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# **Recent Developments in Gastroenterology and Liver Disease**

New in Gastroenterology or New in Mauritius ?

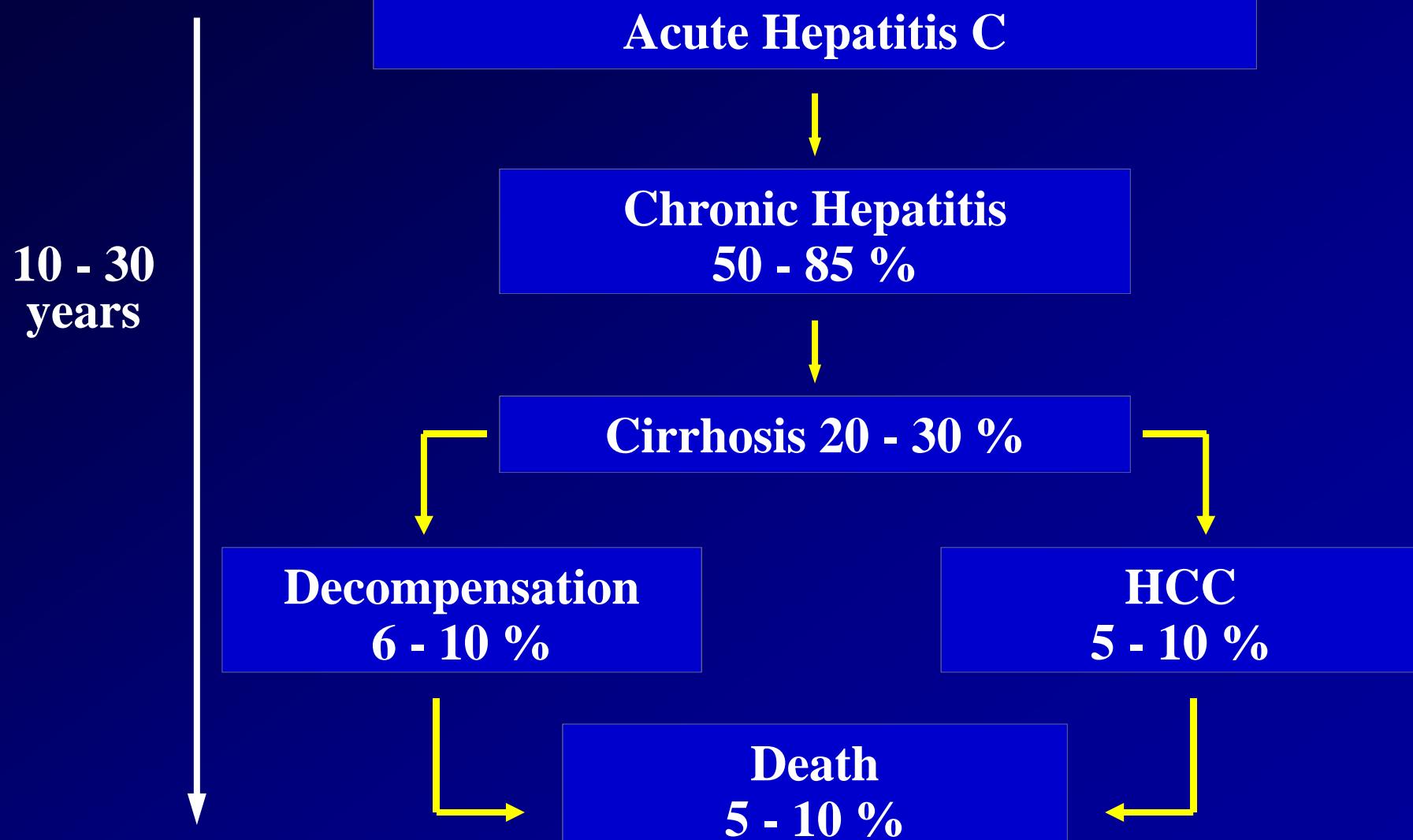
# What's new and relevant to practice in Mauritius?

- Viral Hepatitis B and C.
- Endoscopic management of Gastro Intestinal disease

# **CHRONIC HEPATITIS C: CURRENT TREATMENT**

# **WHY TREAT CHRONIC HEPATITIS C?**

## Natural History of Hepatitis C



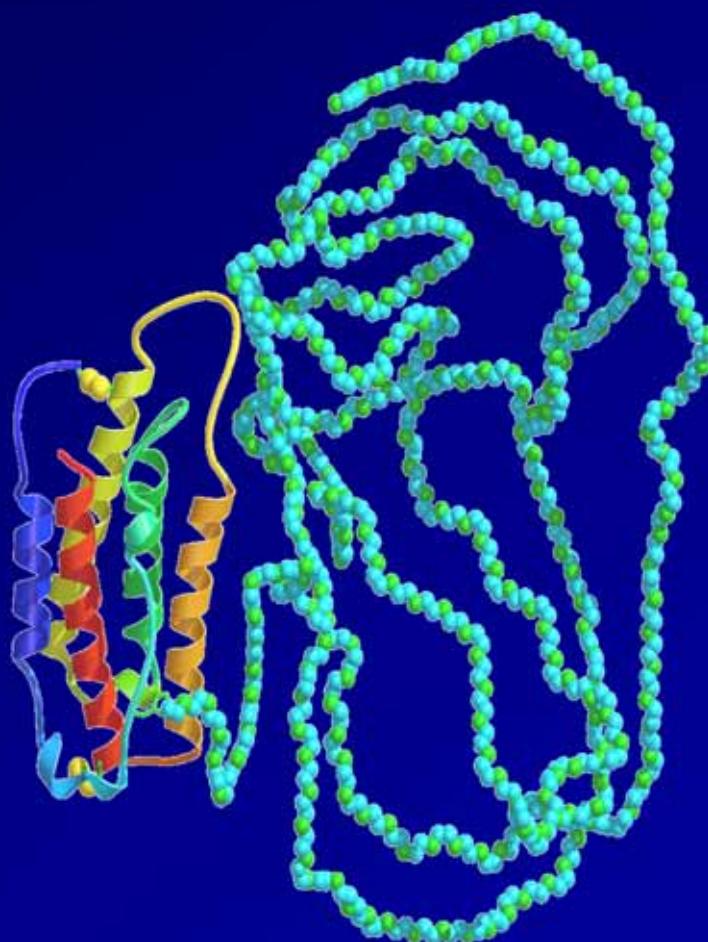
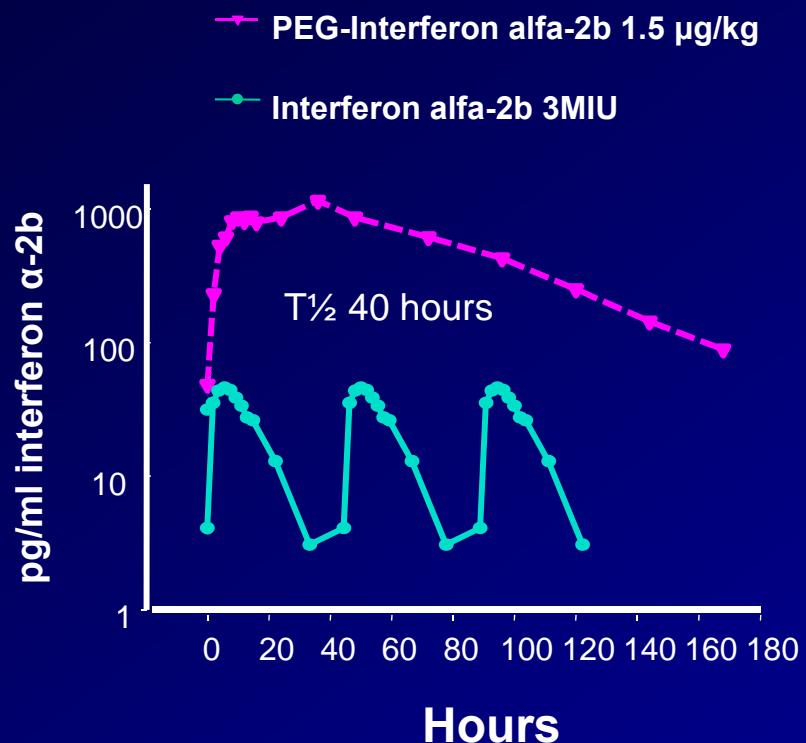
# Aim of Hepatitis C Treatment

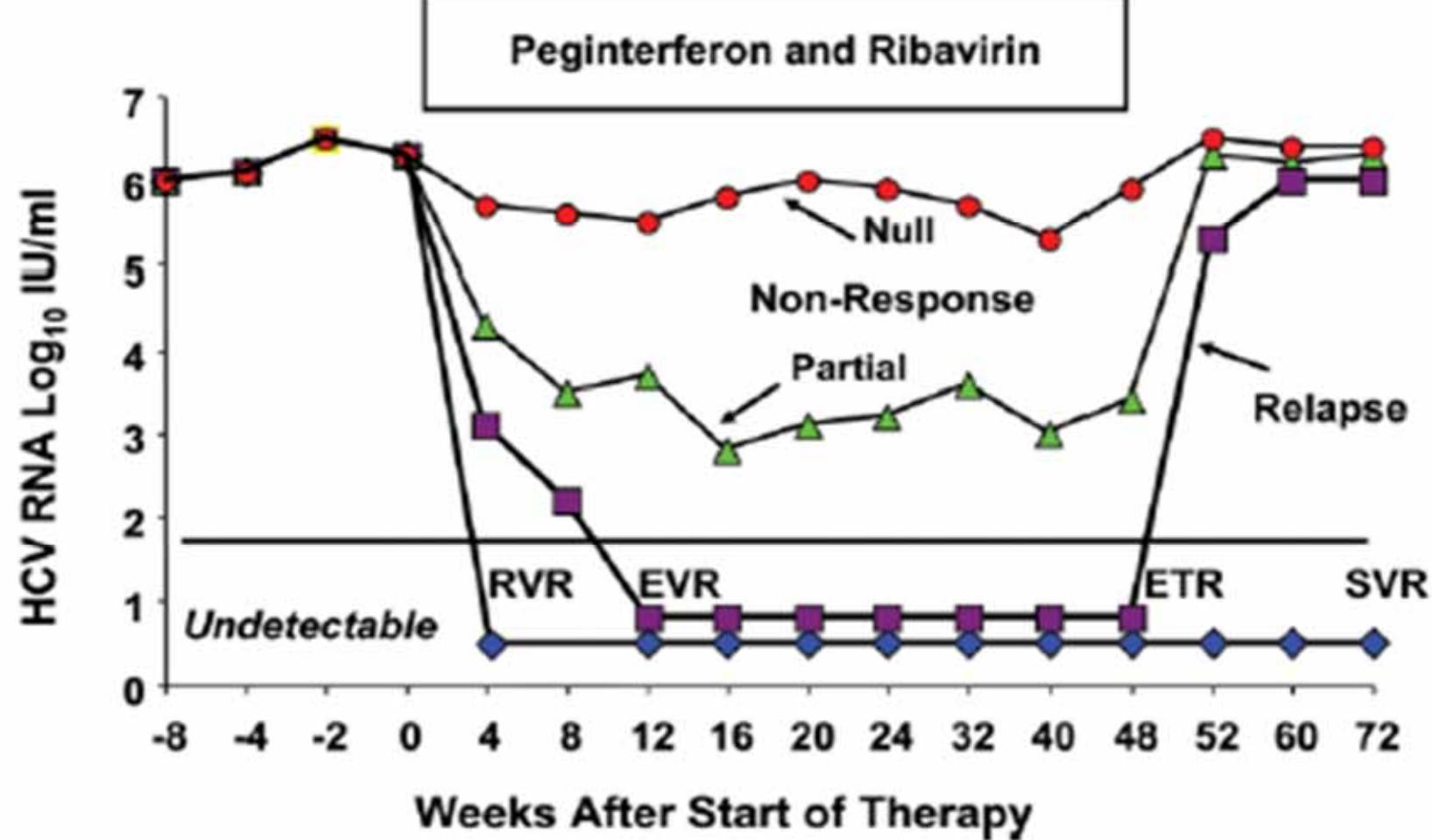
- Achieve complete eradication of the Hep C virus
- i.e. Undetectable levels of Hep C RNA levels (using PCR)
- Clinical practice: Achieve a Sustained Virological Response (SVR)
- **SVR:** Undetectable Hep C viral loads 6 months post treatment. **Predictor of long-term response**

