

**primed**

9:45 – 10:30 am

**NASH: Burgeoning Epidemic**

**SPEAKER**  
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**primed**

**Presenter Disclosure Information**

The following relationships exist related to this presentation:

- Sanjiv Chopra, MD, MACP: No financial relationships to disclose.

**Off-Label/Investigational Discussion**

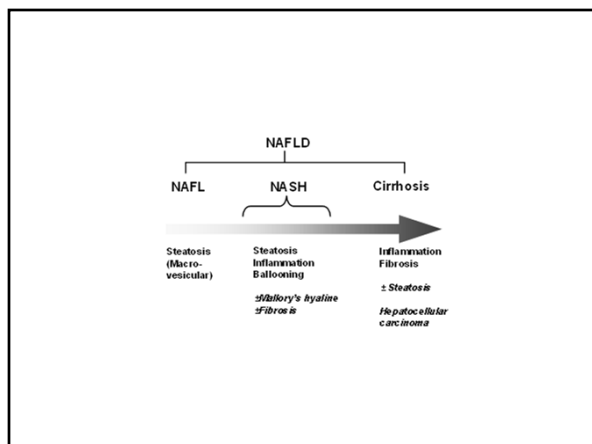
- In accordance with pmiCME policy, faculty have been asked to disclose discussion of unlabeled or unapproved use(s) of drugs or devices during the course of their presentations.

**NONALCOHOLIC STEATOHEPATITIS**

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**Definition of NASH**

**Nonalcoholic steatohepatitis (NASH) is the term used to describe the distinct clinical entity in which patients lack a history of significant alcohol consumption but have liver biopsy findings indistinguishable from alcoholic hepatitis.**

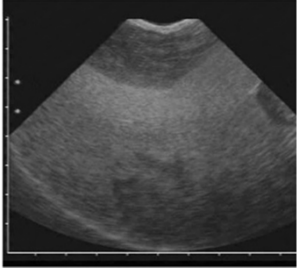


**Criteria for Dx of NASH**

- Liver bx shows macrovesicular fatty change with inflammation and with or without Mallory bodies, fibrosis or cirrhosis.
- Convincing evidence of negligible alcohol consumption (less than 10 g/day of alcohol for women and less than 20 g/day for men).

## Ultrasound showing

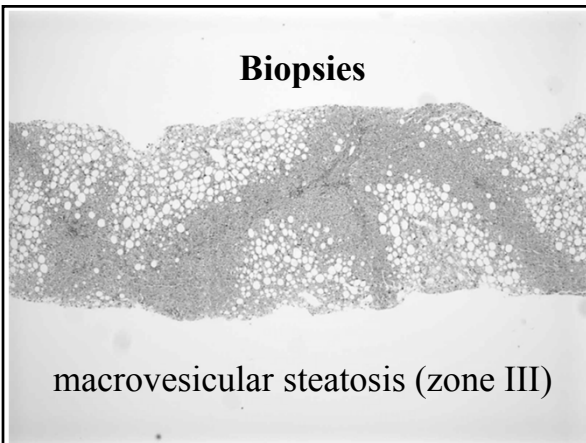
Bright echogenic liver



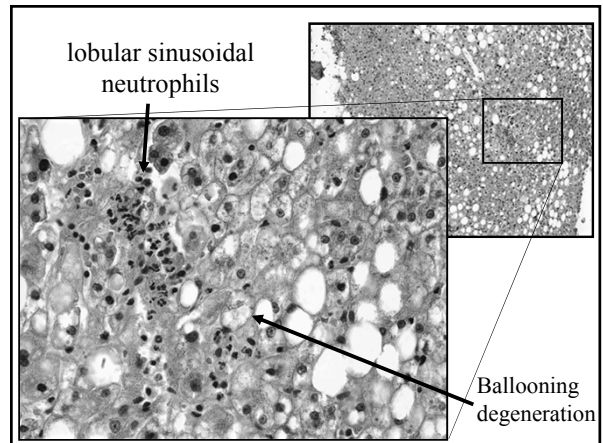
## Liver Ultrasound Report

The liver is enlarged. It is diffusely echogenic consistent with fat infiltration of the liver. Other forms of liver disease and more advanced liver disease including early cirrhosis cannot be excluded by this study.

