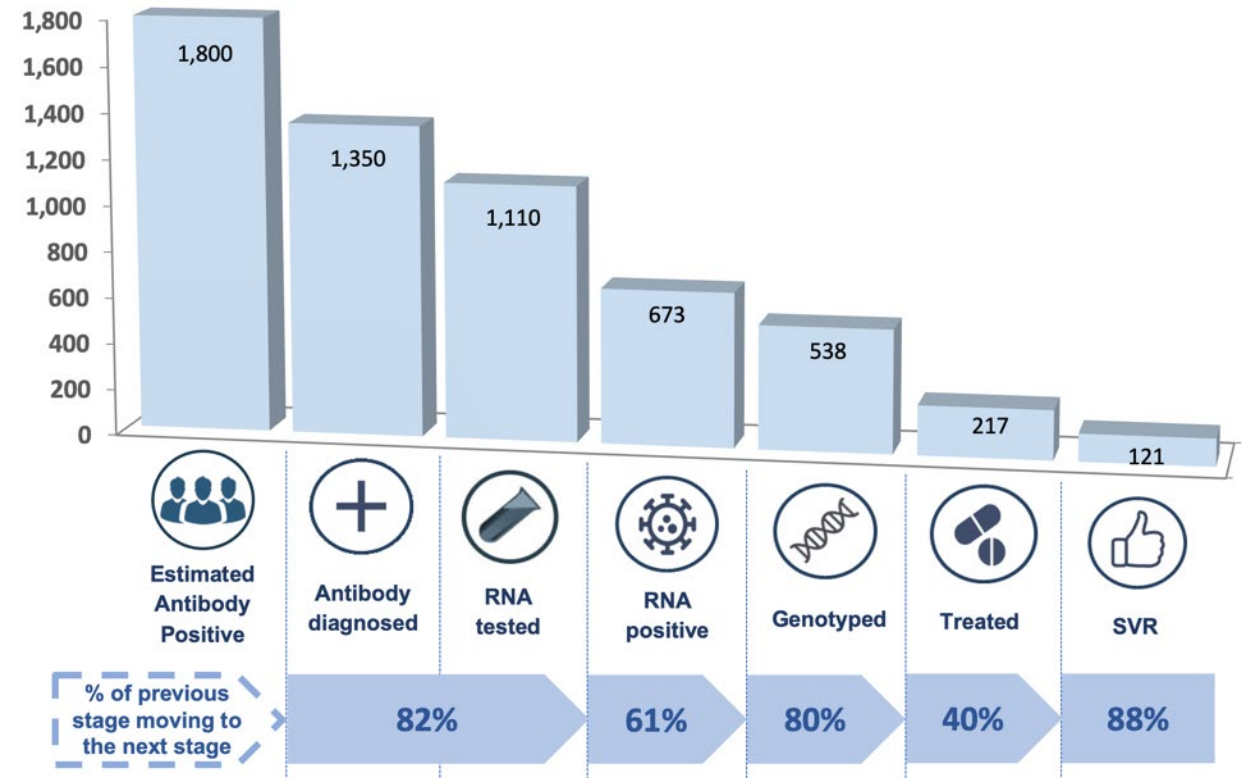


Figure 1. Children and youth living with chronic HCV in British Columbia within the HCV care cascade in 2019

Increasing rates of non-cirrhotic HCC in black patients: a multi-center cohort study

Objective

- To evaluate the relationship between cirrhosis status and HCC trends in black and white patients with HCC

Methods

- A retrospective cohort study of adults diagnosed with HCC at two health systems in Indiana and in North Carolina between 2009 and 2019
- Trends in the yearly rates of HCC were explored by cirrhosis status defined using Mittal's criteria. In a secondary analysis fibrosis was defined by FIB-4 score >3.25. Trends were compared before (2009-2013) and after (2014-2019) the release of DAA.