- SVR = Cure from Hepatitis C

# **PEG- INTERFERON**

# The PEG-Interferon molecule

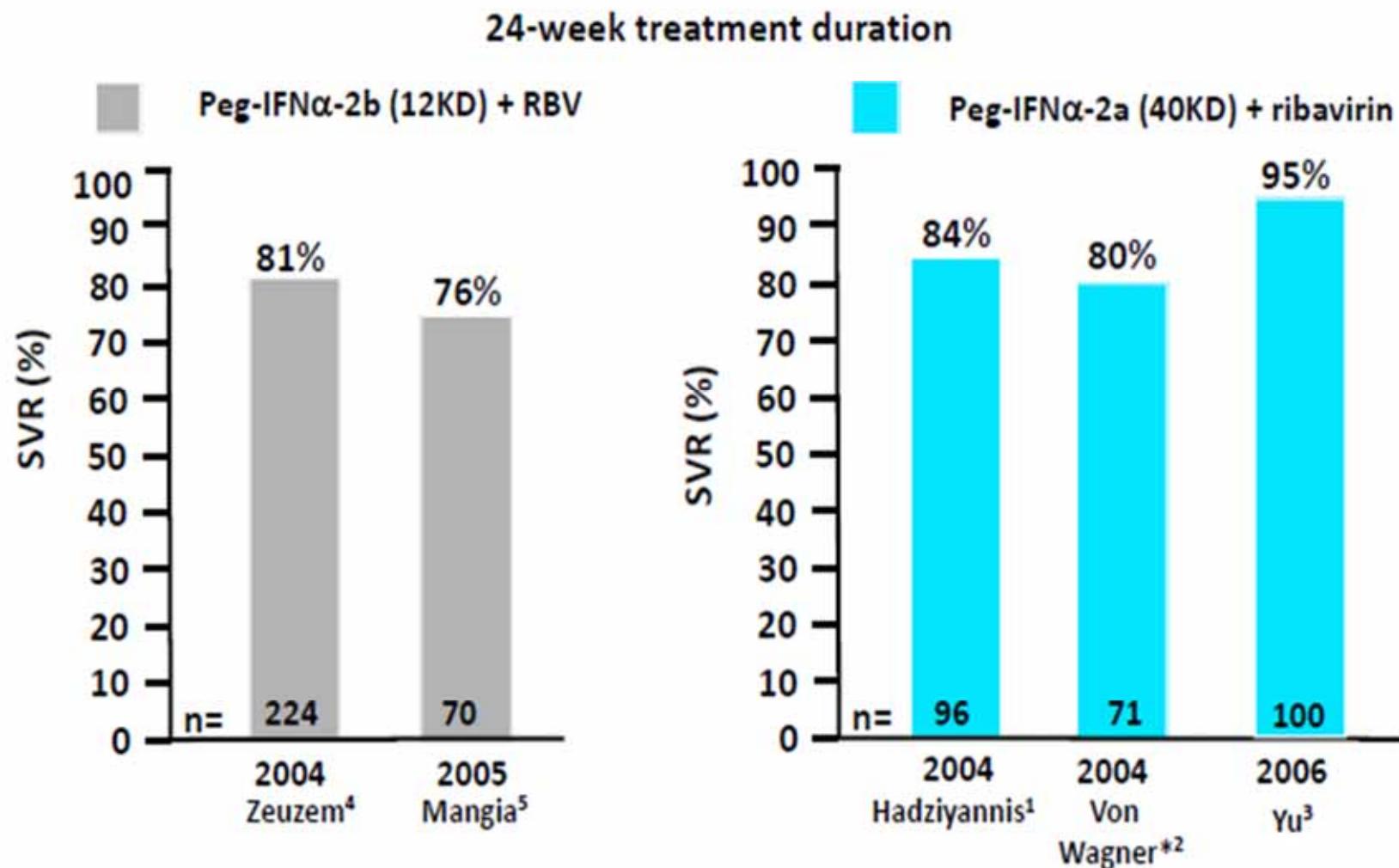




# Hep C Virus Genotypes

- Genotypes 1,2,3 and 4
- Genotype 1 most common in Mauritius, mainly in the IV Drug User (IVDU) community.
- More than 95% of IVDU in Mauritius are Hep C Positive !!!

# Peg IFN alpha plus ribavirin : SVR rate of >80% in genotype 2/3



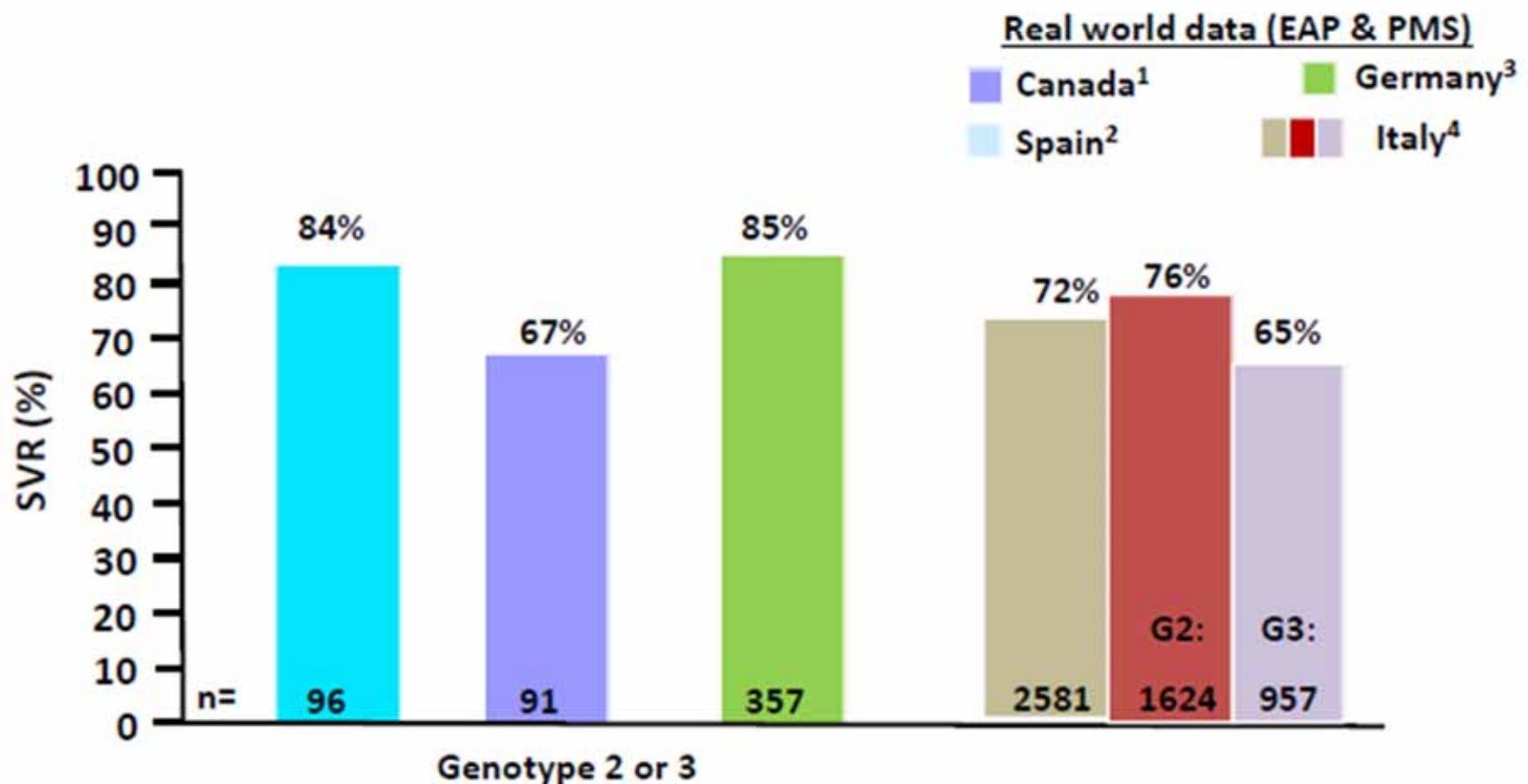
\*Patients had undetectable HCV RNA at week 4

1. Hadziyannis S, et al. Ann Intern Med 2004; 140: 346

2. Von Wagner M, et al. Gastroenterology 2005; 129: 522 3. Yu M-L, et al. Gut 2007; 56: 553

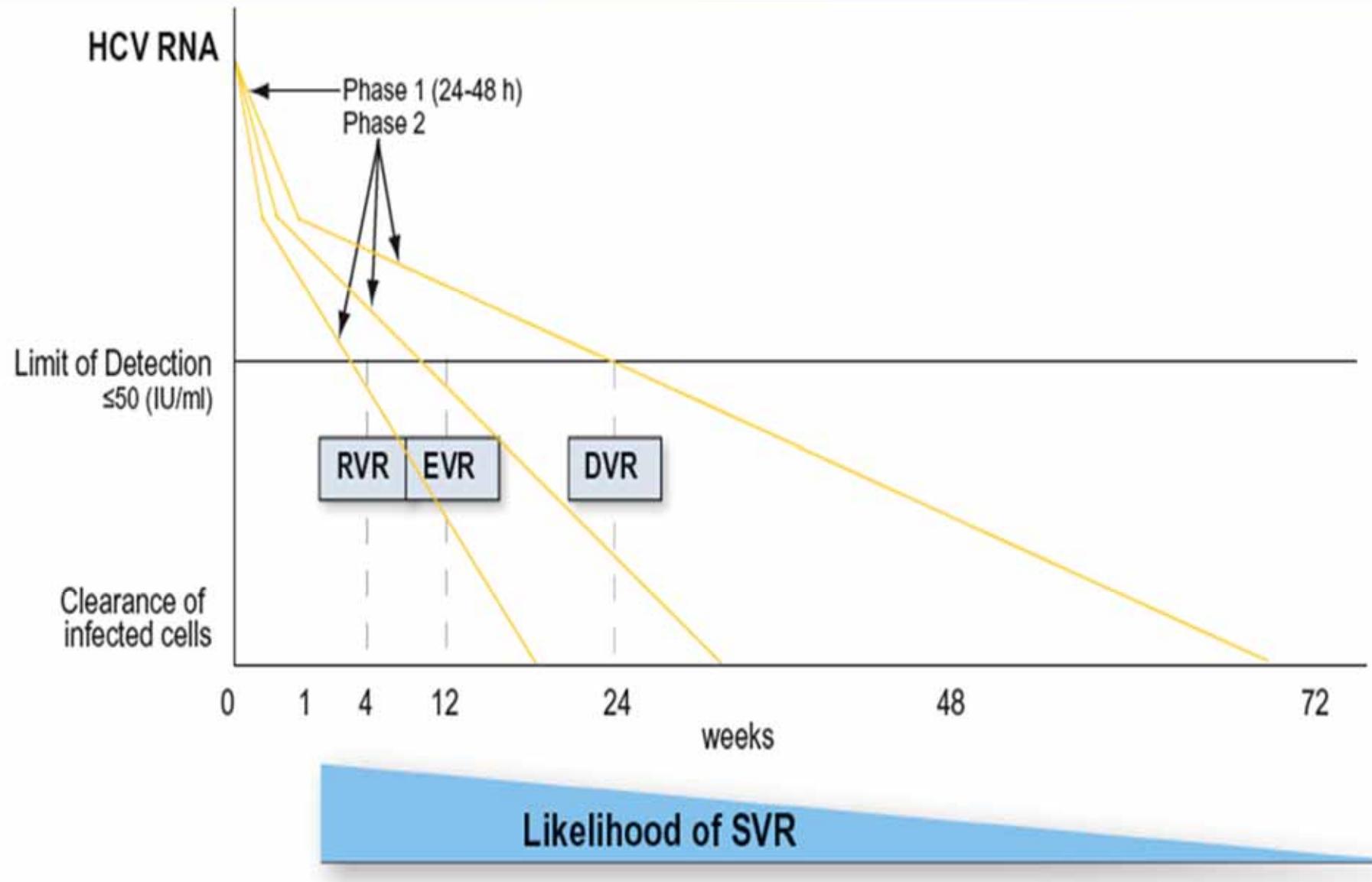
4. Zeuzem S, et al. J Hepatol 2004; 40: 993 5. Manaia A, et al. N Engl J Med 2005; 352: 2609