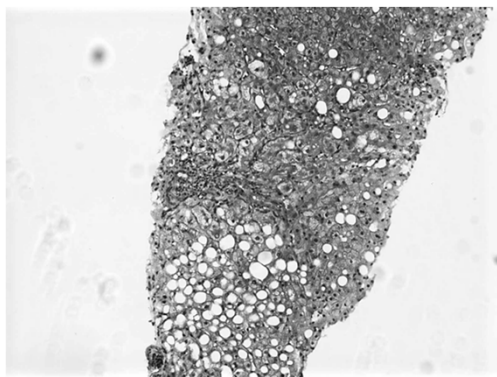
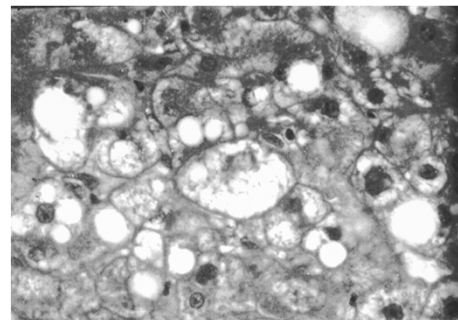
## Biopsies



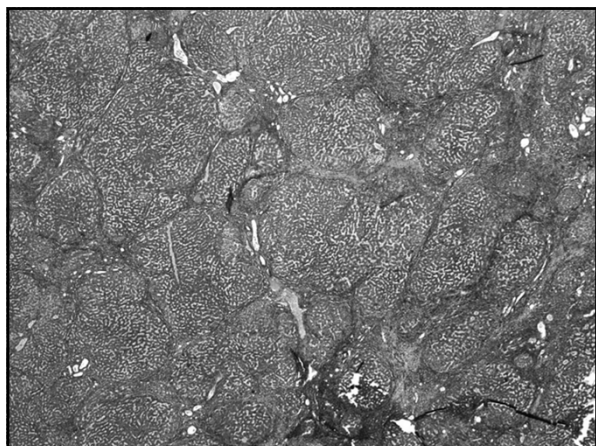
macrovesicular steatosis (zone III)



## NASH: Liver Histology



Sinusoidal pericellular fibrosis, trichrome stain



### NASH is Likely a Major Cause of Cryptogenic Cirrhosis

- 74% of 70 consecutive patients with cryptogenic cirrhosis had obesity and/or diabetes
- This percentage is similar to prevalence of obesity and/or diabetes noted in 50 consecutive patients with NASH

### Epidemiology of NAFLD

- Estimate: **40 million** Americans have **NAFLD**  
**5 million** are **cirrhotic**
- Majority of Pts with NASH have metabolic syndrome
- Over age 60 years, 40% have metabolic syndrome

### NAFLD is Part of the Metabolic Syndrome Called Syndrome X

<b>Obesity</b>	<b>Hypertriglyceridemia</b>
<b>Hyperinsulinemia</b>	<b>Hypertension</b>
<b>Insulin Resistance</b>	<b>Diabetes</b>

Regular sugar-sweetened beverage consumption is associated with a greater risk of fatty liver disease

- Examination of cross-sectional association between intake of sugar-sweetened beverages and fatty liver disease in Framingham Heart Study cohorts

J Ma *et al.*, Journal of Hepatology 2015 May 29

### Patients with NASH

	<b>Normal ALT</b>	<b>Increased ALT</b>	<b>p.value</b>
<b>Fibrosis Stage 2 or greater</b>	<b>22%</b>	<b>34%</b>	<b>NS</b>

Fracanzani AL, et al.  
Hepatology 2008;48:792

### Other Conditions Associated with NASH

- Drugs or Toxins
- Abdominal Surgery
- Metabolic Disorders
- Miscellaneous

One disorder that is **critical** to exclude in young individuals is **Wilson's disease**

### Drugs Associated with NASH

- Glucocorticoids
- Tamoxifen
- Synthetic estrogens
- Perhexilene maleate
- Amiodarone
- Isoniazid

	Progression to Cirrhosis	10 Yr Survival
Alcoholic Hepatitis	38 – 50%	20%
NASH	8 – 26%	60%

### Clinical Features of NASH

#### Symptoms

- Asymptomatic
- Fatigue
- RUQ Discomfort or Pain

### Laboratory Features of NASH

- ALT and AST 2 to 4 fold elevated in most patients
- Alkaline phosphatase mildly elevated in a third of patients
- Albumin, PT, bilirubin most often normal
- Serum ferritin elevated in half the patients

### Patients with Suspected NASH should Undergo Liver Biopsy

#### Pros

- NASH is a histologic dx
- Poor correlation between lab findings and histologic severity
- Biopsy results may change management

#### Cons

- Small but finite risk of complications
- Biopsy results may not change management
- Limited manpower

Suspected NASH: Reasonable to perform liver biopsy

If any of following present

- Peripheral stigmata of chronic liver disease
- Splenomegaly
- Cytopenia
- Abnormal iron studies
- Diabetes and/or significant obesity in a patient over 45 years of age with elevated ALT

Are there alternatives to liver biopsy?