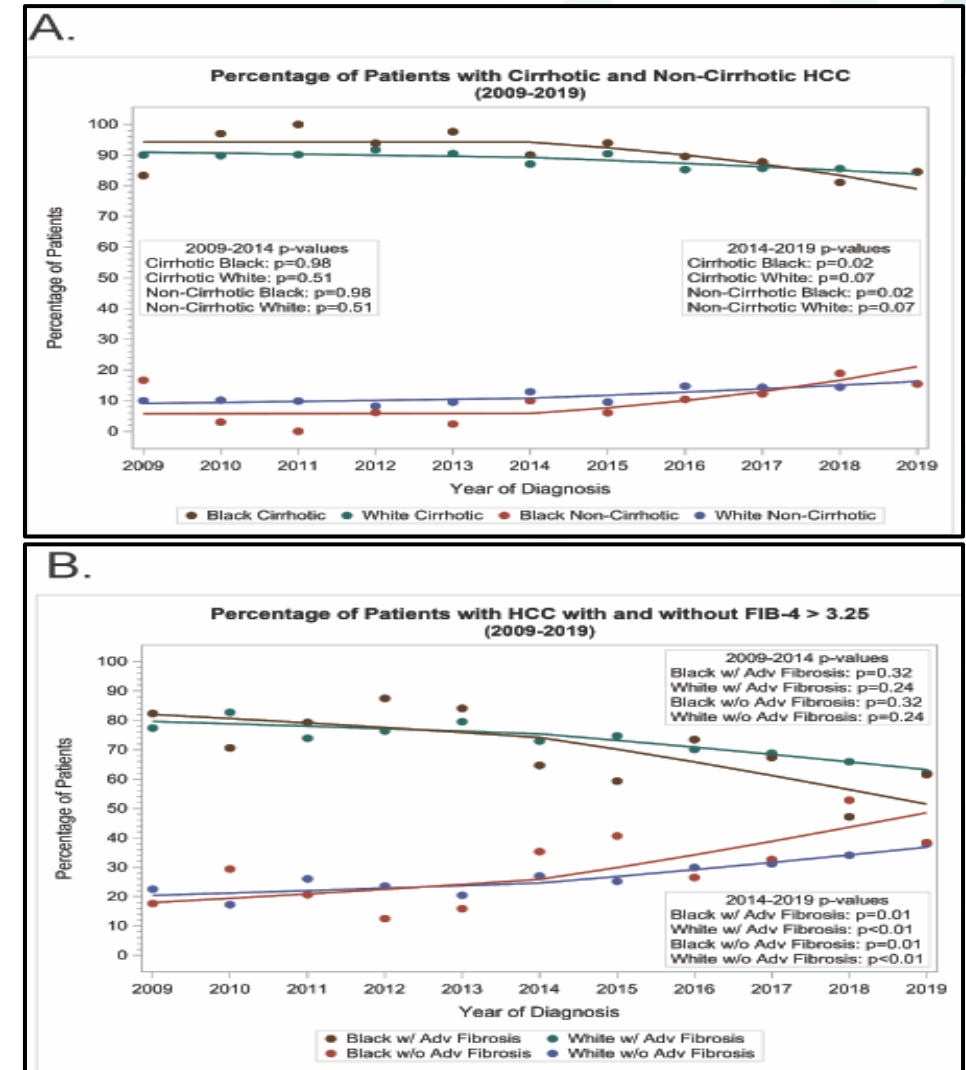
Main Findings

- The odds of a black patient having non-cirrhotic HCC according to Mittal criteria increased 34% per year (95% CI 1.05-1.71) (Figure 1, Panel A). Trends in non-cirrhotic HCC did not change significantly for white patients (Figure 1, Panel A).
- In those with FIB-4 category ≤3.25 in the DAA-era, rates of HCC increased by 22% (95% CI 1.05-1.42) per year for black patients and by 12% (95% CI 1.04-1.21) per year for white patients (Figure 1, Panel B).

Conclusions

- Rates of HCC in patients without cirrhosis are rising in the DAA era, particularly for black patients.

Nephew L, et al., Abstract 176.



Racial disparities in kidney after liver transplantation and the impacts of the kidney “safety net”

Objective

- To examine racial disparities in time to kidney transplantation before and after the kidney “safety net” policy was enacted

Methods

- Retrospective cohort study of United Network for Organ Sharing (UNOS) data on all adult liver transplant alone recipients before and after the kidney “safety net” was enacted
- Time-to-kidney waitlist and time-to-kidney transplant was modeled using Cox regression analysis

Main Findings

- Prior to the safety net policy being enacted, median time between liver transplant and kidney waitlist was 1225 days (IQR 448-2537) and time between kidney waitlist and kidney transplant was 197 days (IQR 38-666). Times between liver transplant and kidney waitlist and kidney waitlist and kidney transplant were significantly different by race ($p=0.01$ and $p=0.02$, respectively). In contrast, “safety net” KALT recipients experienced a median time between liver transplant and kidney waitlist of 243 days (IQR 147-323) and kidney waitlist to kidney transplant of 69 days (IQR 21-163). There was no significant difference in wait time by race.
- Adjusting for baseline covariates, KT listing rate with adjusted hazard ratio of 0.78 (95% CI 0.67-0.89, $p<0.01$) when comparing black to white patients. KT rate when comparing black to white recipients had an adjusted hazard ratio of 0.85 (95% CI 0.74-0.98, $p=0.03$).

Conclusions

- The safety net policy has been effective at providing more rapid access to kidney after liver transplant and has also been shown to reduce the racial disparities that previously existed in time to organ transplant although continued improvement and evaluation of organ allocation policies, such as the liver-kidney “safety net”, is critical to achieve equitable organ access.

Hepatitis B virus screening in Asian immigrants: Community-based campaign to increase screening and linkage to care

Objective

- To determine the role of our community-based hepatitis B virus (HBV) campaign on HBV screening and success of linkage to care (LTC) efforts through a large-scale community screening initiative

Methods

- Utilizing hired nurse navigators to facilitate the LTC process in previously identified Asian immigrants with HBV after identifying poor LTC rates when participants were responsible for their own care.

Conclusions

- After identifying significant barriers to LTC, we were able to demonstrate that the use of nurse navigators successfully increase LTC rates in this at-risk population.

Main Findings

	Number of HBV Infected	Percentage (%)
Gender		
Male	172	50.1%
Female	169	49.3%
Unknown	2	0.6%
Age		
21-30	1	0.3%
31-40	20	5.8%
41-50	52	15.2%
51-60	110	32.1%
61-70	85	24.9%
71-	63	18.4%
Unknown Age	12	3.5%
Successful LTC		
Male	32 (out of 78)	41.0%
Female	36 (out of 89)	40.4%

	Number of HBV Infected	Percentage (%)
Successful LTC		
Up to 2017	56 (out of 195)	33.8%
2018	12 (out of 14)	85.7%
2019	26 (out of 29)	89.7%

Win A, et al., Abstract 180.



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