

Physician Views – As hepatitis revolution gains pace, what are physician expectations for EASL 2014?

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Abstracts

With this year's meeting of the International Liver Congress (EASL) just over a week away (April 9-13), anticipation continues to build for the full publication of clinical data across a number of therapeutic indications.

The 2014 meeting may not have the seismic impact of recent conferences – 2012 being the notable standout, when data presented provided the first tangible evidence of the revolution in hepatitis C that is now well under way via the launch of Gilead Sciences' Sovaldi – but it remains an important fixture in the pharmaceutical calendar nonetheless, particularly given the rapid change to treatment landscapes.

Sovaldi may be on course to become the fastest ever new drug launch, but events in the past week demonstrate that commercial success will not be achieved without challenges along the way (see Spotlight On: The Sovaldi pricing debate – 5 key questions).

In addition to the well documented access and pricing issues, various nuances within the hepatitis C treatment paradigm continue to be explored. Furthermore, data due to be presented at EASL will further shape the credentials of next-generation therapies, which appear poised to further improve efficacy and convenience and provide a cure for hepatitis C in the vast majority of patients.

Although hepatitis is likely to be the key focus for most EASL attendees, the conference will also provide a platform for developers to present data in a range of other disease areas, such as non-alcoholic steatohepatitis (NASH). Thrust into the spotlight earlier this year via impressive Phase II results for a treatment being developed by Intercept Pharmaceuticals (not to mention an impressive share price performance; see

ViewPoints: Intercept's staggering ascent provides early riposte to biotech rally doubters), NASH is now regularly cited by analysts as being 'one of the few remaining large untapped markets that we could compare to the cholesterol or diabetes segments.'

Ahead of EASL 2014, FirstWord is polling US and EU-5-based gastroenterologists, hepatologists and infectious disease specialists this week to ascertain their expectations and interests. Specifically we will be asking.

What their main area of clinical interest at EASL is?

What they believe to be the most significant event in the HCV treatment space since EASL 2013

What their main area of focus will be in relation to new data on the treatment of HCV infection at EASL 2014

What clinical programme they are most looking forward to seeing data on at EASL 2014?

What the highest priority issue in the HCV treatment space is that will need to be resolved before EASL 2015

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