Quelle est la contribution des troubles liés à l’alcool au fardeau de l’hépatite C?

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Conflits d’intérêts

Vincent Mallet has been a scientific advisor or consultant for Gilead, Abbvie, MSD, Janssen-Cilag, Bristol Myers Squibb, and THEN (Translational Health Economics Network), has received payment for lectures through speakers’ bureaus for Abbvie, Bristol Myers Squibb, Gilead, JJ/Janssen-Cilag, Novartis and Roche, and owns stocks of Lingha systems.
Universal access to treatment is the objective
INSTRUCTION N° DGOS/PF2/DGS/SP2/DSS/1C/2017/246 du 3 août 2017 relative à l’élargissement de la prise en charge par l’assurance maladie du traitement de l’hépatite C par les nouveaux agents anti-viraux d’action directe (AAD) à tous les stades de fibrose hépatique pour les indications prévues par l’autorisation de mise sur le marché et à la limitation de la tenue d’une réunion de concertation pluridisciplinaire pour les initiations de traitement à des situations particulières listées.

Date d'application : immédiate
NOR : SSAH1722937J
Classement thématique : santé publique
Validée par le CNP le 28 juillet 2017 - Visa CNP 2017-93
Publiée au BO : oui
Déposée sur le site circulaire.legifrance.gouv.fr : oui
From: Association Between Sustained Virological Response to Interferon-based treatment and All-Cause Mortality Among Patients With Chronic Hepatitis C and Advanced Hepatic Fibrosis

Overall Survival in Patients With Chronic Hepatitis C Virus Infection and Advanced Hepatic Fibrosis With and Without Sustained Virological Response (SVR) to Interferon-based Treatment Compared With an Age- and Sex-Matched General Population Time zero is 24 weeks following cessation of antiviral therapy, at which time it was determined whether patients attained SVR.
L’expérience Ecossaise
Surmortalité hépatique (x6) des patients HCV guéris

Mortality in hepatitis C patients who achieve a sustained viral response compared to the general population

http://dx.doi.org/10.1016/j.jhep.2016.08.004
Toward a More Complete Understanding of the Association Between a Hepatitis C Sustained Viral Response and Cause-Specific Outcomes

Hamish A. Innes,1,2 Scott A. McDonald,1,2 John F. Dillon,3 Sam Allen,4 Peter C. Hayes,5 David Goldberg,1,2 Peter R. Mills,6 Stephen T. Barclay,7 David Wilks,8 Heather Valerio,1,2 Ray Fox,9 Diptendu Bhattacharyya,10 Nicholas Kennedy,11 Judith Morris,12 Andrew Fraser,13 Adrian J. Stanley,7 Peter Bramley,14 and Sharon J. Hutchinson1,2
Hazard reduction associated with SVR (vs. non-SVR), for each outcome event, according to APRI. Estimates are adjusted for differences in basic demographics; medical comorbidities; viral genotype; behavior factors and liver function tests. (N=3385)

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>APRI (inferred disease stage)</th>
<th>HAZARD RATIO (SVR vs non-SVR)</th>
<th>P-VALUE FOR SVR* APRI INTERACTION TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver mortality</td>
<td>&lt;0.7 (mild)</td>
<td>0.50 (0.15-1.74)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.20 (0.10-0.40)</td>
<td></td>
</tr>
<tr>
<td>Non-liver mortality</td>
<td>&lt;0.7 (mild)</td>
<td>0.85 (0.51-1.42)</td>
<td>0.263</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.55 (0.32-0.92)</td>
<td></td>
</tr>
<tr>
<td>All-cause mortality</td>
<td>&lt;0.7 (mild)</td>
<td>0.82 (0.51-1.30)</td>
<td>0.010</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.35 (0.23-0.52)</td>
<td></td>
</tr>
<tr>
<td>Severe liver morbidity</td>
<td>&lt;0.7 (mild)</td>
<td>0.27 (0.04-1.92)</td>
<td>0.796</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.20 (0.12-0.35)</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>&lt;0.7 (mild)</td>
<td>0.91 (0.64-1.29)</td>
<td>0.083</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.61 (0.46-0.80)</td>
<td></td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>&lt;0.7 (mild)</td>
<td>1.04 (0.70-1.56)</td>
<td>0.470</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.84 (0.57-1.25)</td>
<td></td>
</tr>
<tr>
<td>Neoplasms</td>
<td>&lt;0.7 (mild)</td>
<td>1.11 (0.63-1.94)</td>
<td>0.598</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.90 (0.56-1.43)</td>
<td></td>
</tr>
<tr>
<td>Alcohol intoxication</td>
<td>&lt;0.7 (mild)</td>
<td>0.74 (0.37-1.48)</td>
<td>0.214</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.40 (0.21-0.75)</td>
<td></td>
</tr>
<tr>
<td>Drug intoxication</td>
<td>&lt;0.7 (mild)</td>
<td>0.74 (0.42-1.28)</td>
<td>0.834</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.81 (0.44-1.50)</td>
<td></td>
</tr>
<tr>
<td>Violence-related injury</td>
<td>&lt;0.7 (mild)</td>
<td>0.58 (0.31-1.09)</td>
<td>0.573</td>
</tr>
<tr>
<td></td>
<td>≥0.7 (non-mild)</td>
<td>0.45 (0.23-0.85)</td>
<td></td>
</tr>
</tbody>
</table>
The spread of hepatitis C virus genotype 1a in North America: a retrospective phylogenetic study


