

## LIVER INTEREST GROUP MEETING 7 DECEMBER 2024

The 7<sup>th</sup> of December was chosen by the Gastroenterology Foundation of sub-Saharan Africa (GFSSA) as the 2024 annual Liver Interest Group meeting day. The venue was the usual hospitable Vineyard Hotel in Cape Town and the event was organised by Bini Seale and Juliet Desilla through Cornucopia Communications. The registration process as usual was seamless.



Sandy Mosenye

The meeting was kick-started by Prof. Chris Kassianides who welcomed everybody, importantly acknowledging the presence of Her Excellency Ambassador Minata Samate Cessouma (Commissioner for Health Humanitarian Affairs and Social Development in African Union) and Prof. Geoff Dusheiko (Emeritus Professor of Medicine at the Royal Free Hospital and University College London School of Medicine and Consultant Hepatologist at Kings College Hospital). As per norm, Prof. Kassianides outlined the different activities that the foundation does and has been doing over the years. He particularly touched on the IHPBA conference that was held this year in Cape Town where the 1<sup>st</sup> African Viral Hepatitis Convention was also organised by a committee comprising of highly motivated individuals from different African countries.

Following the introductory remarks by Prof. Chris, the stage was set for the 1<sup>st</sup> Session of the meeting titled "Viral Hepatitis". Prof. Wendy Spearman gave a talk on WHO Hepatitis B Guidelines update: increasing access to antiviral therapy. Her core message about the new guidelines was that; they demystify management of Hepatitis B, they are geared towards better addressing the epidemiology of Hepatitis B in Africa, they address the barriers/challenges of lack of access to HBV DNA quantification and most importantly they enable decentralisation and integration of Hepatitis B. Dr Nishi Prabdial-Sing followed with her talk on Hepatitis B surface Antigen (HBsAg) Prevalence in under 5-year olds in South Africa. Her main talk was on the data compiled by a PhD scholar in her division who demonstrated a gloomy picture about the prevalence of Hepatitis B in South Africa according to

provinces. It was clear in her talk that heavily populated provinces have the highest burden of infection. She concluded by saying HepB3 vaccine coverage in South Africa has never reached 90% target ever and this is very concerning. The big advocate for highly marginalised group Dr Andrew Scheibe stepped in to talk about Hepatitis C in key populations in South Africa. He reiterated that there is high burden of Hepatitis C due to multiple intersecting risks, criminalisation, stigma, discrimination, violence, poverty, gender, education and barriers to service. He said; people who inject drugs, men who have sex with men, people in prison and closed settings, sex workers, trans and gender diverse people are the key population with regards to Hepatitis C and that there is critical need to help them in before we can start talking about Hepatitis C elimination. He ended his talk by inviting us to an upcoming International Conference on Health and Hepatitis in Substance Users (INHSU 2025) to be held in Cape Town South Africa from the 14<sup>th</sup> to the 17<sup>th</sup> October 2025. The last talk of this session was by Dr Lisa Dannat an addictions Psychiatrist. She talked passionately about addressing harm reduction among substance users. She emphasised that Opioid Agonist Maintenance Therapy (OAMT) aims to reduce or stop opioid use, prevent harm associated with use, improve quality of life and benefit the community.

Just before brunch, H.E Ambassador Minata Samate Cessouma was given centre stage to give a few words of solidarity. She touchingly shared her personal experience about her family members who are affected by viral hepatitis and that she is very much willing to use her political will and position to advocate for treatment. In her words she said "...when I see the map of Africa in red, I am sad to see this one", "I am not a Health Practitioner, I can use my political heart to sensitise country members".

Delicious brunch which is usually accompanied by networking, catching up with friends, making new friends, potential collaborators, and a little bit of stretching then followed. There was a quick picture moment during the brunch break!!

The next session titled "Metabolic Dysfunction-associated Steatotic Liver Disease" chaired by Prof. Joel Dave and Dr Bilal Bobat then followed.