# Peg IFN plus ribavirin : SVR rates of pivotal trials are reproduced in real-life studies



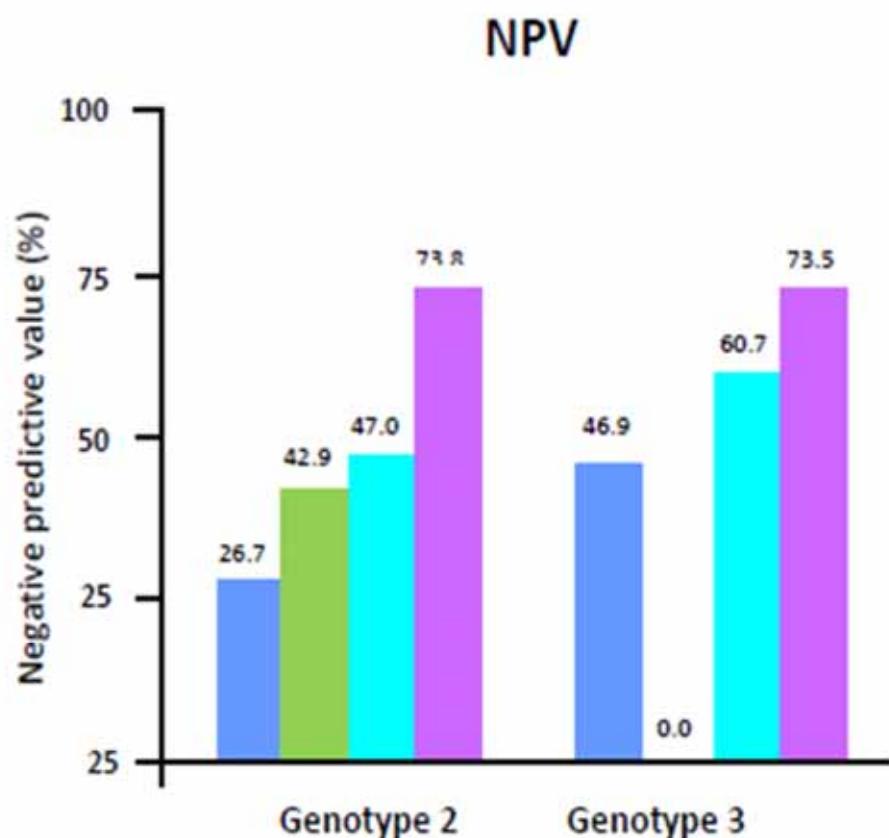
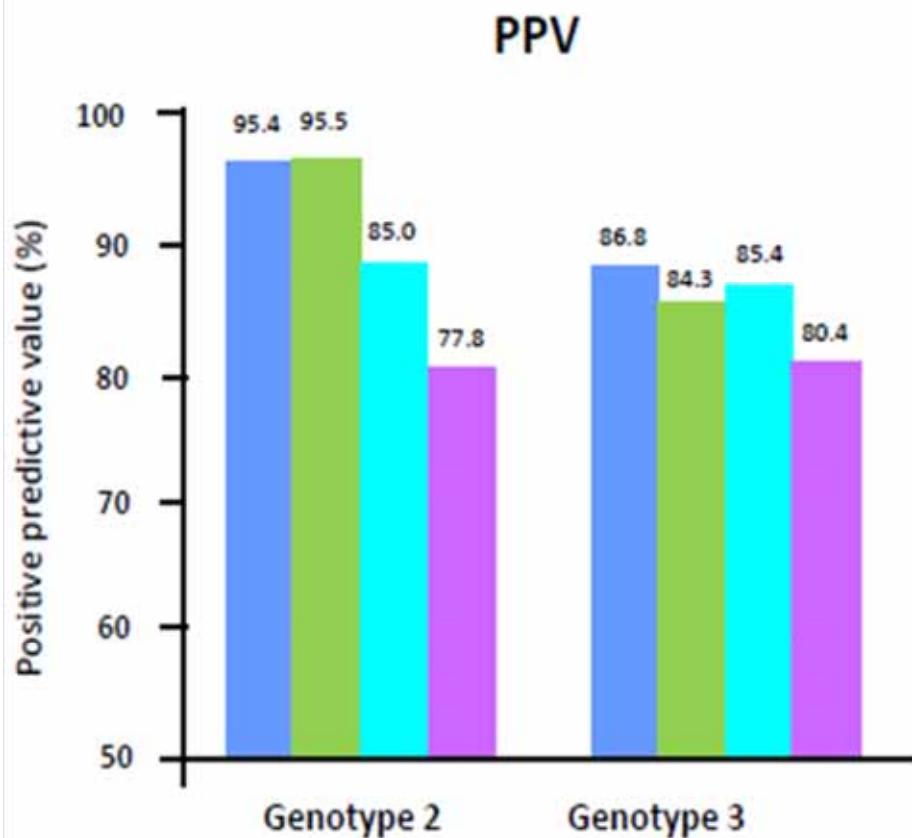
1. Deschênes M, et al. 42nd EASL 2007; Abstract 615 (Poster)
2. Diago M, et al. 41st EASL 2006; Abstract 567
3. Zehnter E, et al. 56th AASLD 2005; Abstract 1233
4. PROBE study, Roche data on file, manuscript in preparation

# Likelihood of Sustained Virological Response (SVR) after first few weeks



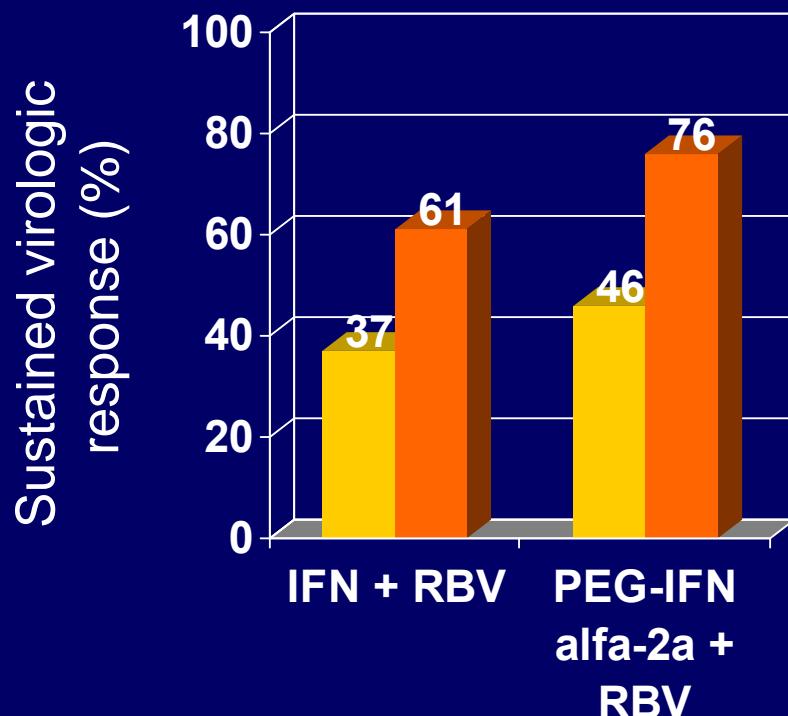
# The role of RVR in choosing treatment duration for HCV G2 and G3

■ 24-week WBD RBV      ■ 14-16-week WBD RBV  
■ 24-week FD RBV      ■ 14-16-week FD RBV

