BASL Alcohol-related Liver Disease Special Interest Group (ArLD SIG)

Report of Meeting 25th November 2019: 1.45pm-4.20pm

Venue: Liverpool Hilton
3 Thomas Steers Way
Liverpool, L1 8LW,

Introduction and overview of the first year

The work of the SIG over its first year was summarised.

There are 166 individuals included in the member database: 144 (87%) are BASL members and 22 (13%) are co-opted non-members. This is the second of two formal meetings of the SIG held during 2018-19.

9th January 2019, London with 39 participants; 25th November 2019, Liverpool with approximately 30 participants. In addition, an informal meeting was held during at ILC 2019, 11th April 2019.

The SIG has provided expert advice and feedback on the following national projects:

'*NICE guideline CG100 Alcohol-use disorders: diagnosis and management of physical complications*'

'*NICE guideline on PH24 Alcohol-use disorders: prevention'*

'*Advancing our Health Prevention in the 2020s*' Green Paper.

The Appointed Chair is Ewan Forrest (2018-19) with the newly Elected Chair: Ashwin Dhanda to take over for a period of 2 years (2019-21).

There was an active discussion about the role of the SIG with regards to Guidelines. It was noted that several Guidelines already exist for ArLD (EASL, AASLD, AGA) and that a separate BASL/ BSG based guideline in the same vein would not necessarily be helpful. However there was a recognition that the SIG could provide an outline of the optimal forms of care for the ArLD patient. This would take the form of recommendations for medical, nursing, addictions, allied health professional input to the patient, taking a view on the overall wellbeing of the ArLD patient rather than the purely medical aspects. Lynn Owens expressed a willingness to develop these recommendations for 'wrap around' care of ArLD patients.

Alcoholic Hepatitis: Current Research Activity and Possible New UK Trials

Unfortunately Prof Thursz could not attend the meeting. Ashwin Dhanda reviewed the slides provided which detailed current UK activity as well as that recently published or presented at AASLD. The ISAIAH trial is ongoing with 50% recruitment so far. The hope is that this would expand into a Phase 3 study quite quickly if the results are favourable. The MICAH biomarker study is in process of set-up in several centres throughout the UK.

The recently proposed GCSF study was turned down by the EME. Recent work presented at AASLD suggested that GCSF was ineffective and there was discussion about whether there was any merit in pursuing this further. Overall there was less enthusiasm for this. Other agents which took interest were DUR-928, phage therapy, faecal transplant, pioglitazone treatment, macrophage therapy (GM-CSF) and stromal cell therapy.
Further discussion was had re. the structure of trials with particular emphasis on Multi-arm Multi-stage trials (MAMS). This trial structure has some merit in maintaining power with a lesser overall recruitment requirement. The discussion was then about what IMPs should be investigated. A Phase 3 study was felt to be more feasible for practical reasons and may replicate the success of STOPAH. These trials would also address the patients with more severe alcoholic hepatitis. However there was a dearth of IMPs at that stage of investigation. Possibilities included GCSF (see above), NAC, rifaximin, short/ intense steroid regimens. Michael Allison was going to review the options and circulate a possible MAMS structure.
Subsequent discussion with Mark Thursz: Keen to explore a MAMS approach to Phase 2 studies. He is also to populate a MAMS structure with possible IMPs.

Baclofen in ArLD
Paul Richardson reviewed the BASIS trial which has been submitted to the NIHR on the current round of submissions for liver disease. The primary outcome relates to drinking behaviour rather than liver outcome. There was a general acknowledgement that the management of dependency was vital for ArLD patients. Difficulties in controlling for local/ regional differences in alcohol support services were discussed. NIHR feedback is expected in January.

ALLHEAL
Richard Parker reviewed the ALLHEAL project which will allow prospective assessment of ArLD patients and the evolution of their condition. Recruitment may be feasible from primary care/community alcohol services. Local ethics in Yorkshire has been sought with the possibility of expanding beyond this.

WALDO
Richard Parker also updated the SIG on WALDO which is collaborative within the UK but also with sites in Sweden, Canada and the USA. 300 patient records have been obtained so far. Rob Goldin noted issues of inter-observer variation in reporting of ArLD biopsies and was hoping to access the tissue for direct review.

Management of Alcohol Withdrawal in ArLD
Ewan Forrest reviewed the paucity of evidence for the management of AWS in ArLD patients. A teleconference had been held with Colin Drummond drawing upon the experience of an audit in Mental Health facilities about the management of AWS. The proposal was for a UK-wide audit of AWS management in general with questions specifically focussed upon ArLD patients. The feeling of the SIG was that such a broad audit was beyond the remit of the group and that the SIG involvement should be limited to advising on suitable data to collect for the ArLD subgroup of patients specifically.

ArLD and Transplant
Michael Allison reviewed ongoing discussions about ArLD referrals for transplantation. There was a need to record the number of ArLD patients declined transplant and the reasons given. Similarly there was a need to identify those patients with advanced ArLD

who were not being referred for transplant. A ‘spot’ audit of ArLD in-patients was proposed to determine how many patients had been considered for transplant and any reasons given as to why not.
There was also discussion about transplantation for alcoholic hepatitis which remains a contra-indication in the UK. A recent ACLF service evaluation has specifically excluded alcoholic hepatitis patients. This remains a bone of contention. Further discussion was had as to when alcoholic hepatitis ‘ends’ and when a patient can be considered as a chronically decompensated ArLD patient after an episode of alcoholic hepatitis: 3 months post-alcoholic hepatitis presentation was felt reasonable but does not yet have any formal acknowledgement.

The Future of the ArLD SIG
Ashwin Dhanda addressed the SIG with a view to the future, building upon the work already done. The workstreams established at the beginning of the year should continue with effective working groups in each workstream feeding into the overall SIG. In the coming weeks he will work with leads for each subgroup to define projects in more detail. Of note, the NIHR liver call is likely to be repeated in the coming year and the SIG will have an active role in coordinating and supporting proposals.