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From Medical Treatment to Liver Transplantation

PROGRAM

ILTS

NAFLD/NASH CONSENSUS CONFERENCE 2018

VENICE | ITALY

FEBRUARY 15, 2018

INTERNATIONAL LIVER TRANSPLANTATION SOCIETY

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INTERNATIONAL LIVER TRANSPLANTATION SOCIETY

Course Directors

Patrizia Burra, MD, PhD
University of Padova
Padova, Italy

Marina Berenguer, MD
University and Polytechnic La Fe Hospital
Valencia, Spain

Objectives

This conference will provide a detailed overview of the current challenges and advances in prevention, early diagnosis and treatment of NAFLD/NASH. It will focus on various issues concerning both adult and pediatric populations, including lifestyle, new drugs, and surgery, from mild liver disease to advanced chronic liver disease, and including candidates both during liver transplant and in the post-transplant setting.

International experts will convene to focus on NAFLD/NASH management strategies and best practices in a consensus conference format.
The consensus conference proceedings will be used to generate a Practice Guidelines manuscript for publication in *Transplantation*. The conference will focus on six separate areas:

1. **Epidemiology and prevention**
2. **Medical treatment: lifestyle changes and pharmacological therapy**
3. **Risk of hepatocellular carcinoma: surveillance and management**
4. **End-stage liver disease and liver transplantation**
5. **Management of recurrent and de novo NAFLD/NASH after liver transplantation**
6. **Pediatric population**

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Educational Goals

The overall goal of this course is to discuss the increasing incidence of NAFLD and NASH and metabolic syndrome in the U.S., Europe and Asia and how NAFLD/NASH represents an increasing indication to liver transplantation.

It will focus on the most recent advances and discuss the potential of new drugs to prevent the progression of steatosis to fibrosis and the role of liver transplantation for advanced liver disease.

Learning objectives

Understand who are the groups at risk of developing NAFLD/NASH.

Identify strategies for preventive interventions.

Understand how to manage patients at risk to develop hepatic steatosis and steato-fibrosis.

Understand how new drugs can be used in patients with steatosis.

Understand how to perform surveillance for hepatocellular carcinoma in this special populations at higher risk to develop tumors.

Evaluate how co-morbidities (cardiovascular, hypertension, diabetes, dyslipidemia, obesity, renal dysfunction…) should be assessed and treated in the candidate to liver transplantation.

Understand what are the modifiable risk factors for recurrent and de novo NAFLD/NASH after liver transplantation.

Learn the utility of targeted immunosuppression therapy in patients at risk to develop NAFLD/NASH after transplantation.

Understand the different management of risk factors of NAFLD/NASH development in pediatric population and if medical treatment differs from the adult population.

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Introductory Lectures

CHAIR
Patrizia Burra, *Padova, Italy*

08:30 **Why NASH? Because HCV is disappearing?**
Alfredo Alberti, *Padova, Italy*

09:00 **Are we also eliminating HCV in special populations?**
Felice Nava, *Padova, Italy*

Consensus Conference Lectures

CHAIRS
Patrizia Burra, *Padova, Italy*
Marina Berenguer, *Valencia, Spain*

09:30 **1. Epidemiology and prevention**
Zobair M. Younoussi, *Falls Church, USA*

10:00 **2. Medical treatment: lifestyle changes and pharmacological therapy**
Vlad Ratziu, *Paris, France*

10:30 **3. Risk of hepatocellular carcinoma: surveillance and management**
Christian Toso, *Geneva, Switzerland*

11:00-11:30 Coffee break

11:30 **4. End-stage liver disease and liver transplantation**
Marina Berenguer, *Valencia, Spain*

12:00 **5. Management of recurrent and de novo NAFLD/NASH after liver transplantation**
Kymberly D. Watt, *Rochester, USA*

12:30 **6. Pediatric population**
Anil Dhawan, *London, United Kingdom*

13:00 **Discussion**

13:30-14:00 Lunch break

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Afternoon Working Groups

14:00-15:30

1. Epidemiology and prevention

CHAIRS

Zobair M. Younoussi, *Falls Church, USA*
Salvatore Petta, *Palermo, Italy*

WORKING GROUP MEMBERS

Helena Cortez-Pinto, *Lisbon, Portugal*
Giulio Marchesini, *Bologna, Italy*

1a. Who are the groups at risk of developing NAFLD/NASH? Should these groups be the target of preventive interventions?
1b. How can NAFLD/NASH be prevented in the general population?
1c. Extra-hepatic manifestations of NAFLD/NASH: their potential impact on liver transplantation
1d. NASH-ASH as an indication for liver transplantation: how frequent is it? Is it different from NASH or ASH alone?

2. Medical treatment: lifestyle changes and pharmacological therapy

CHAIRS

Vlad Ratziu, *Paris, France*
Gianluca Svegliati Baroni, *Ancona, Italy*

WORKING GROUP MEMBERS

Marwan Ghabril, *Indianapolis, USA*
Manuel Romero-Gómez, *Seville, Spain*

2a. Which lifestyle modifications should be recommended in patients with NAFLD/NASH?
2b. Which pharmacological treatment should be used in patients with NAFLD/NASH?

