

# ALCOHOL-RELATED LIVER DISEASE SPECIAL INTEREST GROUP (ArLD SIG):

### **ANNUAL REPORT 2018-19**

This annual report covers the period 1 September 2018 to 31 August 2019.

# Membership

The BASL Committee appointed an initial Alcohol-related Liver Disease (ArLD) SIG Lead to serve for one year, Dr Ewan Forrest, Consultant Hepatologist, Glasgow Royal Infirmary. An election for the position of SIG lead will be held in 2019-20.

The SIG has nine workstreams: PHE coding advisory group, alcoholic hepatitis, alcohol withdrawal syndrome, alcohol dependency, biopsy, hospital episodes, early community diagnosis, transplantation and obesity. Members of the SIG were asked to identify workstreams to which they would specifically wish to contribute.

At the time of writing this report, there are 166 individuals included in the member database: 144 (87%) are BASL members and 22 (13%) are co-opted non-members. It was established early on that the SIG would have a limited educational role, but rather would be a means of focussing investigative projects for ArLD. Members were therefore encouraged to actively contribute to the group and its workstreams. There are several existing international guidelines for ArLD and it seems unlikely that the SIG will be required to develop a UK-specific set of recommendations.

### **Meetings**

One meeting of the SIG was held during 2018-19 - 9 January 2019, London with 39 participants. In addition, an informal meeting was held during at ILC 2019, 11 April 2019.

A further formal meeting of the SIG is planned in conjunction with the North West Alcohol Conference on 25 November 2019.

### **Key achievements**

The SIG has provided expert advice and feedback on the following national projects: consultation on the 'NICE guideline CG100 Alcohol-use disorders: Diagnosis and management of physical complications', update proposal for 'NICE guideline on PH24 Alcohol-use disorders: prevention' and comment upon the current 'Advancing our Health Prevention in the 2020s' Green Paper.

A partnership has been established between the SIG and Public Health England (PHE), to review and hopefully improve the terminology and classification of ArLD. There is work in progress with Dr Michael Allison, Cambridge, representing the SIG in discussions with PHE.

### Research streams

<u>ISAIAH</u> is a phase 2 trial looking at moderate Alcoholic Hepatitis using an IL-1 $\beta$  antagonist. Recruitment has just begun but some issues are being experienced.

<u>PROCESSAH</u> This trial was to study GCSF in severe Alcoholic Hepatitis. Unfortunately in June it failed to get past Stage 1 of EME. Discussion is ongoing on how to re-structure this proposal.



MICAH is a non-interventional study looking at Biomarkers in Alcoholic Hepatitis. A total of 1000 patients are to be recruited from 40 UK centres.

<u>Management of Alcohol Withdrawal Syndrome (AWS) in ArLD</u> A teleconference on 5 June involving Dr Ewan Forrest and Dr Colin Drummond (psychiatrist, London) established a proposal to arrange a UK-wide survey of current practice in acute hospitals for the management of AWS, with particular reference to those with ArLD.

Management of Alcohol Dependency in ArLD A comprehensive Evidence Review of management of alcohol dependency in ArLD patients is planned. A previous protocol to assess the pharmacokinetics of baclofen in ArLD is being reviewed, with a view to re-submission for grant support. Discussions are underway to work with an AASLD ArLD SIG-initiated survey of hepatologists, to determine current clinical practice for alcohol dependency in ArLD.

<u>WALDO</u> led by Dr Richard Parker, Leeds, intends to identify ArLD patients from pathology records, and then determine total mortality as well as liver-related and non-liver-related outcomes. The study has approval, though some initial concerns have been raised that the degree of detail requested is high.

<u>The Connected Health Cities Algorithm</u> developed with Dr Steve Hood, Aintree. This approach to coding improves the recognition of ArLD admissions and might be applied throughout the UK.

<u>Early Community Diagnosis of ArLD</u> A programme grant bid to support the <u>POLEMMIC</u> trial is in progress. This will be based in Primary Care and will be carried out as a cluster study. When funding is hopefully approved, liver centres will be asked to support this initiative.

<u>Transplantation for ArLD</u> A questionnaire for transplant units has been developed by Drs Michael Allison and Andrew Holt (Birmingham). This aims to identify variations in practice regarding listing of ArLD patients. This will be done in concert with the Liver Advisory Group.

Obesity and ArLD Gautam Mehta, Barnet, has informed the SIG of a NIHR RfPB application on obesity and ArLD. No further details are available at present.

It is hoped that members of the SIG will identify projects to be put forward for consideration by the recent NIHR call for Liver Disease related research.

# **Challenges**

The ArLD SIG faces some challenges. It has a large membership which is a reflection of the clinical and research interest in this area of hepatology. However the large numbers involved make the organisation of meetings or establishment of effective working groups difficult. The development of workstreams with interested sub-groups is an attempt to address this issue.

At present it is thought that the ArLD SIG is underutilising the internet/ social media to raise the profile of its work. This should be addressed in the coming months.

### **Further information**

Please visit the SIG webpage at https://www.basl.org.uk/index.cfm/content/page/cid/35.