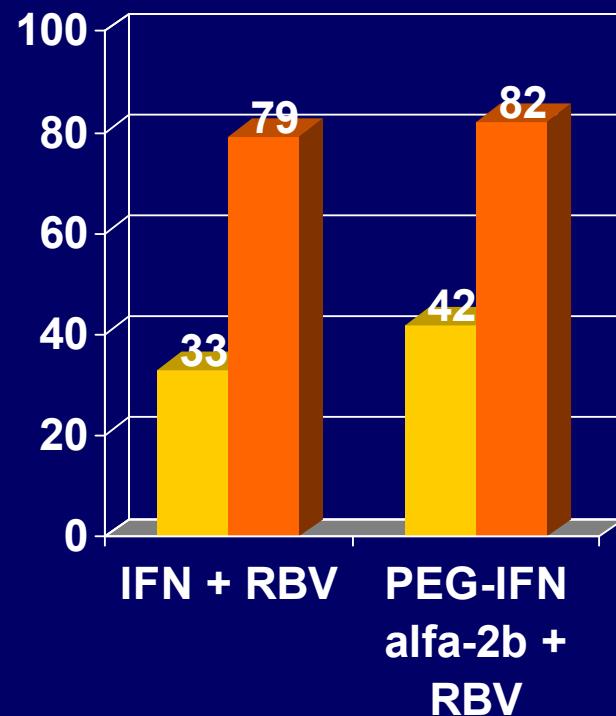


**WHAT ABOUT HEP C  
GENOTYPE 1?**

# Peginterferon alfa-2a/2b + Ribavirin for treatment of Hepatitis C Gen 1

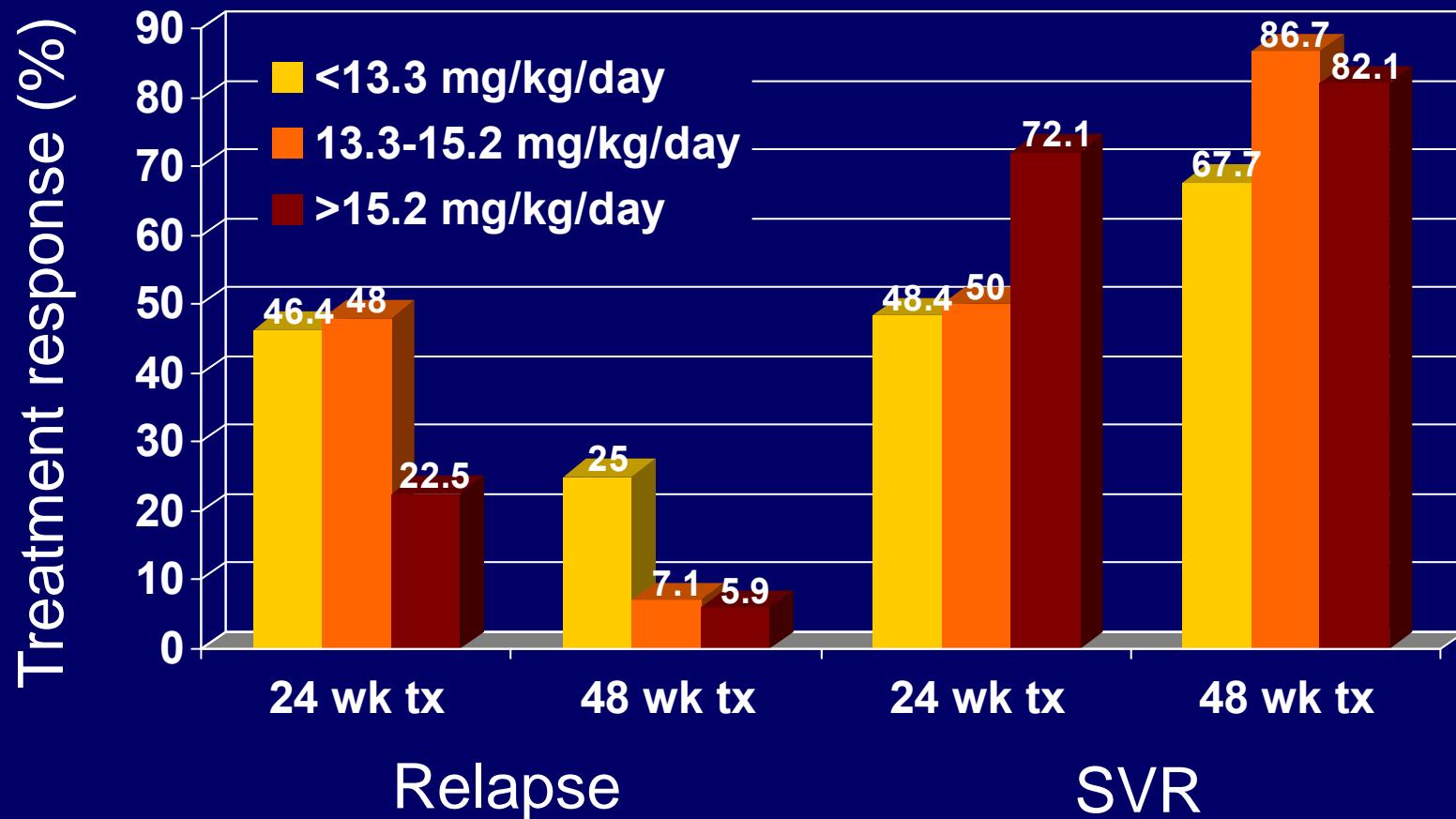


Fried et al., *N Engl J Med* 2002;  
347:975-982



Manns et al., *Lancet* 2001;  
358:958-965

# Weight-based exposure of ribavirin and treatment response



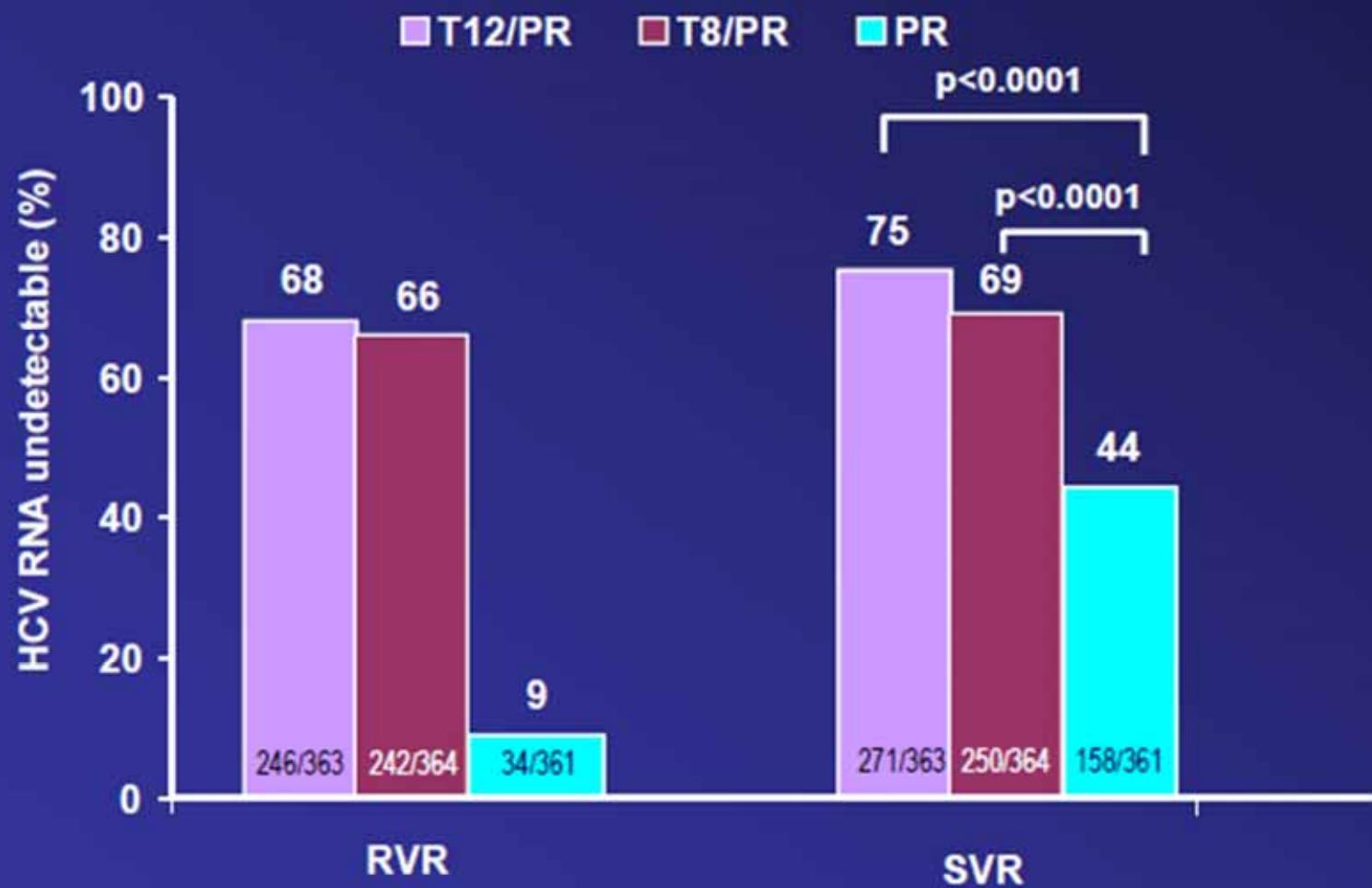
Yu et al., *Hepatology* 2008; 47:1884-1893

# **THE FUTURE FOR HEP C GENOTYPE 1**

**The Protease inhibitors: Triple Therapy**

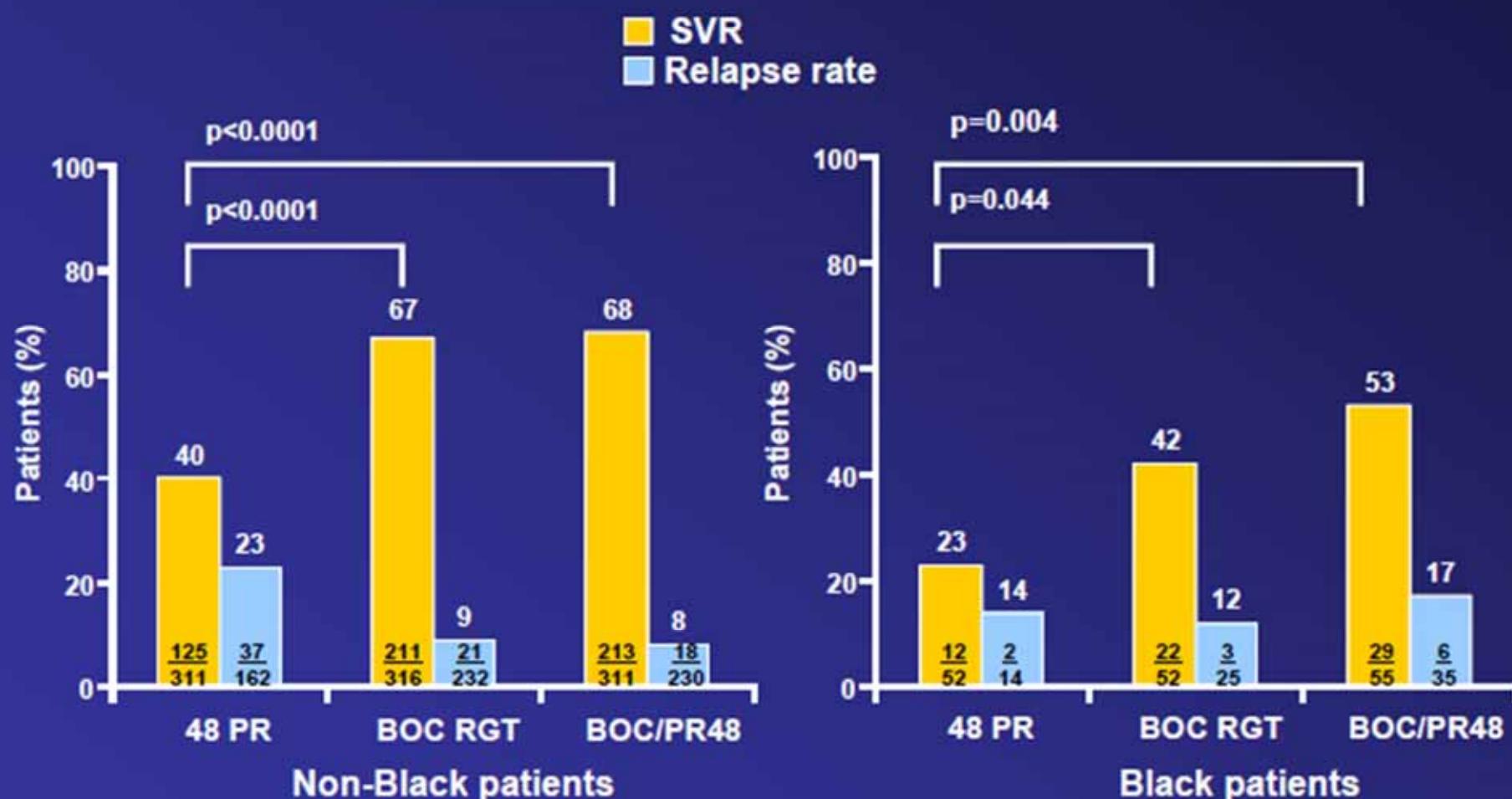
- Telaprevir
- Boceprevir

## ADVANCE: higher RVR and SVR rates with telaprevir



# Addition of Boceprevir to IFN Alpha and Ribavirin

## SPRINT-2: SVR and relapse rates (ITT)



# Chronic Hepatitis C : Conclusions

- Hepatitis C is a treatable disease in 2011.

# Chronic Hepatitis C: Conclusions

- With evidence of significant liver disease, or patient preference for early treatment, treatment **MUST** be offered....



