

HCV GENOTYPE 5 : AN EASY TO TREAT POPULATION. C. Reenaers (1), J. Delwaide (2), C. Gérard (3), B. Bastens (4), C. Bataille (5), F. Boemer (6), B. Servais (7), J. Belaiche (8), +. GLEVHE (9), A. de Roover (10), O. Detry (11), P. Honoré (12), M. Meurisse (13), B. Rentier (14), D. Vaira (15). (1) Gastroentérologie Sart Tilman ; (2) Gastroentérologie Sart Tilman ; (3) Immunohémato Sart Tilman ; (4) St-Joseph Liège ; (5) CHR Huy ; (6) Hôpital Malmédy ; (7) Bois de Abbaye Liège ; (8) Gastroentérologie Sart Tilman ; (9) Groupe Liégeois Etude Virus Hépatotropes ; (10) Chirurgie Sart Tilman ; (11) Chirurgie Sart Tilman ; (12) Chirurgie Sart Tilman ; (13) Chirurgie Sart Tilman ; (14) Virologie Sart Tilman ; (15) Virologie Sart Tilman.

Very little is known about patients infected with HCV genotype 5, due to the low prevalence of this genotype around the world (prevalence of 1.5 % in our area).

Aim of the study : to better define the characteristics of these patients (pts) and to evaluate the answer to therapy.

Methods : the files of 14 pts with genotype 5 were retrospectively reviewed.

Results : Mean age was 42, with 60% female. All patients were of subtype 5a. All were of European origin (Belgium 13, Romania but with contamination in Belgium 1). Most have been contaminated by transfusion (transfusion 11, professional 1, unknown 2). All patients infected by transfusion were contaminated recently, between 86 and 91 (except 1 contaminated in 82). There were no IV drug addicts. A liver biopsy was performed in nine patients : 8 had a fibrosis of F2 ; only one had cirrhosis (patient transfused in 91). Seven patients have received a treatment. One patient treated with interferon (IFN) monotherapy did not respond to therapy. Four patients have been treated with IFN and ribavirin. Three of them (one of whom treated for 6 months) developed a sustained viral response (SVR) (75%) while one, responder during the treatment, had to stop therapy after 4 months due to dysthyroidy. He developed a relapse. Two were treated with PegIFN and ribavirin. One (treated during 6 months) became SVR ; the follow-up results for the second patient (responder after a treatment of 12 months) are pending. The most common reason for considering patients as non eligible for treatment were normal transaminases (4/7 untreated patients).

Conclusions : Patients infected with genotype 5 have been contaminated in Belgium, mostly by transfusion around 1990. Treatment with interferon or peginterferon plus ribavirin seems to give a high rate of SVR (80%).

THE HEP CAR REGISTRY : REPORT ON A ONE-YEAR REGISTRATION PROGRAM OF HEPATO-CELLULAR CARCINOMA IN BELGIUM. H. Van Vlierberghe (1), I. Borbath (2), N. Bourgeois (3), J. Henrion (4), The BASL Steering Committee. (1) Dpt of Gastroenterology, Ghent University Hospital ; (2) Dpt of Gastroenterology, Cliniques St Luc, Brussels ; (3) Dpt of Gastroenterology, ULB Erasme, Brussels ; (4) Dpt of Gastroenterology, Hôpital Jolimont, Haine St Paul.

Introduction : Hepatocellular carcinoma (HCC) is a primary tumour of the liver. Its behaviour is rather peculiar with prognosis made out not only by the tumoural disease but also by the severity of the underlying liver disease. The HepCar registry is an initiative under the auspices of the BASL where patients with HCC are registered.

Methods : After introduction of the initiative during the Winter meeting in December 2002 to the members of the BASL and to the public by the BASL newsletters, physicians were asked to report all new cases of HCC which were seen between January 2003 and December 2003. Reporting was done at a voluntary basis which could have resulted in a recruitment bias. Data were sampled at a central site where collection and statistical work was done. Data reported here are data until the beginning of November 2003.

Results : In this HepCar registry, 70 patients (51 male/19 female) were reported. Median age was 62 years \pm 12. Underlying liver disease was hepatitis C virus related in 29 patients, hepatitis B virus related in 14 patients, alcoholic liver disease in 16 patients and miscellaneous in 12 patients. Cirrhosis was present in 67 out of 70 patients. Diagnosis was made by surveillance in 27 patients. There was a clear tendency for incidental diagnosis in patients with alcoholic liver disease and in younger patients with hepatitis B virus infection. In only a minority of the reported cases, curative treatment (liver transplantation, surgical resection, percutaneous ablation) could be offered.

Discussion : The HepCar registry confirms the abundance of hepatitis C virus infection as an underlying liver disease in the majority of the Belgian HCC patients. Surveillance was reported to be the manner of diagnosis in only a minority of the patients. Alcoholic liver disease and hepatitis B virus infection in a younger population remain two situations where surveillance is not possible or not helpful. Strategies to detect HCC in these two populations should be worked out. Only a minority of the patients could be offered a potential curative treatment. This confirms the dismal prognosis of HCC in the majority of patients living in Belgium.