3. Risk of hepatocellular carcinoma: surveillance and management

CHAIRS

Christian Toso, *Geneva, Switzerland*
Maria Reig, *Barcelona, Spain*

WORKING GROUP MEMBERS

Martina Gambato, *Padova, Italy*
David Victor, *Houston, USA*
John P. Roberts, *San Francisco, USA*
Nancy Kwan Man, *Hong Kong, Hong Kong*

3a. Should patients with NAFLD/NASH be surveyed for HCC following a specific protocol?

4. End-stage liver disease and liver transplantation

CHAIRS

Marina Berenguer, *Valencia, Spain*
Emmanuel Tsochatzis, *London, UK*

WORKING GROUP MEMBERS

Audrey Coilly, *Paris, France*
Silvio Nadalin, *Tübingen, Germany*
Yaman Tokat, *Istanbul, Turkey*
Josh Levitsky, *Chicago, USA*
Mark Ghobrial, *Houston, USA*

4a. How should co-morbidities (cardiovascular, hypertension, diabetes, dyslipidemia, obesity, renal dysfunction, etc.) be assessed in the candidate for liver transplantation? Should the assessment differ from that done in other etiologies?
4b. How should co-morbidities (cardiovascular, hypertension, diabetes, dyslipidemia, obesity, renal dysfunction, etc.) be treated in the candidate for liver transplantation? Should treatment and monitoring of these comorbidities differ from that applied in other etiologies?
4c. Is the natural history of NASH-related cirrhosis different from other etiologies of end-stage liver disease?
4d. Is the outcome after liver transplantation similar to other etiologies of liver disease?
4e. Is there any circumstance where obesity should contraindicate liver transplantation?
4f. What are the therapeutic strategies recommended to improve the cardiovascular and nutritional status of a NASH patient in the WL for liver transplantation?
4g. Optimal time for bariatric surgery: before, during, or after liver transplantation?

5. Management of recurrent and de novo NAFLD/NASH after liver transplantation

CHAIRS

Kymberly D. Watt, *Rochester, USA*
Giacomo Germani, *Padova, Italy*

WORKING GROUP MEMBERS

Laura Rubbia-Brandt, *Geneva, Switzerland*
Marie Laryea, *Rochester, USA*
Hiroto Egawa, *Tokyo, Japan*
John O'Grady, *London, UK*

5a. Histologic findings in recurrent or de novo NAFLD/NASH: different from those observed in the immune competent patient?
5b. Is recurrent NAFLD/NASH different from de novo NAFLD/NASH?
5c. What are the modifiable risk factors for recurrent and de novo NAFLD/NASH?
5d. What is the best diagnostic tool? Non-invasive tests or still liver biopsy?
5e. How should co-morbidities (cardiovascular, hypertension, diabetes, dyslipidemia, obesity, renal dysfunction, etc.) be assessed in a liver transplant recipient? Should the assessment differ from that done in other etiologies?
5f. How should comorbidities (cardiovascular, hypertension, diabetes, dyslipidemia, obesity, renal dysfunction, etc.) be treated in a liver transplant recipient? Should treatment and monitoring of these comorbidities differ from those applied in other etiologies?
5g. Should immunosuppression be targeted?
5h. Does recurrent and/or de novo NAFLD/NASH after liver transplantation negatively affect patient and graft survival?
5i. Which lifestyle modifications should be recommended in patients with recurrent and/or de novo NAFLD/NASH?
5j. Which pharmacological treatments should be used in patients with recurrent and/or de novo NAFLD/NASH?

6. Pediatric population

CHAIRS

Anil Dhawan, *London, UK*
Mohamed Rela, *Chennai, India*

WORKING GROUP MEMBERS

Pietro Vajro, *Naples, Italy*
Mara Cananzi, *Padova, Italy*

6a. Management of risk factors of NAFLD/NASH development: different from the adult population?
6b. Does medical treatment differ from the adult population?
6c. Is the natural history of NAFLD/NASH different in the pediatric compared to the adult population?
6d. When is liver transplantation indicated?
6e. Is the outcome after liver transplantation acceptable?

15:30-16:00 Coffee break

16:00 **Working Group presentations with statements**

18:00 **Summary**

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EACCME
European Accreditation Council
for Continuing Medical Education

CONTINUING MEDICAL EDUCATION (CME) CREDITS

The ILTS Consensus Conference – NAFLD/NASH: From Medical Treatment to Liver Transplantation, Venice, Italy, 15/02/2018 – 15/02/2018 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 8 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can befound at www.ama-assn.org/education/earn-credit-participation-international-activities.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

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MedTech Europe compliance porta

The NAFLD/NASH Conference is now compliant with the MedTech Europe Code of Ethical Business Practice www.ethicalmedtech.eu.

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INTERNATIONAL LIVER TRANSPLANTATION SOCIETY

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Phone: + 39 041 2765001
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Session Rooms

Sala Teatro, Room 2, Room 3,
Room 4, Room 6, Room 7, Room 8

Registration

Please register online by 12 February 2018,
23:59 CET (GMT+2)

Should you require further assistance please don't hesitate to contact the ILTS Registration Department:
ilts-consensusregistration@kit-group.org
Hotline: +49 30 24603 410

Accommodation at Conference Venue Hotel

All participants are responsible for their own accommodation. Please contact the hotel and let them know that you wish to book a room out of the contingent.

To book a room, please fill in the Accommodation Form and sent it to the following E-Mail address:
reception@servizimetropolitani.ve.it

Reservation hotline: + 39 041 2765001

Alternative accommodation

Please visit the official Venice Hotel website for further choices: www.venicehotel.com

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