

The 34th Annual Meeting of the Asian Pacific Association for the study of the liver

© Asian Pacific Association for the Study of the Liver 2025

INVITED LECTURES

THINKING MORE: HEPATITIS B AND C ELIMINATION DIALOGUE IN ASIA PACIFIC

09:00-16:00 | Auditorium

26TM0103

Progress of hepatitis C elimination

Jian Li Weijuan Yan*

National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention, Beijing, China

*Corresponding author

Abstract: Since the World Health Organization (WHO) proposed the vision of eliminating the public health threat of viral hepatitis by 2030 in 2016, China has actively advanced efforts to eliminate the hazard of hepatitis C. “China’s viral hepatitis prevention and control plan (2017–2020)” and “Action plan for eliminating public health hazards of hepatitis C (2021–2030)” have been developed to guide the elimination efforts. Some technical guidelines including “Diagnostic criteria for hepatitis C” and “Guidelines for the prevention and treatment of hepatitis C” were also updated and released.

In China, HCV prevention and control efforts have been integrated with HIV-prevention programs, adopting a “multi-disease prevention and control” strategy. HCV control and prevention has made significant progress in recent years. Firstly, new HCV infections have been effectively controlled by implementing blood safety, strengthening nosocomial infection control, and conducting comprehensive interventions among key populations. Secondly, HCV testing was expanded and detection rates were improved by implementing the strategies of “testing all in need” in medical institutions and among key populations, “testing all of those with the willingness to be tested” for the general public, and “nucleic acid testing for anyone tested positive for anti-HCV.” Thirdly, treatment coverage was improved by establishing a designated hospital healthcare service model for “treating all eligible” people living with chronic HCV infection. Fourthly, patients’ financial burden was reduced and affordability of care was improved by implement healthcare insurance policies. Three direct-acting antivirals (DAAs) were listed into National Reimbursement Drug List (NRDL) through national

negotiating at end of 2019, with average 85% reduction in price. By the end of 2024, eight DAAs had been included in NRDL, comprising five domestic innovative drugs and three imported ones. Fifthly, a unified web-based national information system for hepatitis C prevention and treatment was developed to collect information along the continuum of HCV care from diagnosis to treatment initiation, completion, and cure. By the end of 2024, percent of newly reported anti-HCV positive cases tested for HCV RNA neared 80%. The treatment rate for newly reported HCV cases eligible for treatment reached 60%. Existing HCV cases declined from around 3 million in 2021 to approximately 2.2 million.

Despite progress, challenges remain. A large population of chronic HCV patients exists, leading to the potential of a huge burden of hepatitis C-related liver cirrhosis and HCC. There are large gaps between targets and current progress, such as for testing and treatment coverage. Looking ahead, China must strengthen its multi-faceted approach to HCV elimination. This includes increasing financial investment, improving healthcare infrastructure, and expanding access to testing and treatment. With sustained commitment and coordinated efforts, China aims to eliminate Hepatitis C as a public health threat and reduce the burden of HCV-related disease.

26TM0301

Overseas experience - personalized healthcare for patients with chronic hepatitis B

Milan J. Sonneveld¹

¹Department of Gastroenterology and Hepatology, Erasmus, MC University Medical Center Rotterdam, Rotterdam 3015 CE, The Netherlands

Abstract: Chronic hepatitis B virus infection (CHB) is associated with a high risk of developing hepatocellular carcinoma (HCC) and other adverse liver related outcomes. As CHB affects 2–3% of the global population, effective management of these patients requires an individualized approach in order to balance benefits, risks and costs. In the aging CHB population, the number of CHB patients with metabolic comorbidities and metabolic dysfunction associated steatotic liver disease (MASLD) is increasing rapidly. Presence of metabolic comorbidities and MASLD is associated with an increased risk of adverse liver related outcomes in patients with CHB. Early diagnosis and treatment of metabolic comorbidities is therefore of

Figure 2. Risk factors for (A) MDR Enterobacteriaceae infection in ESLD and the (B) 30-day crude mortality of enterobacteriaceae infections in ESLD

Items	N	OR (95%CI)	P value
(A) MDR-EI in ESLD			
Plasma exchange	14	5.917(1.283-27.292)	0.023
Urinary catheter	19	4.447(1.076-18.379)	0.039
Previous use of antibiotics	31	3.791(1.151-12.481)	0.029
Diuretics	52	3.367(1.064-10.661)	0.039
(B) 30-day crude mortality of EI in ESLD			
Bacteremia	66	2.839(0.933-8.643)	0.066
Peritonitis	54	2.663(0.885-8.013)	0.081
Urinary catheter	99	9.505(2.979-30.330)	<0.001
Hemodialysis	257	10.349(1.956-54.755)	0.006
Enema	257	3.218(1.061-9.757)	0.039
Duration of antibiotic treatment	257	0.841(0.775-0.913)	<0.001
MDROs	257	7.980(2.565-24.822)	<0.001
INR	257	2.207(1.204-4.044)	0.010
PLT	257	0.988(0.979-0.998)	0.017
ALT	257	0.994(0.988-1.000)	0.059
AST	257	1.006(1.000-1.012)	0.031
TBIL	257	0.983(0.962-1.004)	0.113
DBIL	257	1.025(0.999-1.052)	0.049

EP1056 SA-APASL2025-16696

Association between gallbladder polyps and hepatitis B virus infection

Qianqian Niu^{1,2}, **Donghao Yin**², **Yang Liu**², **Xueping Zhang**², **Xiuhui Li**²

¹Department of Hepatology, Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, Beijing, China., ²Department of integrative Chinese and western medicine, Beijing Youan Hospital, Capital Medical University, Beijing, China

Background: Hepatitis B virus (HBV) infection has been regarded as the common risk factor of gallbladder polyps (GP). This study aimed to investigate the potential association between GP and HBV replication among chronic HBV-infected individuals.

