Excitement and anticipation of a cure for hepatitis B is growing!

This is due, in large part, to the success of hepatitis C being curable. Today the race is now on for the growing number of hepatitis B drugs in the pipeline to become the next cure.

We all want a cure, but the hepatitis B virus (HBV) is complicated and even the definition of ‘cure’ is being debated. A ‘clinical cure’ can be defined as returning an individual with chronic HBV to the risk of serious liver disease to that of someone who has never been infected, or, at least, has had a ‘resolved’ infection. But achieving that goal would take many years of therapy, so it is not practical to use it for evaluating a drug’s effectiveness.

More realistic is a ‘functional cure,’ which declares success as causing a sustained reduction in virus and other disease markers in the blood even after a drug is stopped. In addition to suppressing or eliminating viral DNA, more ambitious goals for a functional cure call for loss of HBV surface antigen (HBsAg), appearance of HBV surface antibody (HBsAb), and silencing or eliminating cccDNA (covalently closed circular DNA), which is responsible for persistence of HBV infection even during prolonged antiviral therapy.

Suppression of these blood markers will most likely relate to, if not equal, a clinical cure and since these can be measured within years, if not months, of therapy, determining a drug’s efficacy is possible. Whether or not all virological markers need to be stably suppressed to achieve meaningful clinical goals is being debated.

Although the approved oral antivirals do a good job of suppressing viral DNA levels, none of them reliably achieve the goal of ‘functional cure.’ They are also limited in achieving ‘clinical cure’ as defined above. Thus, there is still a need to develop new drugs that attack different pathways of the HBV life cycle to achieve a cure.

There are now more than 30 new HBV drugs in the pipeline that are different from the currently approved therapies (interferons and nucleos(t)ides). In general, the new drugs being developed to treat HBV can be divided into two general categories: direct acting that target the virus and indirect acting that target the human host.

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The Hepatitis B Foundation is proud to recognize Michael J. Sofia, PhD, who received the 2016 Lasker-DeBakey Clinical Medical Research Award for his work in the discovery of the cure for chronic hepatitis C. The Lasker Awards rank among the world’s most celebrated scientific honors, and previous Lasker Award winners have gone on to receive the Nobel Prize. Dr. Sofia received the 2016 Lasker-DeBakey Award with Charles Rice, PhD, of Rockefeller University and Ralph Baric, PhD of the University of North Carolina, Chapel Hill, for their work in developing systems essential to our understanding of hepatitis C. ‘Hepatitis B is difficult, but we and the Blumberg Institute have brought together some of the best scientists in the world to achieve this goal. We have put the hepatitis B virus in our crosshairs, and we won’t let it get away,’ he said.

The cure for hepatitis C is one of the greatest medical advances of our lifetime and Dr. Sofia is deserving of the 2016 Lasker Award. We now look forward to his encore for hepatitis B. Read more at scientificamerican.com and search ‘2016 Lasker Award.’
Hepatitis B is a viral infection of the liver caused by the hepatitis B virus (HBV). HBV is transmitted primarily through contact with infected blood or body fluids. The HBV is most common in parts of Mongolia, the Indian subcontinent, Southeast Asia, and Central and South America, Pakistan, Russia, Central Asia, Turkey, Africa, China, and South America.

The most common way for people to get infected with HBV is by injecting blood containing HBV into the body. HBV can be spread through sharing needles or syringes, or through contact with infected body fluids during sex.

There are several types of HBV, including HBV, HDV, and HDV. HDV is the deadliest form of viral hepatitis which occurs only in people already infected with HBV. HBV is most common in parts of Mongolia, the Indian subcontinent, Southeast Asia, and Central and South America, Pakistan, Russia, Central Asia, Turkey, Africa, China, and South America.

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Hep B United, a national coalition established by the Hepatitis B Foundation and AAPCHO in 2012, hosted its 4th annual Hep B United National Summit in Washington, D.C., from July 27-29. This annual summit is the largest assembly of HBV leaders that gathers to discuss community-based screening, prevention and linkage to care strategies with the goal of eliminating hepatitis B. Key topics this year included building capacity and sustaining local hepatitis B coalitions, helping patients navigate complex insurance and health care systems, and launching the next generation of materials developed by CDC and co-branded with Hep B United.

To commemorate World Hepatitis Day on July 28, the HBF and AAPCHO organized Hill Visits during the summit with more than 50 advocates visiting 25 Congressional offices to share their stories and concerns about the need for increased federal attention and funding to address the silent epidemic of hepatitis B (read more about the HBV Advocacy Agenda). A highlight of the annual summit is the presentation of Hep B Champion Awards by HBF, AAPCHO and the CDC to recognize community leaders who successfully collaborate to address hepatitis B in their communities. This year’s honorees included: Alex Shireiffs, MPH, Philadelphia Dept. of Health; Vinal Shah, Senior Vice President of Public Affairs at Merck; and Ilmran Chisti, PhD, University of Leicester.

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Over the last five years, funding for HBV research at the NIH has declined by almost 16%. It is now only $49 million. The PJB document, requested from the NIH before the end of this calendar year, will serve as the roadmap for our advocacy in Washington to ensure that the federal government prioritizes funding to realize our goal.

Advocates stressed the need for the National Cancer Institute to fund research that will help us better understand liver cancer and to find a cure, as well as to improve HBV testing and treatment.

To further increase pressure on Congress, more than 50 community advocates were mobilized by the HBF on July 28, World Hepatitis Day, to make Hill Visits to 25 Congressional offices and advocate for increased funding to double NIH funding to $100 million for HBV to leverage new research opportunities to find a cure, and to improve HBV testing and treatment.

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Twenty-five years ago when the Foundation was started, there was no public awareness about hepatitis B and no place for patients to seek support. Nonprofit organizations didn’t want to touch hepatitis B because it was an ‘undesirable infectious disease.’

Public health experts said the vaccine would wipe it out in a generation so there was no need for a cure. Drug companies weren’t conducting research because they didn’t see a market. And policy makers didn’t pay attention because they weren’t hearing any noise.

Over the past 25 years, the remarkable scientific and medical advances that have been made prove hepatitis B is a problem that can be solved. There is a simple blood test, safe vaccine, good treatments, and a cure for hepatitis C. The race is now for a hepatitis B cure.

The Hepatitis B Foundation is proud to be an active partner in advancing the science and medicine of hepatitis B to fulfill our mission of finding a cure and improving the lives of those affected worldwide. In 1991, the foundation was started to help one family.

Today, we are reaching millions of families around the world through our comprehensive outreach, public health and patient advocacy initiatives. We are bringing hope through our dedicated research institute, the Baruch S. Blumberg Institute, which is one of the largest concentrations of nonprofit scientists working on hepatitis B and liver cancer.

As we celebrate our Silver Jubilee, our hope for the next 25 years is simple. We hope that a universal vaccination program will protect everyone, young and old. We hope that a complete cure is found that will benefit everyone with hepatitis B. A world without hepatitis B would be the best gift of all.