

Immunology & Virology Subcommittee
Annual Report, April 2003

The most recent activity of the subcommittee has been to participate in the national open treatment study of hepatitis C with interferon plus ribavirin. The study was largely in the hands of our hepatologist colleagues, and our role was secondary, mainly assisting in subject accrual. Enrollment in this study from the seven participating centres is now complete and the final subjects will finish their follow-up period in the fall of this year. Data analysis and preparation for publication will then begin. In the meantime, the lead investigators have prepared a draft manuscript describing the experience with 69 liver biopsies in the subgroup of 64 patients who had this procedure. The two major data tables from this draft publication are attached.

The Immunology & Virology Subcommittee was formed early in the history of AHDCDC, when virally inactivated factor concentrates were newly introduced, the HIV epidemic was at its peak, and the diagnosis and treatment of viral hepatitis was in its infancy. We undertook an important surveillance function which generated a peer-reviewed publication. With the passage of time, the situation has changed considerably for the better. Viral safety of treatment products remains a major priority for the hemophilia community, but given the high degree of safety of the current recombinant and plasma-derived replacement products, the necessity for an AHDCDC subcommittee devoted to this virus transmission is questionable. Furthermore, the “immunology” aspect of its mandate overlaps with that of the inhibitor subcommittee.

Therefore in order to rationalize the work of the AHDCDC I will recommend that this subcommittee now be dissolved, and that issues relevant to viral and immune status of hemophilia be referred to other subcommittees as appropriate.

Submitted by Jerry Teitel, Chair, Immunology & Virology Subcommittee

Table 1: Histological features in 64 biopsies of individuals with congenital coagulation disorders and chronic hepatitis C infection

Histology	N	Mean EtOH (SD)¹		Range EtOH	N with HIV	N with Fat²	Mean Duration of disease in years (SD)	Mean Age at Biopsy (SD)
Normal histology	0							
Degree of Inflammation								
Grade 0	0							
Grade 1	35	2.8	(4.5)	0-21	3	9	25.3 (11.6)	38.4 (9.1)
Grade 2	26	8.7	(13.8)	0-35	3	3	28.0 (12.2)	41.0 (13.0)
Grade 3	3	9.3	(8.8)	0-28	0	1	26.0 (11.5)	53.7 (6.7)
Grade 4	0							
Degree of Fibrosis (N=63) *								
Stage 0	5	1.5	(1.9)	0-4	0	0	28.0 (7.9)	33.0 (9.2)
Stage 1	21	2.6	(3.4)	0-12	3	3	24.3 (10.1)	38.0 (10.3)
Stage 2	13	3.0	(5.9)	0-20	0	4	32.2 (14.0)	39.5 (11.5)
Stage 3	10	3.9	(4.6)	0-12	1	2	23.4 (5.7)	44.8 (13.4)
Stage 4 = cirrhosis	14	16.1	(15.7)	2-50	2	4	26.8 (13.3)	43.8 (10.6)

¹ mean number of standard drinks of EtOH or Alcohol consumption per week. Alcohol data was only available for subjects representing 55 of the biopsies

² number of biopsies with $\geq 5\%$ hepatocytes with large droplet steatosis

* one sample was too fragmented to rule out cirrhosis

Table 2: Non-invasive surrogate markers of cirrhosis in 64 patients with congenital coagulation disorders and chronic HCV

Variable		Cirrhosis absent on biopsy		Cirrhosis present on biopsy	
		N	%	N	%
Platelet count $\leq 150 \times 10^9/L$	Present	4	8	6	43
	Absent	46	92	8	57
Hepatic decompensation	Present	0	0	0	0
	Absent	50	100	14	100
Coarse echogenic/nodular liver on ultrasound	Present	6	18	4	36
	Absent	28	82	7	64
Focal hepatic lesions	Present	0	0	0	0
	Absent	34	100	11	100
Hepatomegaly	Present	5	15	3	27
	Absent	29	85	8	73
All variables normal		10	30	5	45