# **ENDOSCOPIC MANAGEMENT OF GI DISEASES**

- Upper Gastro-Intestinal Bleeding**
- Endoscopic stenting of obstructing tumours**

## Endoscopic clips (Hemoclips)



ID. NO:

SEX: AGE:

D. O. BIRTH:

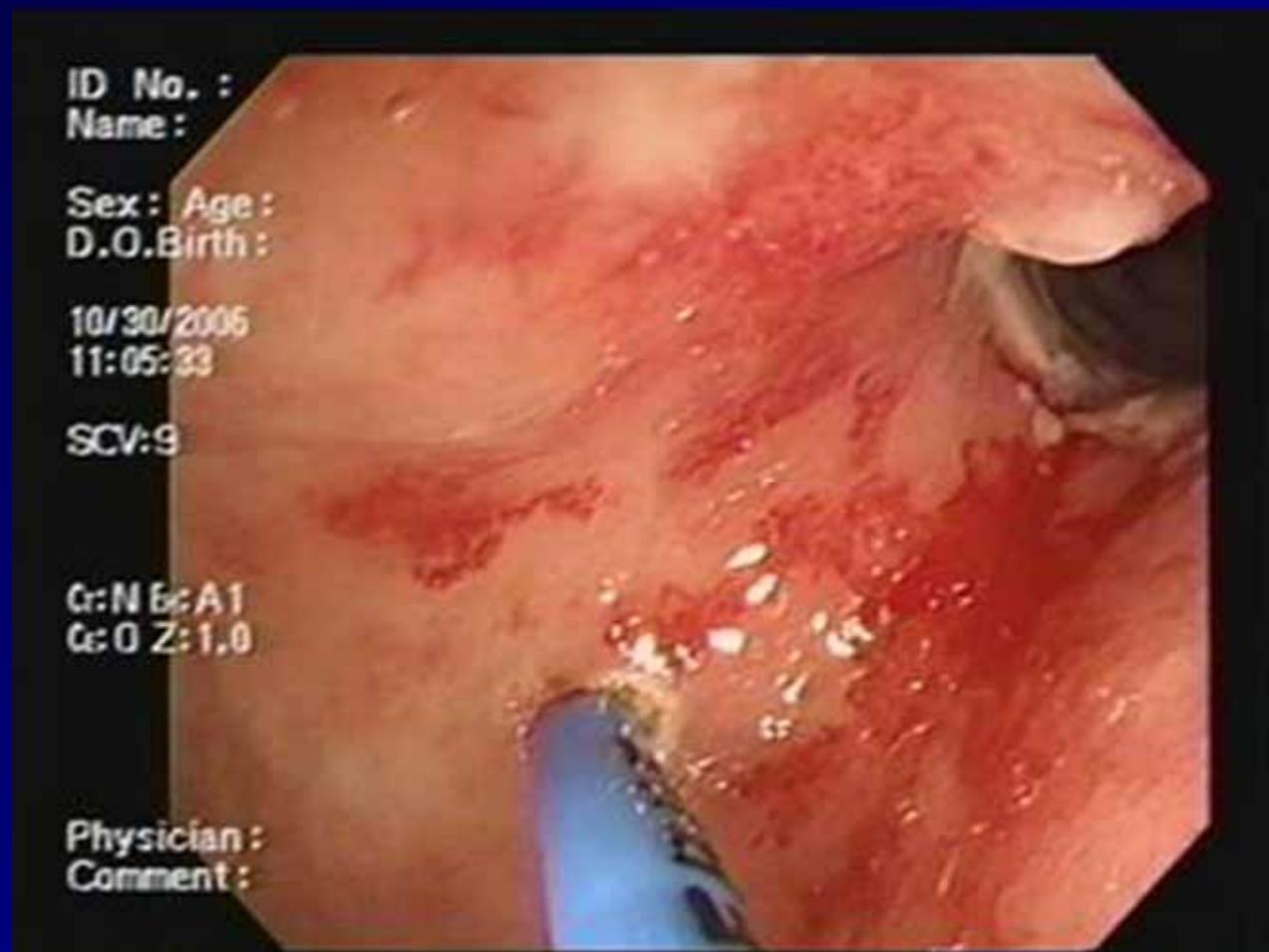
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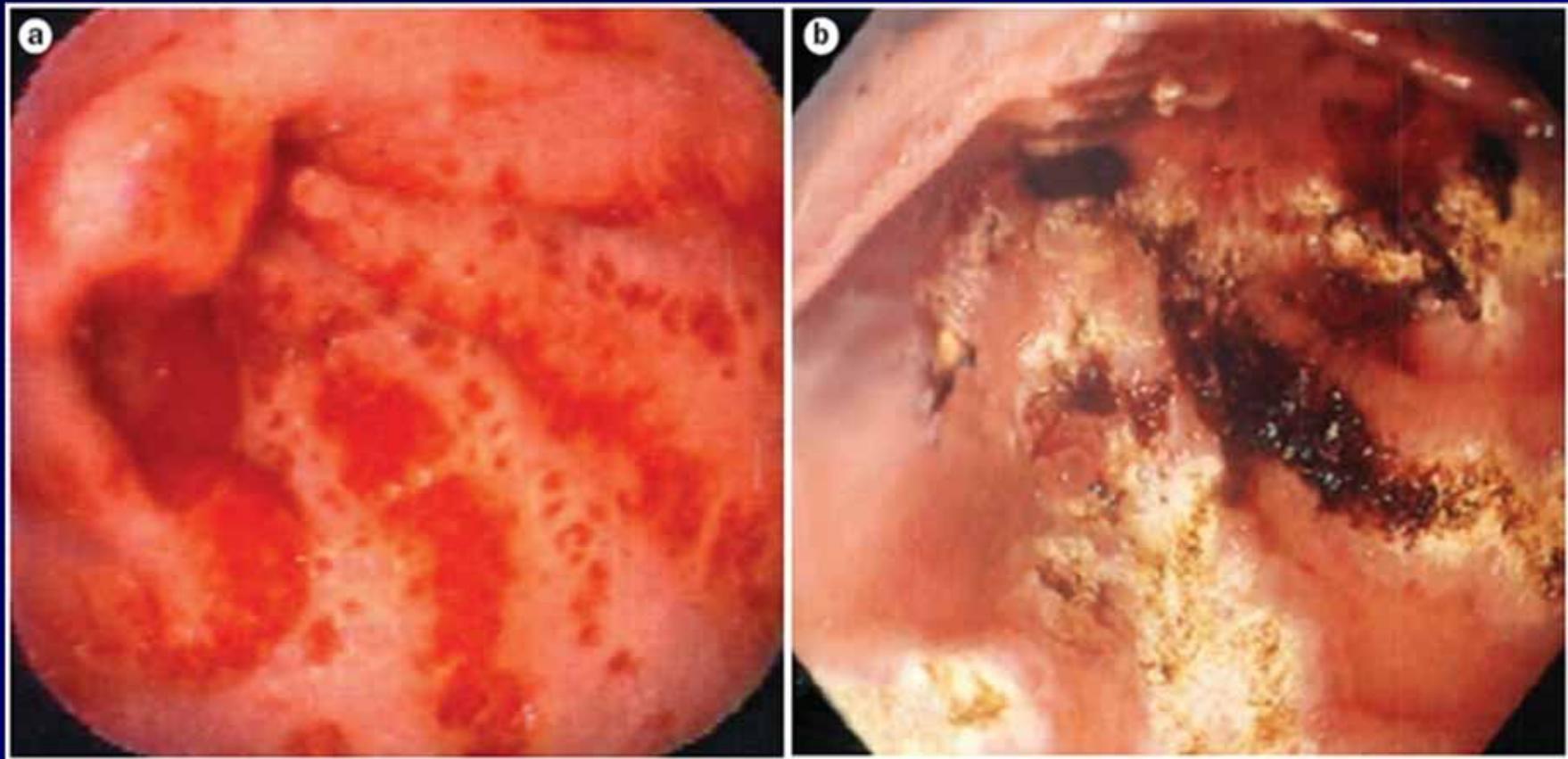
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COMMENT:

# Argon Plasma Coagulation

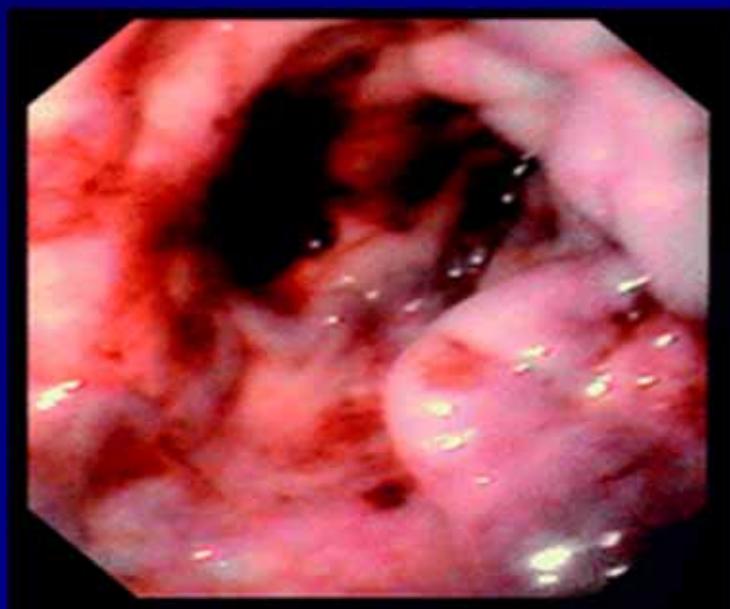
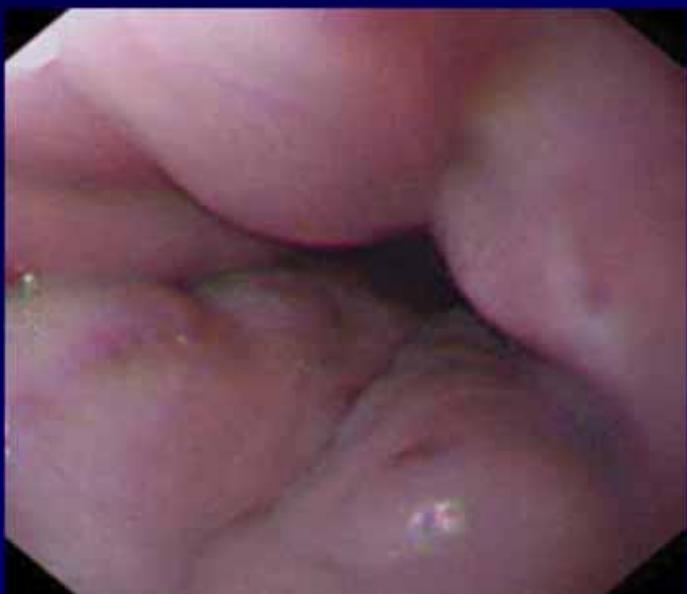


