The HBV special interest group (SIG) held its second meeting in London on Thursday, 31st January at The Royal London, Barts and The London SMD. Even at this early stage, the SIG has already been successful in bringing together investigators from a range of disciplines across the UK to discuss and identify the areas of greatest clinical and academic need. There was also consensus from all participants that a cohesive approach to solving the key research questions in HBV was needed. In line with this, there was agreement amongst the attendees that the SIG should be the vehicle to allow investigators to map and link existing research endeavours, determine capability and develop capacity in the UK.

In addition to the broad representation from Clinicians, Scientists and Public Health (PHE), there was also participation from patient groups (Liver4Life attended and the British Liver Trust were invited to attend). There was also a very encouraging representation from Industry with representatives from the following companies; Abbot, Gilead Sciences, Janssen, Roche and Immunocore. This allowed very fruitful discussion to take place amongst all the stakeholders around expectations and potential barriers for future clinical trials in HBV. This discussion took place in the context of the HBV cure programme and the acceptance that there is a need for better definition of UK cohorts and ultimately better characterisation of patients to recruit into clinical trials.

There was approval from all attendees that the SIG should address these challenges and ensure that the UK has a “research ready” cohort of HBV patients for the multiple novel agents entering into clinical trials over the next 3-5 years.

A more tangible outcome from the SIG is an application to the MRC Partnership scheme to establish a UK HBV consortium. This was submitted as a full application on January 9th. The plans for the partnership are as follows:

1. Define a strategic approach to recruit patients from centres across the UK encompassing the spectrum of disease stages, to determine mechanisms underlying disease progression and treatment response, and to identify biomarkers in future hypothesis-driven research.
2. Create a biorepository of clinical samples linked to metadata that will support future studies of disease pathogenesis, natural history and treatment of HBV infection.
3. Document long-term clinical outcomes for the cohort using both patient clinical records and other linkable data sources, including routine laboratory surveillance, NHS Health and Social Care Information Centre datasets, and death and cancer registries. This will provide critical data on disease burden, natural history, use of NHS resources and identify areas for intervention.
4. Convene a group of patient and public representatives, through the SIG, to support partner investigators on study design, development and implementation, to ensure effective Patient-Public Involvement and Engagement.

The goal of a partnership is to build a UK-wide cohort of patients with HBV infection, to create a national platform for concerted research in HBV that will benefit both academia and industry. This ultimately is in the interests of patients and the NHS, and over the long-term, will improve prevention, diagnosis and management of CHB.