

# World Congress on Hepatitis

July 20-22, 2015 Orlando, Florida, USA



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### **The growing epidemic in HCC from Hepatitis/NASH cirrhosis in American veterans**

At DDW 2014, S Mittal showed that over 1500 Veterans in 2013 were diagnosed with HCC and that this trend is increasing every year. The greater percentage of patients with NAFLD-related HCC did not undergo HCC surveillance (Clinical Gastroenterology and Hepatology 2014). The VA now has 10 times more patients diagnosed with hepatocellular carcinoma (HCC) than it did a decade. "Unless we do something dramatic, 10,000 Vietnam veterans will die of liver cancer in the next five years." stated Douglas Heuman MD, Chief of Hepatology and Medical Director of Liver Transplantation at VA Medical Center Richmond and Professor of Medicine at Virginia Commonwealth University. Vietnam veterans have the greatest risk of HCC because they have the highest hepatitis C virus infection and other comorbid factors, smoking, alcohol abuse, obesity, diabetes, metabolic syndrome associated with insulin resistance and their association to (NASH) non-alcoholic steatohepatitis and the progression to cirrhosis (US Medicine 2014). Last year at VISN6 Mid-Atlantic, 221 hepatitis C patients, and 55 NASH/NAFLD were treated at Martinsburg VHA and ~500 at VAH Baltimore and DC combined. The huge economic burden of Hep C therapy will be discussed and the need to combine Ledipasvir/ Sofosbuvir or Viekara with Ribavirin for cirrhosis for truncated therapy. High dose vitamin D3 in a weekly oral dose of 50,000 U was used at VHA Martinsburg in patients with HCV while undergoing Sof/Sim oral therapy and later Harvoni or Viekara to prevent HCC as well as those with NASH, NAFLD and alcohol dependence. A previous epidemiology study by Fedirko Hepatology 2014 demonstrated the risk of HCC was reduced by 49% in those Europeans with the highest levels of 25(OH)D. NASH/NAFLD patients and HBV patients on Entecovir were also given Cholecalciferol. The fact that fatty Liver/NASH patients present challenges in diagnosis, therapy and HCC surveillance will also be discussed, as well as the large global hepatitis B problem with 1 billion potential patients and the potential for CRISPR scissors antiviral therapy. Liver transplantation alone at 1/10 patients currently on the transplant list in the USA with cirrhosis currently is insufficient and future novel solutions are suggested

### **Biography**

Trent W. Nichols Jr. MD, is an internist, nutritionist, and gastroenterologist with more than 30 years of clinical experience. He is the founder and director of the CNDD and the Advanced Magnetic Research Institute in Hanover, Pennsylvania. He is a graduate of the University of Denver with a BS in Chemistry and Northwestern University with a MD. His postgraduate education medicine was at Northwestern University in Internal Medicine and Fellowship in Gastroenterology and Hepatology. He has been the lead investigator in over 50 pharmaceutical trials and has worked for the Veterans Administration, Kaiser Permanente, Good Samaritan Hospital in Lebanon PA, and Sinai Hospital In Baltimore MD. He is a member of the American Gastroenterology Association, Society for Neuroscience, and Bioelectromagnetic Society. He is on the editorial panel of the Journal of Liver OMICS and has been active researcher in the role of mitochondrial dysfunction in liver disease and therapy with EMF

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