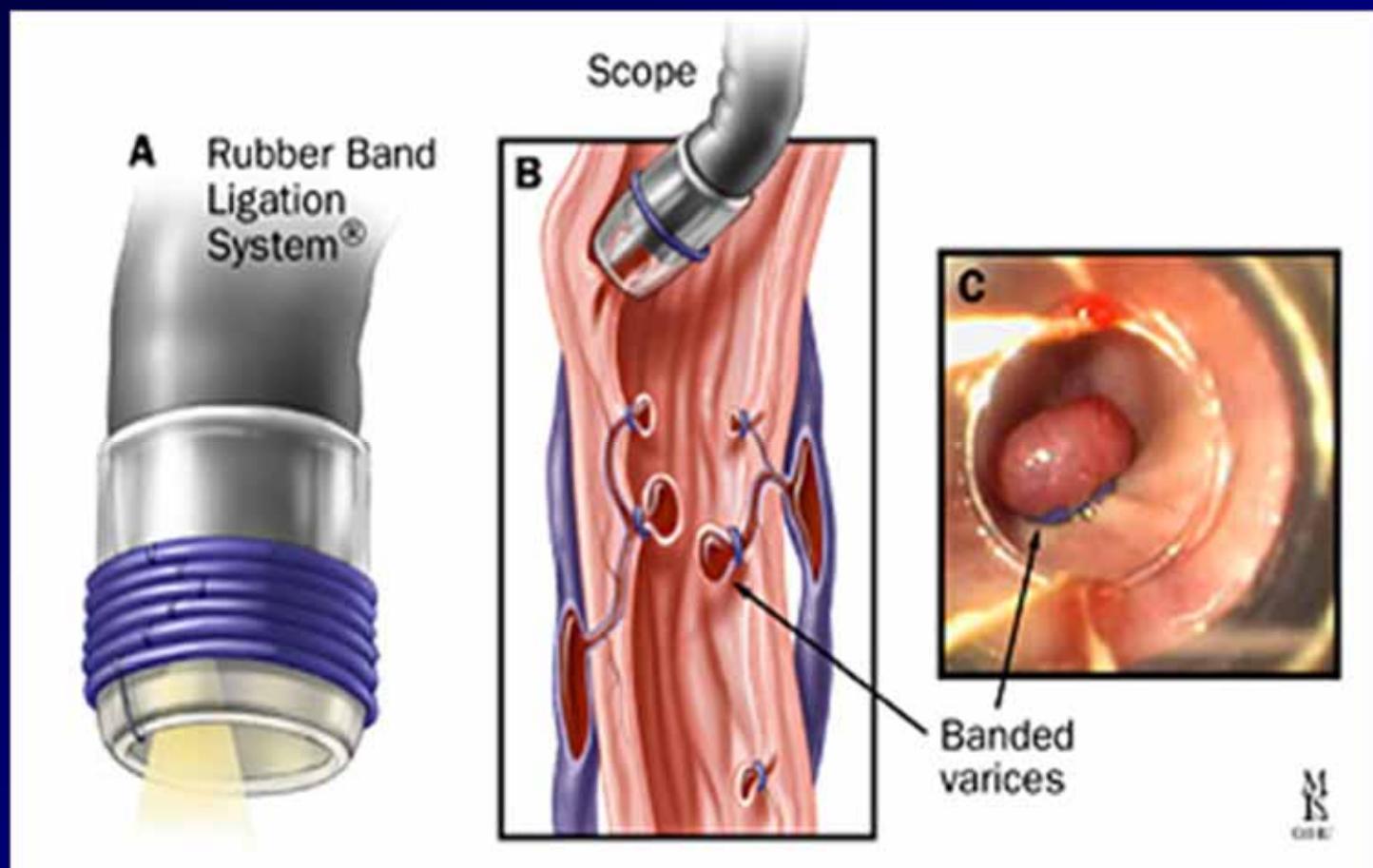


Medscape

Source: Nat Rev Gastroenterol Hepatol © 2010 Nature Publishing Group

## Bleeding Oesophageal varices



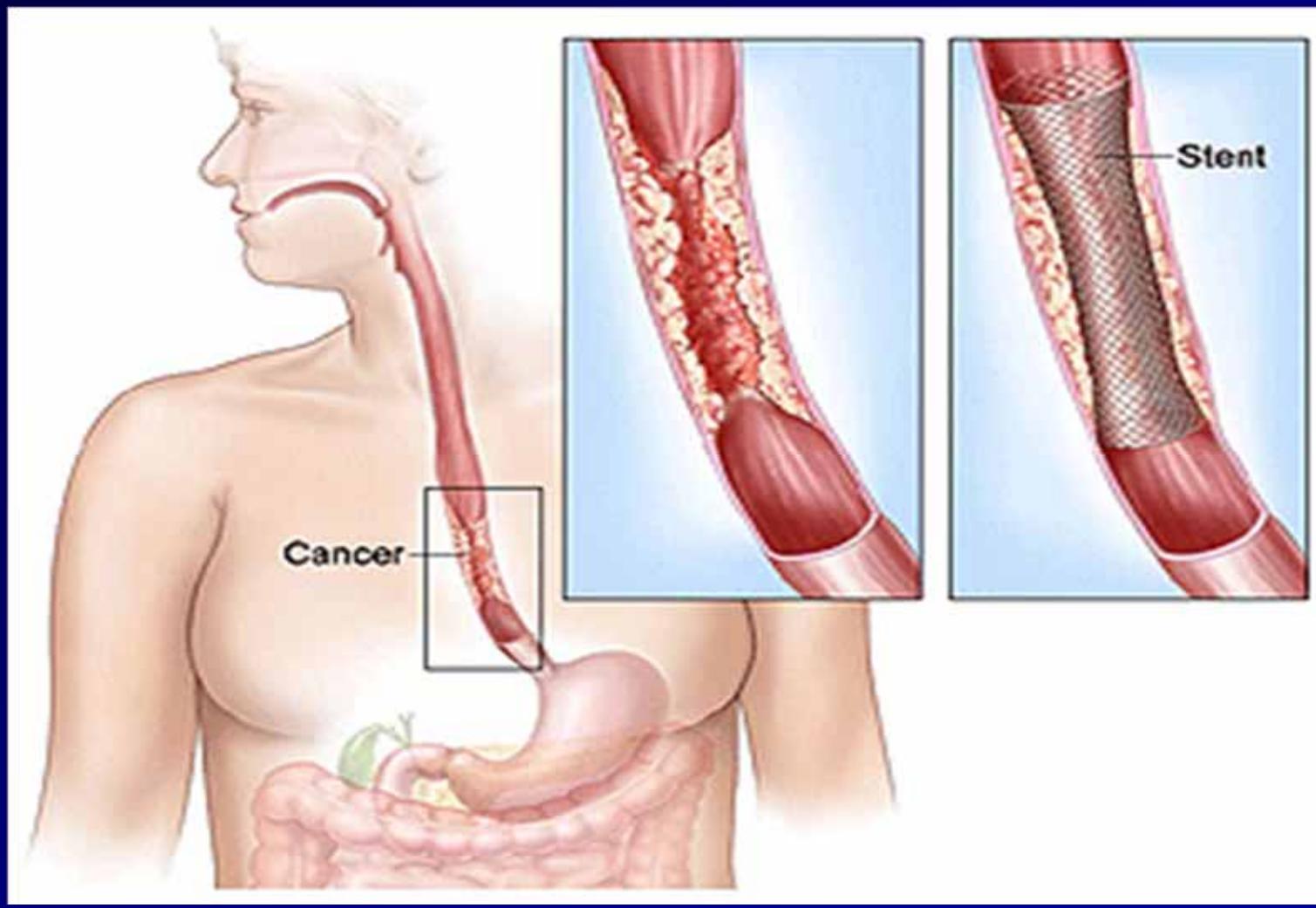


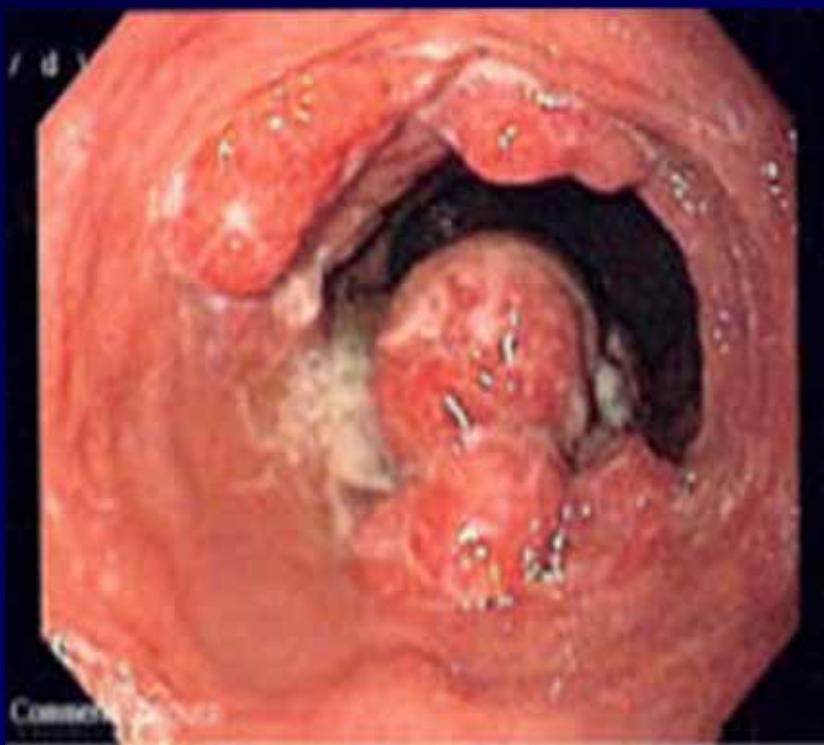


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# **ENDOSCOPIC