Coloured labeled lines for each gene region represent the median estimated HCV effective number of infections (effective number of infections \( t \) generations time; \( N_e \), t through time estimated under a relaxed-clock model. The 95% highest probability density (HPD) for each gene region is shaded in grey. Areas of darker grey represent areas with the most HPD overlap across gene regions. Birth intervals for each generation are denoted along the x-axis. The vertical dashed green box corresponds to the advent of both rigorous screening of the blood supply for infectious agents in 1992 \(^{27} \) and the widespread availability of needle exchange programs in North America \(^{27} \). Coloured polygons along the upper portion of the plot denote the history of syringe use in North America \(^{27} \). Note the y-axis is on a log-scale units unaffected.
Figure Legend: Prevalence of antibodies to hepatitis C virus (HCV) by age group (A) and year of birth (B) in the Third National Health and Nutrition Examination Survey (NHANES III, 1988–1994) and the current NHANES (1999–2002). The vertical bars represent 95% CIs.
Lou Reed’s case and causes of death in real-life hep C patients

We may soon remember

Lou Reed dies after long battle with hepatitis C

October 29th, 2013

TRANSPLANT)
Lou Reed’s case and causes of death in real-life hep C patients

We may soon remember

Lou Reed’s quote

ALCOHOL USE DISORDERS: A MAJOR CAUSE OF LIVER TRANSPLANT AND OVERALL DEATH
La contribution des troubles liés à l’alcool au fardeau de l’hépatite C n’est pas (plus) prise en compte
Contribution of alcohol use disorders on the burden of chronic hepatitis C in France, 2008–2013: A nationwide retrospective cohort study

Michaël Schwarzinger, Sylvain Baillot, Yazdan Yazdanpanah, Jürgen Rehm, Vincent Mallet

Journal of Hepatology
Volume 67, Issue 3, Pages 454-461 (September 2017)
DOI: 10.1016/j.jhep.2017.03.031
Figure 1. Prevalence of Alcohol Use Disorders in French Patients Aged 18-65 in 2008 and Discharged with Chronic HCV Infection, by Gender (N = 97,347)
Figure 2. Population Attributable Risks of Liver-related Complications, Liver Transplantations, and Premature Liver Deaths in French Patients Aged 18-65 in 2008 and Discharged with Chronic HCV Infection in 2008-2013 (N= 97,347)
Alcohol Use Disorders and Premature Risk of Liver Transplantation or Liver Death in French Patients Discharged with Chronic HCV Infection (n=95,253)

Adjusted Odds-ratio (95% CI) Compared to Patients without Alcohol Use Disorders

- Uncontrolled Alcohol Use Disorders in 2008-2013
- One Record of Alcohol Rehabilitation in 2008-2013
- One Record of Alcohol Abstinence after Rehabilitation in 2008-2013
Unexpected early tumor recurrence in patients with hepatitis C virus-related hepatocellular carcinoma undergoing interferon-free therapy: a note of caution

María Reig, Zoe Mariño, Christie Perelló, Mercedes Iñarrairaegui, Andrea Ribeiro, Sabela Lens, Alba Díaz, Ramón Vilana, Anna Darnell, María Varela, Bruno Sangro, José Luis Calleja, Xavier Forns, Jordi Bruix

PII: S0168-8278(16)30113-1
DOI: http://dx.doi.org/10.1016/j.jhep.2016.04.008
Reference: JHEPAT 6069

To appear in: Journal of Hepatology
Risk of Hepatocellular Cancer in HCV Patients Treated With Direct-Acting Antiviral Agents

Among patients treated with DAA, SVR was associated with a considerable reduction in the risk of HCC. We did not find any evidence to suggest that DAAs promote HCC. However, in patients with SVR, the absolute risk of HCC remained high in patients with established cirrhosis. These patients should be considered for ongoing HCC surveillance.
Alcool et Hépatite C

• Les troubles liés à l’alcool sont fréquents chez les patients avec une hépatite C et ne sont, en général, pas pris en compte
• Les troubles liés à l’alcool contribuent largement au fardeau de l’hépatite C dans les pays industrialisés
• Les modifications comportementales (sevrage) améliorent la survie des patients à risque avec une hépatite C