



Patient Perspective: ICE-HBV Cure Strategy

June 18, 2019

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Why ICE-HBV is Important to the Community

- **1st International Coalition to Eliminate (ICE) Hepatitis B Virus (HBV)**, which has made an HBV Cure a global research priority.
 - ICE-HBV evolved from the *International HBV Meeting*, an annual scientific meeting coordinated by Hepatitis B Foundation.
- ***The ICE-HBV Global Scientific Cure Strategy* provides a research plan to achieve WHO's goal to end chronic viral hepatitis by 2030.**
 - It includes community stakeholders even at this early stage.

An HBV Cure Is Urgently Needed

- Almost 1 million people living with chronic HBV (CHB) continue to die every year despite 8 approved drugs!
- Current treatments only control the virus – there is NO cure.
- With the current treatment guidelines, only 50% of CHB patients qualify for the approved drugs.
- And the risk of death due to liver disease only drops by 50-70% for those treated with the current oral HBV drugs.

Clearly, we need an HBV Cure to finally eliminate the deadly hep B virus.

HCV Is Curable – Why Isn't HBV?

- In 2013, the first approved HCV cure was approved.
 - Today, HCV patients can be cured in as little as 8 weeks.
- Scientists never thought HCV could be cured.
 - Today, scientists are now taking a second look at HBV.
- **Key Point: If NIH and pharma invested as much in HBV as they did for HCV, we could also expect a similar miracle.**

Hence, today the expectation for an HBV cure is even greater!

What Would An HBV Cure Cost?

- The potential for eliminating HBV has been established by WHO and the U.S. NASEM reports.
- NIH currently funds HBV at \$49 Million per year, but funding has declined 16% since 2012.
- We need the NIH because it has the infrastructure and scientific capacity needed to accelerate the pace of research for HBV.
- In 2018, the Hepatitis B Foundation published its “*Roadmap for a Cure*” that includes a Professional Judgement Budget for the NIH.

Dollars Equal Concern

- The HBF *Professional Judgement Budget* projects almost a \$39 Million average annual increase for the NIH (over the current \$49M per year).
 - *Only an additional \$234 Million over 6 years through 2023.*
- NIH annually spends \$3.2 Billion on HIV/AIDS.
- Additional NIH funds for HBV would support (i) Basic Science Studies and (ii) Translational/Clinical Research.
- Studies would be based on priorities and milestones identified in the *HBF Research Roadmap for a Cure* and the *ICE-HBV Cure Strategy*.

A Cure Could Largely Eliminate HBV By 2030

An HBV Cure will save almost 170,000 lives in the U.S. by 2030

Current level of projected deaths is 188,000 (see column A below)

Table 2: Projected Health Outcomes for 2,000,000 Americans with Chronic HBV by 2030 using Three Levels of Diagnosis and Treatment: Current Level, Substantially Improved, HBV Cure.*

	A) Current Level	B) Substantially Improved	C) HBV Cure
 Death	188,000	93,210	18,800
 Liver Cancer	120,000	78,204	12,000
 Cirrhosis	206,200	114,088	20,620

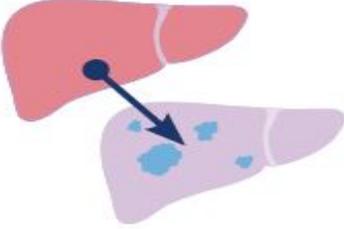
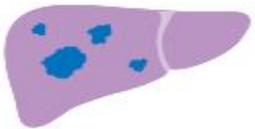
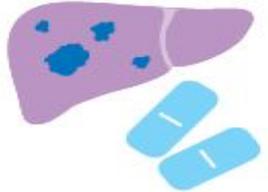
*Adapted from NASEM, Toy, 2017

Source: Hepatitis B Foundation's *Research Roadmap for a Cure 2018*

Investing In An HBV Cure

The human toll and the economic burden is substantial and the data provides compelling evidence for investing in an HBV cure.

Table 3: Sample Costs Per Patient for Treating Chronic HBV

<p>Liver Transplant – charges (UNOS, 2014)</p>  <p>\$739,000</p>	<p>Liver Cancer (NASEM, Toy, 2017)</p>  <p>\$46,538 (annual) \$232,690 (lifetime average)</p>	<p>FDA Approved Drugs, e.g. Entecavir, Tenofovir (NASEM, Toy, 2017)</p>  <p>\$8,400-\$16,464 (annual)</p>
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Today's Key Points:

1. Finally, we now have the scientific and technological capability to find a cure;
2. We have the public health mandates from NASEM and WHO;
3. We have the research roadmaps from HBF and ICE-HBV.

NOW WE NEED
VOCAL ADVOCACY FROM THE HBV COMMUNITY
TO CALL FOR ACTION!

Make Hepatitis B History!!

An HBV Cure would truly free those living with chronic hepatitis B from the burden of disease and the related stigma and discrimination.

**Ultimately,
together we can make hepatitis B history!**

Thank you . . .