



26th June 2016, Hyderabad

"Liver Update":

"The Liver Update CME was held at Hyderabad under the banner of Asian Society of Continuing Medical Education.

The CME was designed to get all the Hepatologist, Gastroenterologist and General Physician on one platform for exchanging their views and sharing their clinical experiences with others about the challenges in the management of Liver diseases. Well known Hepatologist, Gastroenterologist and General Physician were invited to share their knowledge and Experience.

The Introductory speech was given by Asian Society. He emphasized the main role played by Asian Society of Continuing Medical Education and how important it is to spread the knowledge known to select few to the practicing Doctors at large.

The CME was attended by 58 Doctors all round India.

Date:

• 26th June 2016

Places and Venues:

Hotel Mercure, Somajiguda, Hyderabad

Total Participants: 58







Faculty:

Course Director:

• Dr. P. N Rao

Chairpersons:

- Dr. D. Chandra Sekhar Reddy
- Dr. P. Shravan Kumar
- Dr. G. Mohan Reddy
- Dr. Santosh Enaganti
- Dr. E Ramanjaneyulu
- Dr. PBSS Raju
- Dr. B. Surender Reddy
- Dr. B. Ravi Shankar
- Dr. Parimal Lavate
- Dr. Kiran Peddi

Speaker Topic wise:

- Dr. Pandurang Rao
- Dr. Ajit Kumar (NIMS)
- Dr. Sethu Babu
- Dr. Mithun Sharma
- Dr. Uma Devi (Gandhi)
- Dr. Sharat Putta
- Dr. Parimal Lavate
- Dr. P. N. Rao (AIG)
- Dr. Naveen Polavarpu







TOPICS –

- Real World experience with Entecavir and Tenofovir lessons learnt.
- HBV Any hope for new drugs.
- HCV Treatment experienced (PR and SOFO)
- HCV: HCC and New Anti-Viral DAAs
- Alcoholic Hepatitis: Steroids and Beyond.
- DDW2016: Essence of Hepatology.

Summary of Talk:

• **Dr. Panduranga Rao** talked on Real World experience with Entecavir and Tenofovir lessons learnt –

He talked about Comparison of renal safety and efficacy of entecavir and tenofovir treatment in chronic hepatitis B patients: real world experience, Tenofovir may show the way to deterioration in renal function as assessed by serial eGFR measurements. Although telbivudine appeared to be associated with an improvement in eGFR, it was associated with high rates of virological breakthrough, which was an independent risk factor for HCC development. With low rates of virological breakthrough and preservation of renal function, entecavir could be the best choice among these three agents.

• Dr. Ajit Kumar (NIMS) talked on HBV – Any hope of new drugs –

The current goal in treating chronic HBV infection is to block progression of HBV-related liver injury and inflammation to end-stage liver diseases, including cirrhosis and hepatocellular carcinoma, because we are unable to eliminate chronic HBV infection. Available therapies for chronic HBV infection mainly include nucleos/tide analogues (NAs), non-NAs, and immunomodulatory agents. However, none of them is able to clear chronic HBV infection. Thus, a new generation of anti-HBV







drugs is urgently needed. Progress has been made in the development and testing of new therapeutics against chronic HBV infection

• **Dr. Mithun Sharma** talked on HCV Treatment experienced (PR and SOFO).

The summary of topic is -

- a) Combination Sofosbuvir and Simeprevir Is Very Effective and Well Tolerated for the Treatment of Recurrent Hepatitis C After Liver Transplant.
- b) Safety and Efficacy of Sofosbuvir-Containing Regimens for Hepatitis C: Real-World Experience.
- c) Cirrhosis Treated With Ledipasvir/Sofosbuvir With or Without Ribavirin.
- d) Renal Function in Patients Treated for Recurrent Hepatitis C With Sofosbuvir and Simeprevir.
- e) Ledipasvir/Sofosbuvir With Ribavirin for the Treatment of HCV in Patients With Decompensated Cirrhosis
- **Dr. Uma Devi (Gandhi)** talked on HCV: HCC and New Anti Viral DAAs:-

Direct-acting antiviral agents (DAAs)—the protease inhibitors boceprevir and telaprevir to pegylated interferon α -2a/b and ribavirin revolutionized the treatment of HCV infection by increasing cure rates across all fibrosis scores in patients with genotype 1 HCV infection. Patients with advanced fibrosis or cirrhosis are the most difficult to treat, and the addition of DAAs increases treatment side effects as well as potency.







- Dr. Parimal Lavate talked on Alcoholic Hepatitis Steroids and beyond -
 - Prednisolone reduces the short-term risk for death in patients with severe alcoholic hepatitis, but pentoxifylline does not and should no longer be used in these patients.
 - The use of corticosteroids except in patients with sepsis, where pentoxifylline is the first choice of treatment.

Feedback:

Suggested topics from delegates interested for future CME –

- Cerebrovascular Accidents
- Osteoarthritis
- Diabetes latest trend in clinical practice
- IHD
- Pyrexia of unknown origin/renal stroke uti/infertility gall stones.
- Jaundice, Epilepsy, Stroke IHD.
- Sleep disturbances, Chronic Pelvic Pain, Obesity.
- Obesity, Anaemia, Skin Diseases
- Hypo/Hyper Thyrodism, PCOD, Anaemia.
- Nephrology





SNAPSHOTS



















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