STENTING OF GASTROINTESTINAL TUMOURS**

# Obstructive Oesophageal cancer

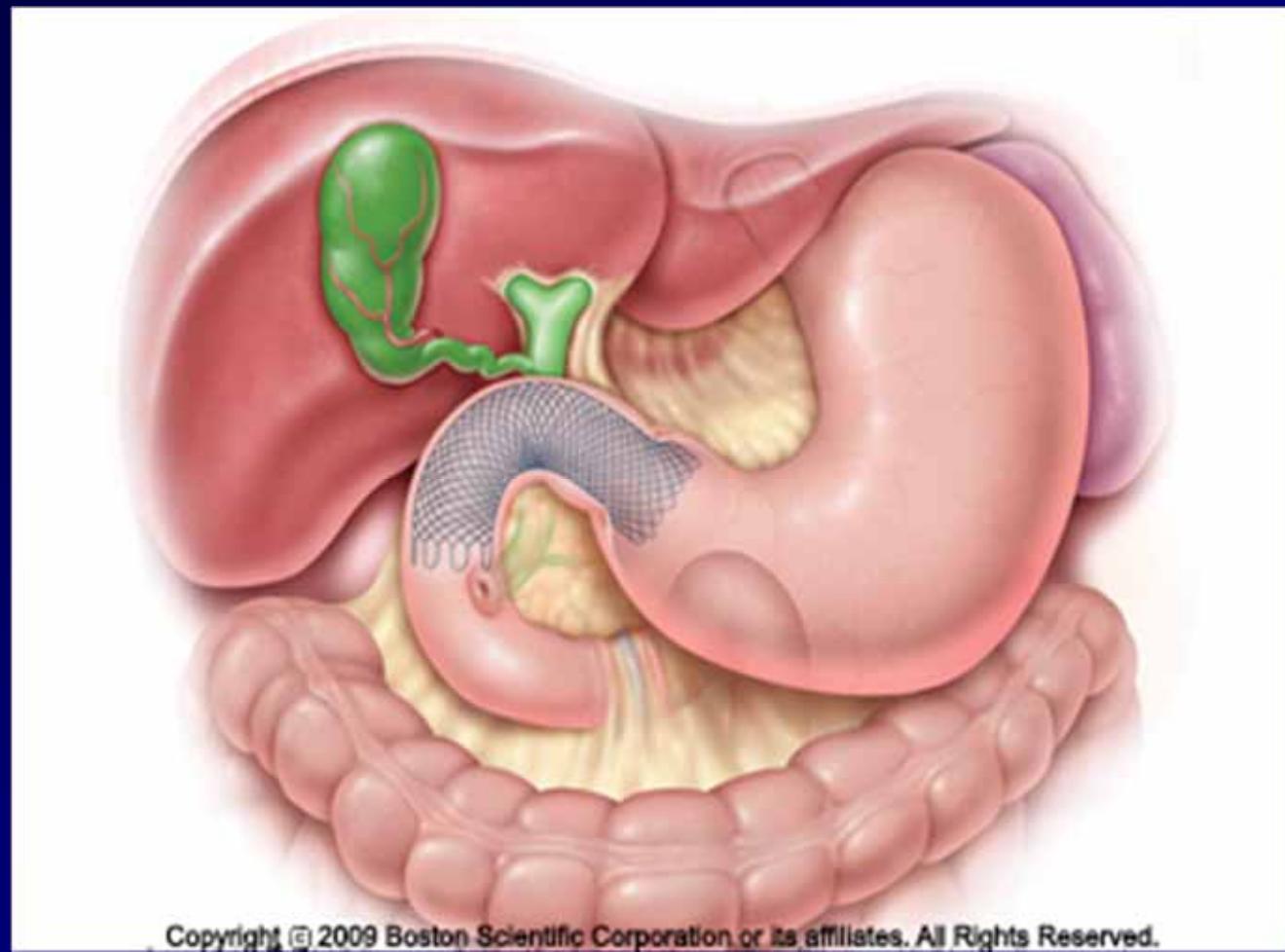




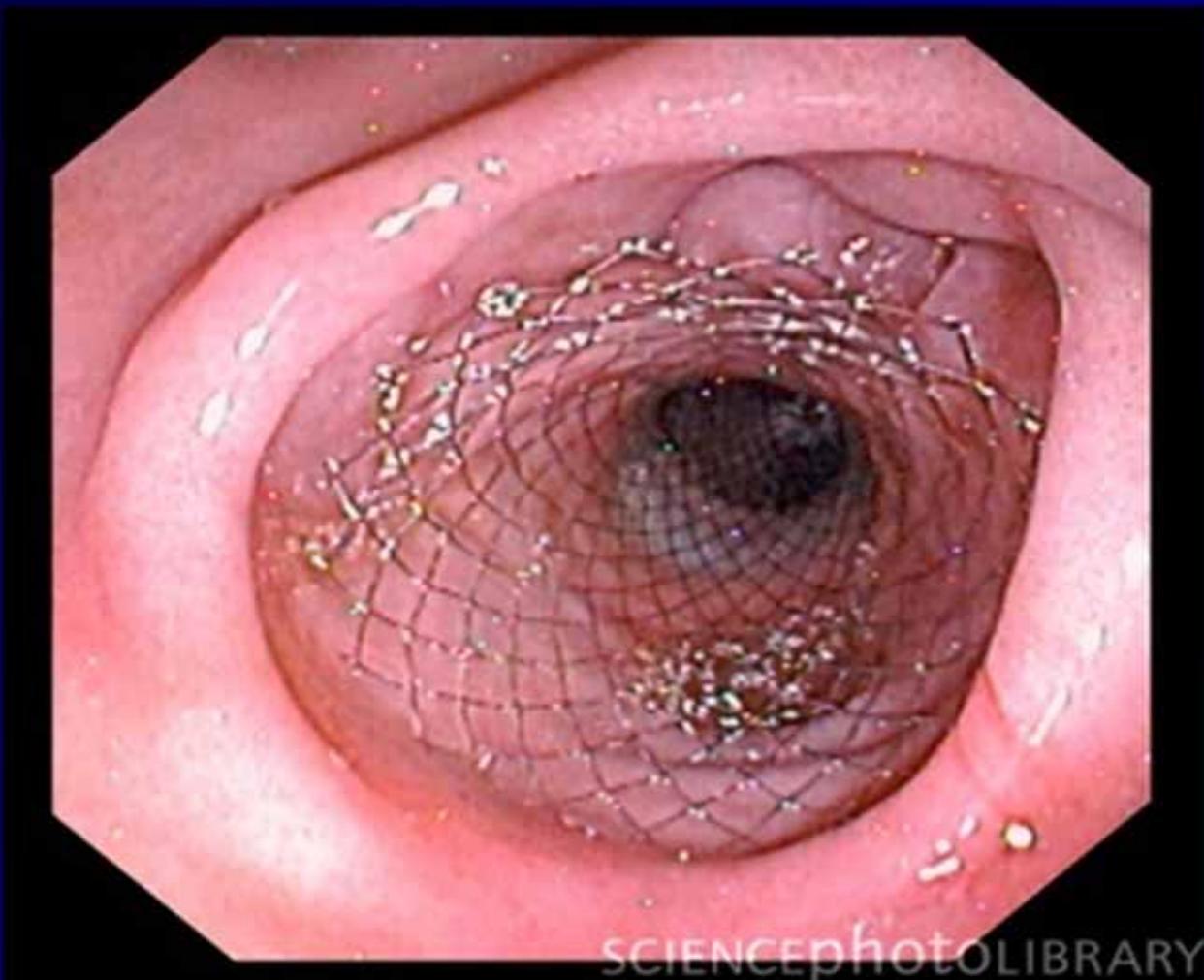
## Malignant duodenal obstruction



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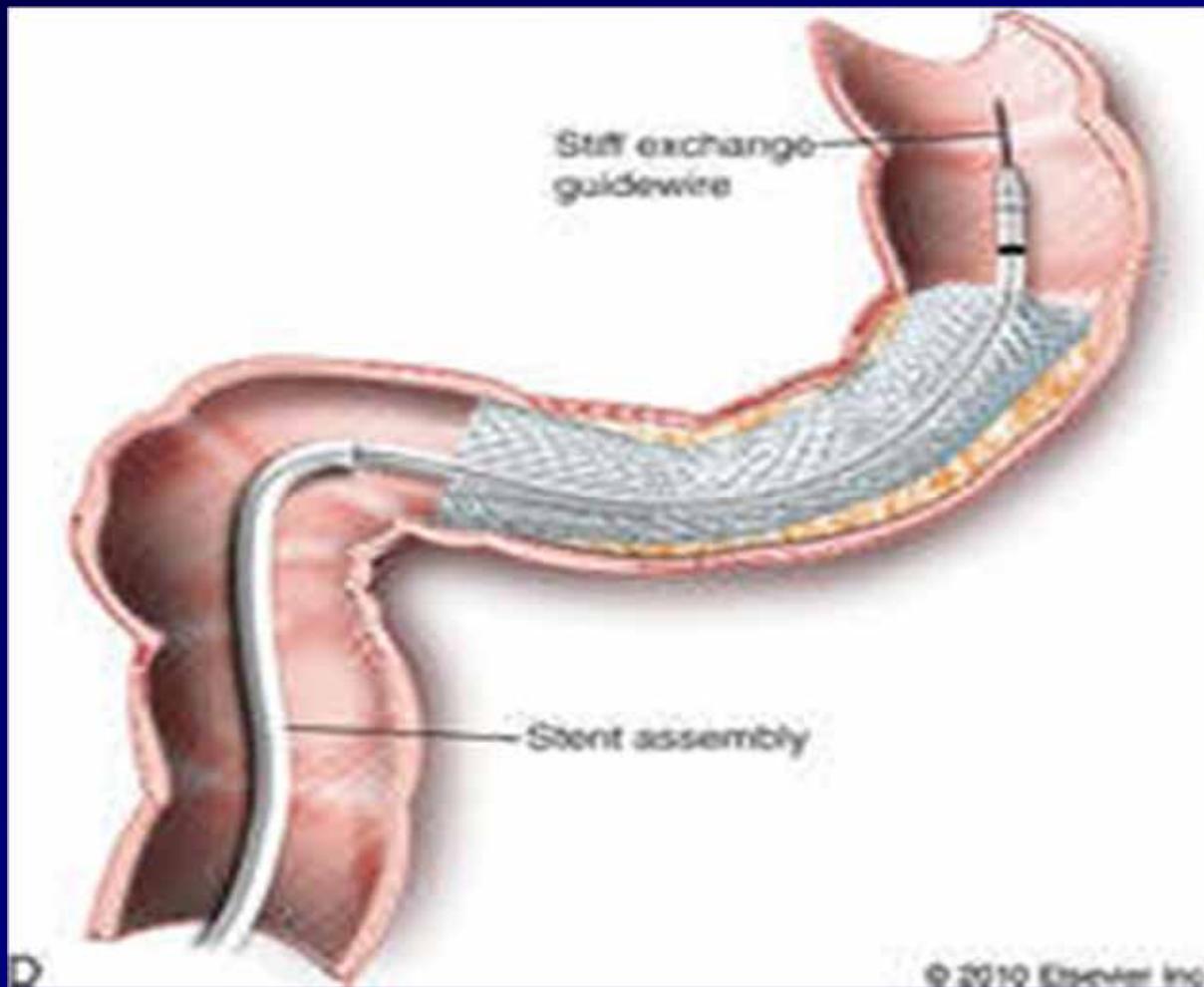


