



**Option 2 Satellite Program**  
**Hot Topics in Hepatology**  
Wednesday, December 12, 2018  
6:00 pm – 9:00 pm

**Course Directors**

Ira M. Jacobson, MD and Joseph A. Odin, MD, PhD

**Faculty**

Samuel H. Sigal, MD; Elizabeth C. Verna, MD, MS; Ilan S. Weisberg, MD, MS

**Intended Audience**

Gastroenterologists and GI Fellows

**Course Description**

With the recent development of remarkably effective antiviral drugs for hepatitis C, there is increasing focus on management of patients cured of HCV infection but still at risk for complications of liver disease and hepatocellular carcinoma. Simultaneously, intense attention has shifted to other liver diseases including hepatitis B, fatty liver disease, which is emerging as a global epidemic and projected to be the leading indication for liver transplantation within a few years, and autoimmune liver disease. This program will explore difficult hepatitis B management decisions, such as whether to treat immune tolerant patients or to stop treatment in those who have had years of viral suppression on nucleotide therapy, and how to identify patients at risk for adverse liver-related outcomes. The large number of noninvasive options available for this critical clinical assessment will be presented along with how to treat autoimmune liver disease in patients who have failed to respond adequately to first line therapy. The course will discuss the most recent data and provide guidance for participants to use in everyday practice. Recent published experience concerning the development of portal vein thrombosis, which can unfavorably effect patient prognosis and poses the challenging issue of when to treat such high-risk patients with anticoagulant therapy will also be reviewed.

**Learning Objectives**

- Recognize the need for and components of continued management of patients with HCV infection who have had a sustained virologic response to antiviral therapy
- Compare the arguments pertaining to difficult management decisions in hepatitis B, such as treatment of immune tolerant patients and discontinuation of therapy after long-term viral suppression.
- Describe how to use noninvasive tools in the assessment of fatty liver disease to identify which patients are at risk of liver-related morbidity and mortality
- Analyze available data on how to treat PBC patients with inadequate response to Urso therapy, and autoimmune hepatitis patients with nonresponse to steroids and azathioprine.

- Recognize the shifting perspectives on portal vein thrombosis, a frequent complication of cirrhosis, with regard to prognostic implications and indications for anticoagulant therapy

## Agenda

6:00 – 6:30 pm	<b>Registration and Refreshments</b>
6:30 – 6:50 pm	<b>Management of Nonresponding Patients to First-Line Therapy for Primary Biliary Cholangitis and Autoimmune Hepatitis</b> Joseph A. Odin, MD, PhD
6:50 – 7:10 pm	<b>Portal Vein Thrombosis in Patients with Cirrhosis: Whether and How to Treat</b> Samuel H. Sigal, MD
7:10 – 7:30 pm	<b>Assessment of Fatty Liver Disease: How Do We Know Which Patients to Worry About?</b> Ira M. Jacobson, MD
7:30 – 7:50 pm	<b>Management of HCV Patients after Sustained Virologic Response (SVR)</b> Elizabeth C. Verna, MD, MS
7:50 – 8:10 pm	<b>Frequently Encountered Management Dilemmas in Hepatitis B</b> Ilan S. Weisberg, MD, MS
8:10 – 8:30 pm	<b>Q &amp; A and Panel Discussion</b>
8:30 – 9:00 pm	<b>Case Presentations</b> Moderated by Joseph A. Odin, MD, PhD and Ira M. Jacobson, MD <ul style="list-style-type: none"> <li>• Kamron Pourmand, MD</li> <li>• Maureen Whitsett, MD</li> </ul>

## Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the providership of Albert Einstein College of Medicine and the New York Society for Gastrointestinal Endoscopy. Albert Einstein College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

## Credit Designation

Albert Einstein College of Medicine designates this live activity for a maximum of **2.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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