



## 8<sup>th</sup> Liver Interest Group Annual Meeting

### ERADICATION OF VIRAL HEPATITIS AND SCREENING OF HCC IN SUB SAHARAN AFRICA (SSA)

The 8<sup>th</sup> Liver Interest Group annual meeting was held in Cape Town over the first weekend of December 2017, and this year's meeting was special with the launch of the Gastroenterology and Hepatology association of Sub-Saharan Africa (GHASSA).

The Association will be used to draw up and to publish Gastroenterology and Hepatology guidance for practitioners with regard to issues particularly relevant to Sub-Saharan Africa (SSA).

With this in mind, there can be no greater issue in SSA than the burden of chronic viral hepatitis B and hepatocellular carcinoma (HCC). Two recent articles in *The Lancet* on viral hepatitis B and C have brought the world's attentions to the local presentation and profile of these viruses and their characteristics in our region. Further guidance, under the auspices of GHASSA, on

subjects such as Inflammatory bowel disease and GI endoscopic evaluation is currently under way.

The Liver Meeting started on the Friday afternoon with a focus on Viral Hepatitis. The profile of Viral Hepatitis is still considered to be somewhat of a Cinderella disease, especially in Southern Africa where HIV and Tuberculosis tend to nudge these conditions out of the public's attention despite viral hepatitis accounting for up to 1.3 million deaths a year, making it comparable to HIV infection.

Success stories from the Far East were highlighted, suggesting it is possible to eradicate Viral Hepatitis B in SSA with vaccination and quality prevention of mother to child transmission. The importance of the Birth Dose Hepatitis B vaccine was once again stressed and it is amazing that the South African government, despite



Abate Shewaye, Christian Tzeuton, Philip Lam



Otto Buchel, Zane Ally, Reid Ally, Keith Newton



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persuasive evidence, has not implemented the Birth Dose vaccine, opting instead for the first dose of the Hepatitis B vaccine at 6 weeks.

New reservoirs of viral hepatitis C have led to a changing patient demographic from the baby boomers of the early years to young individuals, who inject drugs or who engage in high risk sexual practices. New ways of tracing these often asymptomatic individuals is required, along with newer partnerships and technology to rapidly assess and treat infected patients.

The launch of Project ECHO (Extension for Community Healthcare Outcomes) for Viral hepatitis C is one such technological innovation designed to empower primary care physicians and nurses with the management of patients outside the tertiary and quaternary health care set-up. This would involve the use of telemedicine to link peripheral centres to academic institutes, where mentoring would take place, up-skilling the frontline practitioners in the management of not just viral Hepatitis, but other complicated medical conditions.

The second day focused on HCC in SSA. Compared to international rates of 40%, the pick up rate for HCC in SAA with curative intent, is only 5%. Lack of technical resources is a stumbling block, even when the lesions are detected early.

Prof Rolf Hultrantz from the Karolinska Institute gave an interesting perspective on the Swedish experience for screening of HCC in patients with chronic hepatitis B viral infection. With global mass migration hepatitis B is becoming a public health issue in countries where it had not previously been an issue.

Further guest lectures included Peter Kingham from



Leo Katsidzira, Sandie Thomson, Onesai Chihaka, Rashid Nashidengo



Nabil Nuamah, Isaac Alatise, Eli Keli, Emmanuel Kayibanda, Emmanuel Musubyezu, Christian Tzeuton







Geoff Dusheiko, Mark Sonderup, Mrs Dusheiko



Shiraz Gabriel, Bilal Bobat



Lina Cunha, Mary Afihene, Segun Ojo



Eduard Jonas, Peter Kingham



Segun Ojo, Eduard Jonas, Chris Kassianides

the USA, and Christos Dervernis, the president of the European HPB society, who spoke on the development of future partnerships in the development of liver surgery in SSA. One interesting development was the start of Liver Transplantation in the Sudan with grants and technical support from partnering countries.

Further discussions on the approach to the treatment of HCC include those patients with Barcelona Clinic Stage 0 moving onto those patients with Stages A-C. These included a discussion of other modalities, including transarterial chemoembolisation, radioembolisation and microwave ablative therapies.

From our own experience at the Charlotte Maxeke Johannesburg Academic Hospital and Wits Donald Gordon Medical Centre, these are very effective modalities at down-staging lesions and improving transplant outcomes, as well as for palliative care.

The non-surgical approach for hepatocellular carcinoma remains poor. One hopes that newer approaches, such as immune-based therapies, will yield better results.

The meeting ended with a panel discussion and with audience participation on the way forward, for the screening of HCC in SSA, and ways to improve the standard of liver surgery on the continent. Valuable input was made, notably by our colleagues from the rest of SSA, where liver surgery is still in its infancy, but where non-surgical interventions may have the greatest impact.

The Meeting closed on a vibrant note with a panel discussion, leaving everyone to spend the late afternoon soaking up the Cape Town December sun in the always lovely grounds of the Vineyard hotel planning future meetings and alliances.

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**We are grateful to our sponsors for supporting the meeting:  
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