Once again, the tone was set by the well-known Professor Spearman who was introduced onto the podium by the Head

of Endocrine Division at Groote Schuur Hospital, Prof. Joel Dave to talk about Steatotic Liver Disease and the importance of risk stratifying for MASLD. She talked about the recent NAFLD to MASLD Delphi-process-achieved nomenclature change. She touched on the umbrella Steatotic Liver Diseases under which there are 5 sub-classes. Prof. Spearman drummed onto us the fact that MASLD is now globally the leading cause of chronic liver disease. She talked about the need to risk stratify given that MASLD can progress to MASH, cirrhosis and hepatocellular carcinoma. At risk patients must be screened for MASLD and further screened for fibrosis so that appropriate care and tertiary centre referrals can be made. Age, smoking, alcohol, Type 2 Diabetes and Genetic predisposition (PNPLA3, TM6SF2, MRC1, HSD17B13 and GCKR) were listed as the factors influencing disease progression. She was overemphatic in saying that the care of a patient with MASLD must be a multidisciplinary approach where Primary care providers/Endocrinologists, Nutritionists, Health Psychologists, Cardiologists, Gastroenterologists and Hepatologists should be in sync. Prof. concluded by saying there is however hope in Resmetirom and Semaglutide because they help with MASH resolution with improvement in liver fibrosis. Prof. Joel Dave then followed and was very articulate in his topic where he talked about Addressing the driving forces of MASLD: Obesity and Diabetes. He outlined the relationship between Obesity, Diabetes and MASLD highlighting the two-way interaction between diabetes and MASLD. Prof. Dave stunned the audience by explaining the pathophysiology of Type 2 Diabetes as a product of the Egregious Eleven. The next talk was by Dr Neliswa Gogela who in her elegance elaboratively took us through the Role of Non-invasive tests for risk stratification and HCC surveillance. She talked about APRI score and FIB-4 score as the biomarkers for fibrosis that that inexpensive and easy to use. She touched on HCC surveillance using abdominal ultrasound in combination with alpha-feto protein. Neli (as she prefers to be called) talked about GAAD (Gender, Age, AFP and PIVKA-II) and GALAD (Gender, Age, AFP-L3 and PIVKA-II) clinical algorithms that have better sensitivities in picking HCC than ultrasound and AFP. She mentioned the ctDNA (circulating tumour DNA) as a non-invasive way to analyse cell-free-DNA in the blood stream to detect HCC. This biomarker she said can be used for HCC prognostication and outcome prediction.



Nishi Prabdial Singh, Wendy Spearman, H.E. Amb Minata Samaté Cessouma, Chris Kassianides, Anna Kramvis, Geoff Dusheiko



Professor Chris Kassianides, chairman of the Gastroenterology Foundation of sub-Saharan Africa and H.E. Amb Minata Samaté Cessouma, Commissioner of Health, Humanitarian Affairs and Social Development from the African Union.

The Gastro Foundation has entered into a Memorandum of Understanding with the African Union with respect to co-operation on the advocacy for Viral Hepatitis.

The final session of the day was on hepatocellular carcinoma. The chairs for this session were Prof. Marc Bernon and Dr Dale Creamer.

In this day and age of digital technology, Prof. Ed Jonas attended and presented virtually on the management and outcomes of hepatocellular carcinoma in sub-Saharan Africa. He reiterated that there is a high prevalence of HCC in all sub-Saharan African countries and that HCC is the most common cause of cancer related death in men and the 3<sup>rd</sup> most common in women. He said HCC in SSA occurs at younger age with annual fatality ratio of 0.96. His talk was followed by Prof. Marc Bernon who is one of the very knowledgeable Hepatobiliary surgeons at Groote Schuur Hospital who talked about the expanded role of TACE in the management of hepatocellular carcinoma. He highlighted that there is room to do TACE prior to resection of very large tumours and gave example of a patient who underwent TACE x 2 before resection and TACE x 3 before liver transplantation. The session was wrapped-up by Dr Bilal Bobat



with his tongue twisters. He gave an update on immunotherapy for management of hepatocellular carcinoma. He talked about the likes of Atezolizumab + Bevacizumab as first-line therapy for advanced unresectable HCC with alternatives being Durvalumab + Tremelimumab. Bilal talked about toxicities associated with immunotherapy and projected a flow chart on the management of these toxicities. He broke the ice by mentioning Rugby and the whole room's eyes started glittering (South Africans and their Rugby!!)

Prof Wendy Spearman then closed the day by giving a vote of thanks. She thanked Prof. Chris Kassianides who is usually the mastermind for all these meetings, H.E Ambassador Minata

Samate Cessouma who found it necessary to come and spend time with us and Prof Geoff Dusheiko who is ever present to share his enormous experience as a Hepatologist practicing in a first world centre. She particularly acknowledged and thanked the sponsors (Abbott, Ampath Laboratories and GILEAD) for the successful meeting sponsored. Bini Seale and Juliet Desilla were also singled out and of course the participants (both in-person and virtual) were appreciated.

Summarised by:

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