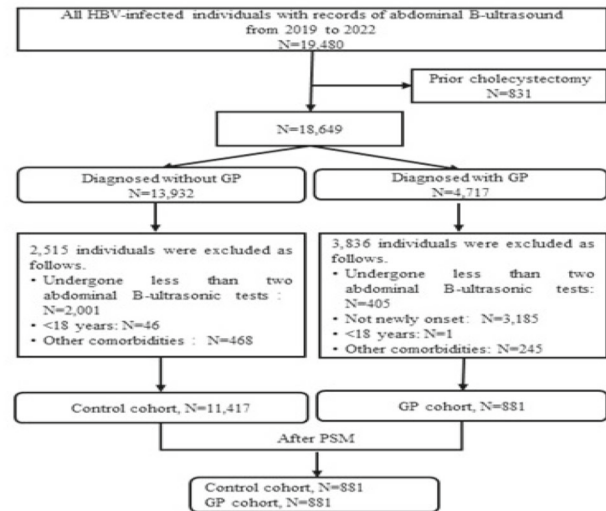
Method: We conducted a retrospective case–control study between 2019 and 2022, involving a total of 19,480 Chinese HBV-infected individuals. The GP cohort consisted of new-onset GP patients, while the control cohort matched based on gender, age and HBV-infected course using propensity score matching (PSM). We analyzed risk factors of GP by univariate and multivariate analyses. And we conducted subgroup analysis on primary exposures, including hepatitis B e antigen (HBeAg) expression and HBV DNA load.

Result: In this study, approximately 25.3% of HBV-infected individuals were diagnosed with GP through abdominal ultrasonography. Following PSM, 881 patients per cohort were included in the analyses. The results indicated that HBV replication, abnormal lipid and albumin metabolism were identified as risk factors for GP in HBV-infected individuals, while receiving antiviral therapy was found to be a protective factor. Patients with low-level viremia had a 58% higher risk of developing GP (adjusted odds ratio [aOR] = 1.58, 95% confidence interval [CI] = 1.10–2.28), compared to those with undetectable HBV DNA. Patients with positive hepatitis B e antigen (aOR = 1.28, 95% CI = 1.02–1.59) had increased risks of GP than those negative patients. Following six months of antiviral therapy, patients who failed to achieve virological response or HBeAg loss had higher risk of developing GP.

Conclusion: Low-level replication and HBeAg-positive were associated with higher risks of developing GP in chronic HBV-infected individuals, particularly in those who have received antiviral therapy for more than six months.

Table and Figure:

Figure 1. The flow diagram of inclusion.



EP1058 SA-APASL2025-14248

Pemafibrate modulates peroxisome proliferator-activated receptor alpha and prevents alcohol-associated liver disease

Joseph George¹, **Takashi Saito**¹, **Mutsumi Tsuchishima**¹, **Mikihiro Tsutsumi**¹

¹Department of Hepatology, Kanazawa Medical University, Uchinada, Ishikawa, Japan

Background: Alcohol-associated liver disease (ALD) with steatohepatitis that could progress to liver cirrhosis is a major problem in chronic alcohol consumption. Pemafibrate is a novel, highly specific peroxisome proliferator-activated receptor- α (PPAR α) modulator that regulates the expression of target genes related to lipid and glucose metabolism. We evaluated the role of pemafibrate to modulate PPAR α and prevent steatosis and ALD in rats.

Method: The animals were treated with liquid diet containing ethanol (36% of total calories) or an isocaloric carbohydrate diet for 4 weeks. Subsequently, both groups were fed with either 0.5% aqueous methylcellulose solution (MC) or MC containing 0.3 mg pemafibrate/kg body weight orally twice a day along with the liquid diet for another 4 weeks. A set of animals were sacrificed at the 4th week before the start of pemafibrate treatment and the remaining animals at the end of 8 weeks. Blood and liver samples were collected for biochemical and histopathological evaluations.

Result: Treatment with pemafibrate prevented inflammation and steatosis in the hepatic tissue. Furthermore, pemafibrate administration markedly increased hepatic NAD and NADH levels, reduced both serum and hepatic triglyceride levels, and upregulated the expression of molecules involved in lipid metabolism.

Conclusion: The results of the present study demonstrated that pemafibrate modulates target genes related to hepatic lipid metabolism and prevents deposition of fat globules in the liver during chronic alcohol feeding in rats. Therefore, pemafibrate could be used as a potent therapeutic agent to prevent steatosis and related adverse events in ALD. Email: georgej@kanazawa-med.ac.jp.