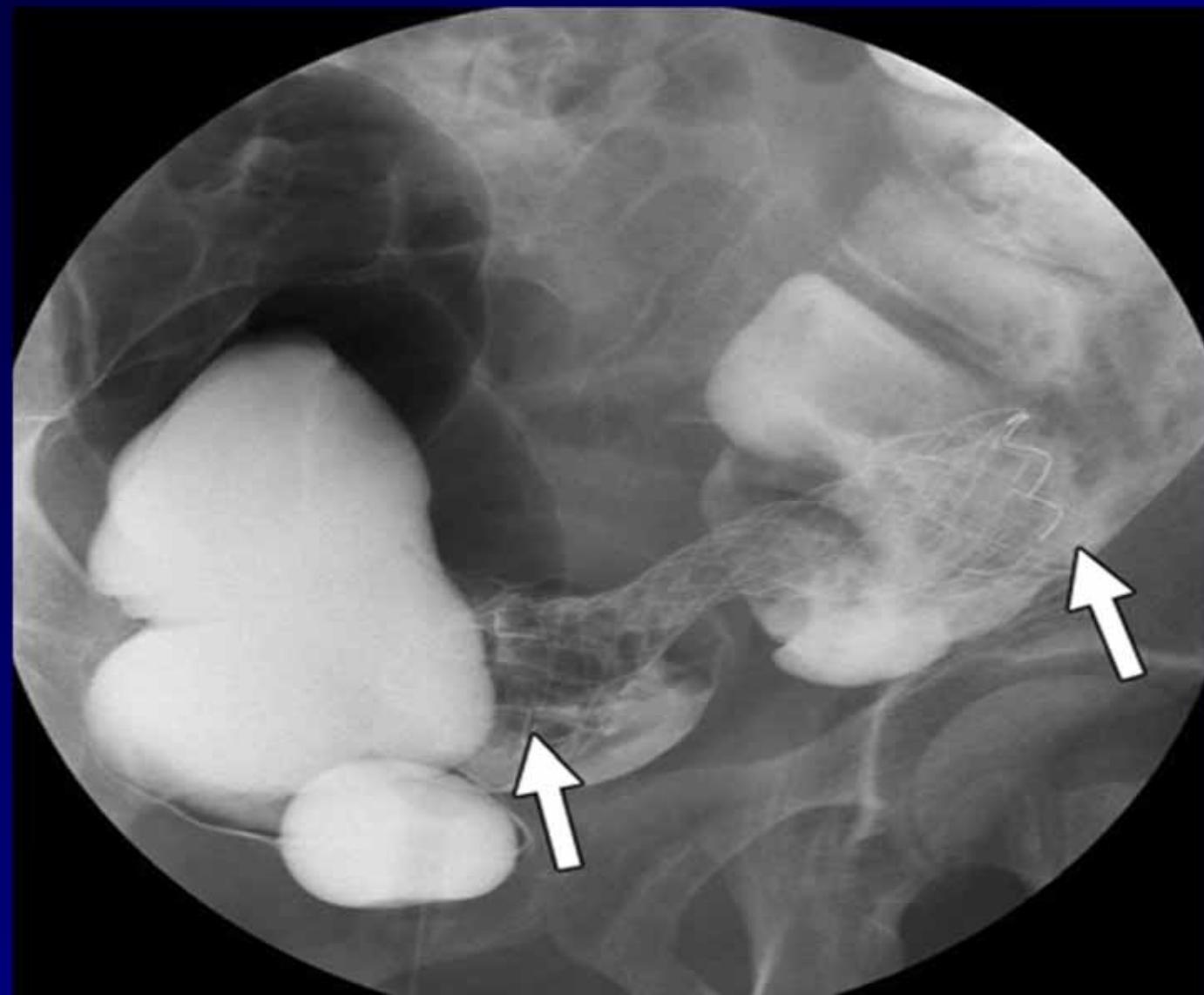
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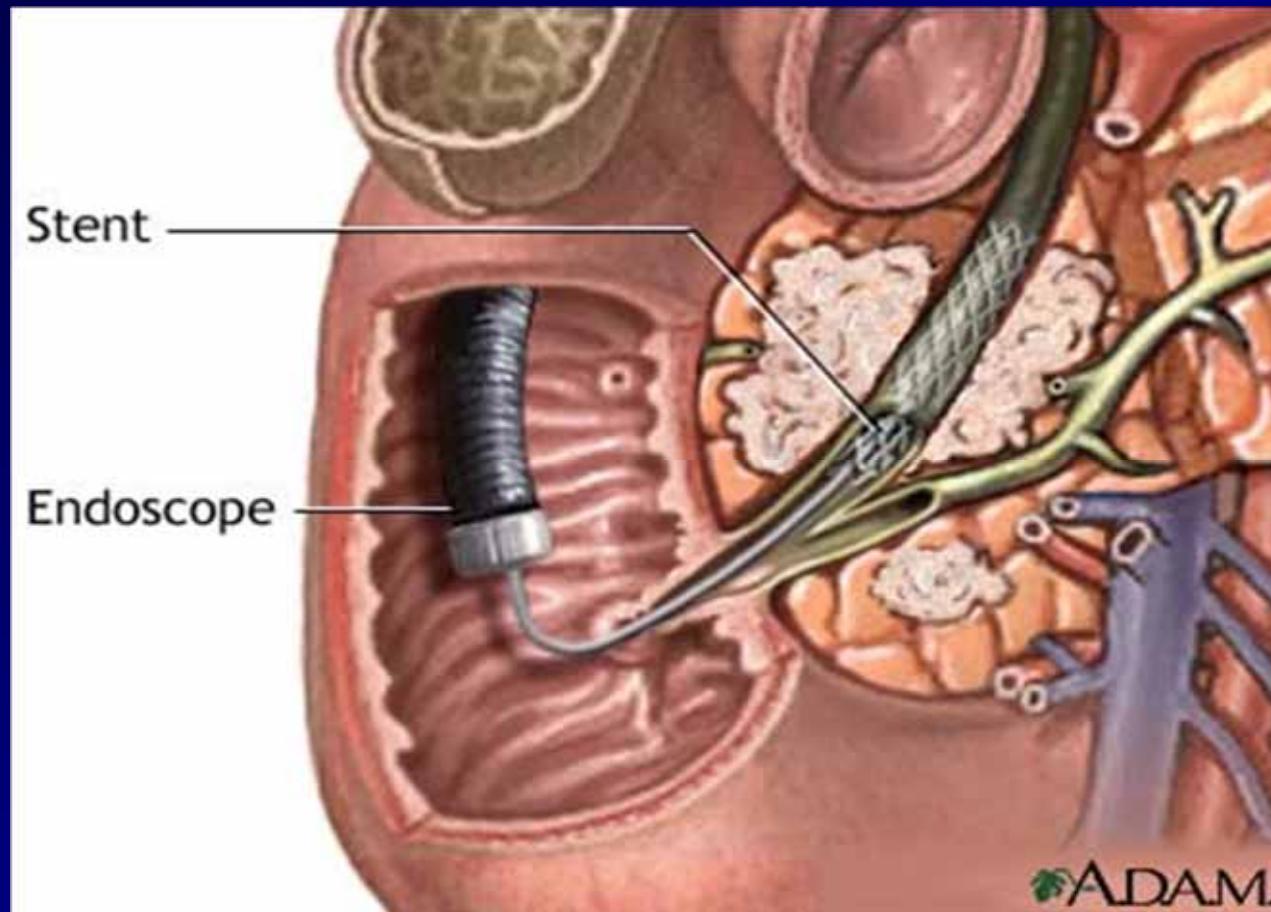
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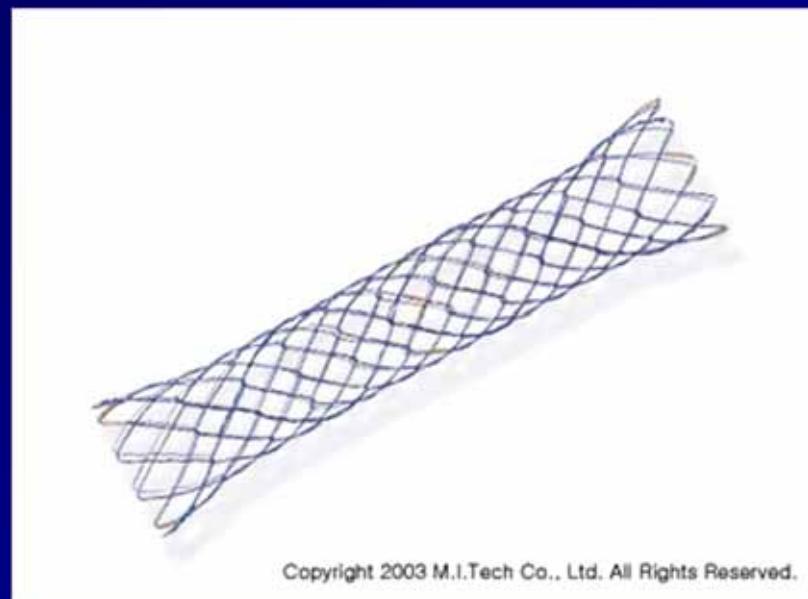
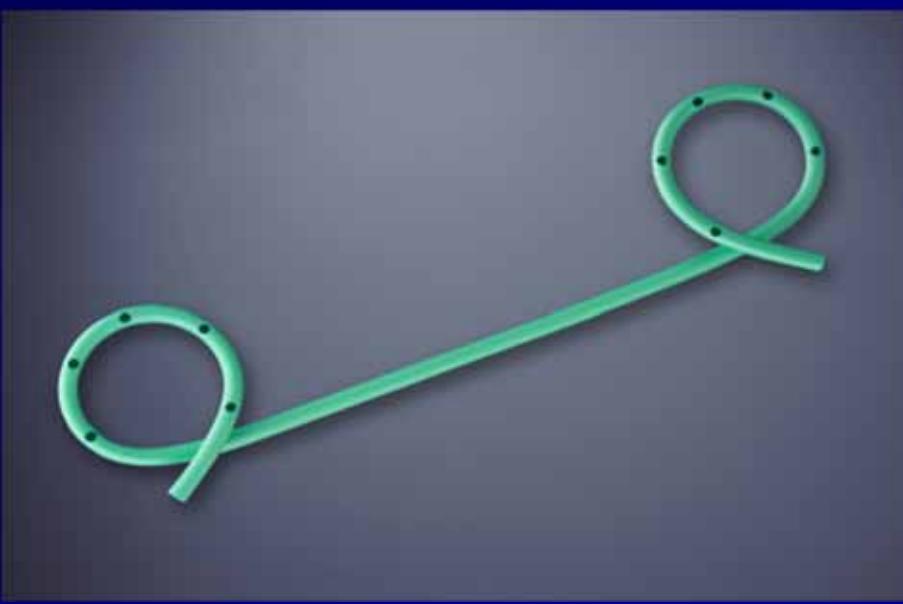
# Obstructive Colon cancer



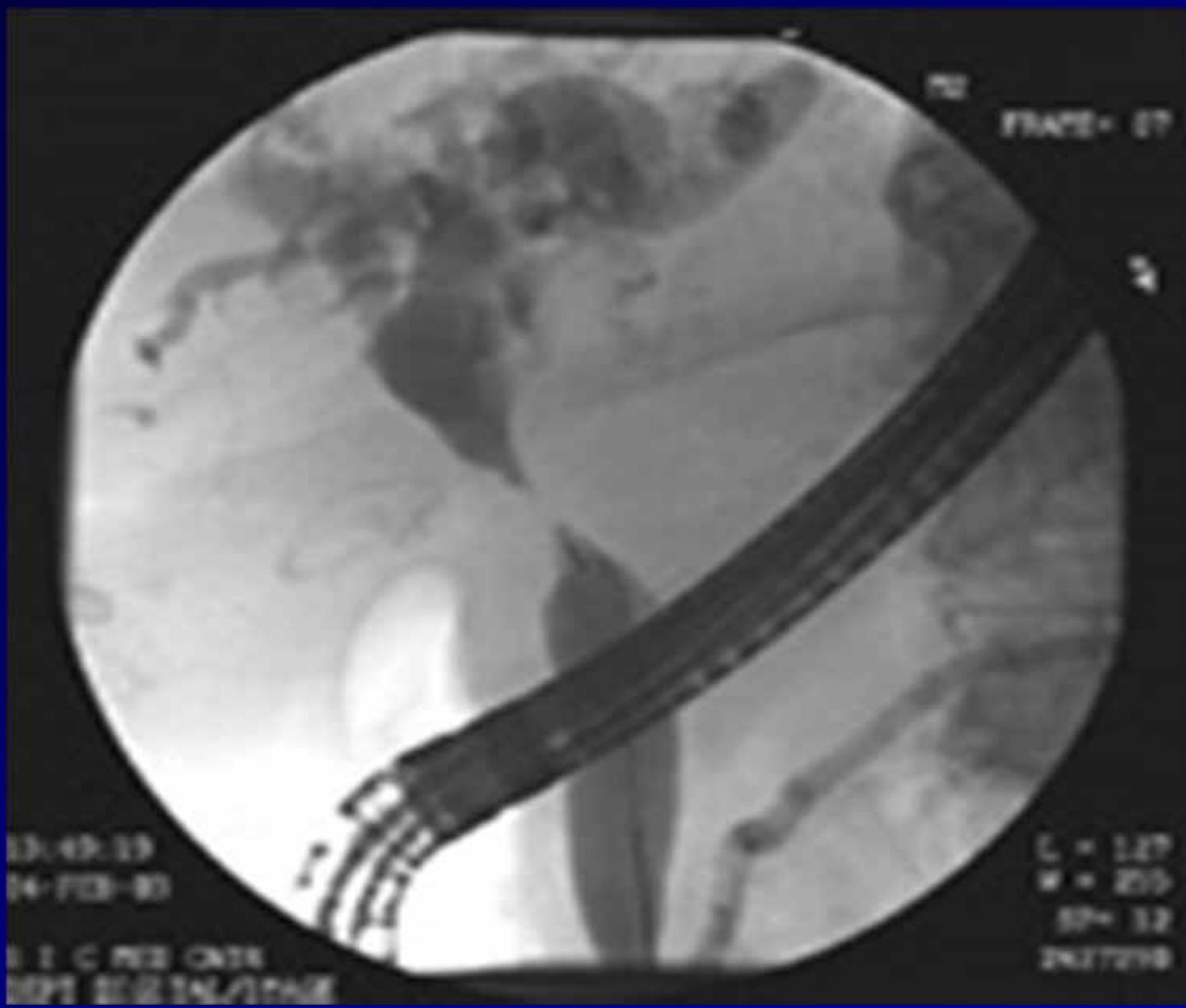


# Stenting Biliary tract tumours at ERCP





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