### Fibrotest (fibrosure)

Alpha 2 macroglobulin, haptoglobin, gammaglobulin, GGT, total bilirubin, apolipoprotein A1

The severity of disease was correctly identified in 46% of patients.

Am J Gastroenterol 2006

Fibrosure. I am not so sure!

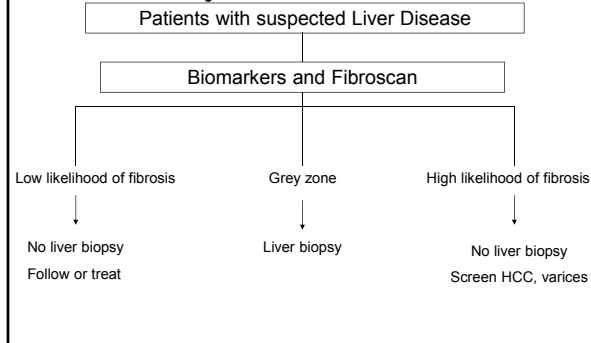
### Fibroscan

- Non-fasting
- Examination time < 5 minutes
- Median value of 10 successful acquisitions
- Sampling error
  - Biopsy – 1/50,000
  - Fibroscan – 1/500

### Sampling

- Liver biopsy samples only 1/50,000<sup>th</sup> of whole liver.
- Fibroscan samples 1/500<sup>th</sup> of whole liver.

## Likely Future Scenario



Transient elastography (Fibroscan) is accurate in most patients with NAFLD. With high negative predictive value and modest positive predictive value, Fibroscan is useful as a screening test to exclude advanced fibrosis.

Wong V W-S, et al.  
Hepatology 2010; 51:454-462

## Progression of NAFLD

Initial Biopsy Results May Be Useful

- Fat Alone  $\xrightarrow[\text{Cirrhosis}]{\text{Progression to}}$  5%
- Ballooning Degeneration and Mallory Hyaline or Fibrosis  $\xrightarrow[\text{Cirrhosis}]{\text{Progression to}}$  25%

Gastroenterology: 1999;116:1413

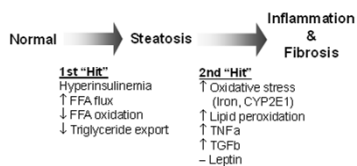
## Pathogenesis of NASH

- Perturbation of fatty acid processing.
- Insulin resistance
- Lipid peroxidation and oxidative stress\*

\* Potential oxidative stressors include:  
hepatic iron, intestinal bacteria, leptin and states characterized by anti-oxidant deficiencies

## Pathogenesis of NAFLD/NASH

The "Two Hit" Hypothesis



## Definition

The concept of the human microbiome was first suggested by Joshua Lederberg, who coined the term "microbiome, to signify the ecological community of commensal, symbiotic, and pathogenic microorganisms that literally share our body space".

Welcome to Boston  
Population: 650,000

Welcome to Gut  
Population: 100 trillion

## The Gut Microbiota and NAFLD

- Microbiota in addition to regulating body fat gain and insulin resistance:
  - Change gene expression
  - Increase energy harvest from diet
  - Produce ethanol
  - Affect inflammation and immunity

E Lau *et al.* Gut Microbiota: Association with NAFLD and Metabolic Disturbances. Biomedical Research International. 2015.

## Prevention and Treatment of NASH

- Prevention of obesity and metabolic syndrome
- Treatment of metabolic syndrome
- Coffee ?
- Bariatric surgery if appropriate

Pioglitazone therapy over a 12 month period in nondiabetic NASH patients resulted in improvement in biochemical, metabolic and histological parameters (including fibrosis).

Aithal GP, et al.  
Gastroenterology 2008; 135:1176

## NASH: Weight Loss is Beneficial !

1. 9% or greater weight loss resulted in:

- Biochemical improvement
- Histologic improvement (steatosis, ballooning, inflammation)
- Improvement in insulin resistance
- Higher adiponectin levels

Harrison SA, et al.  
Hepatology 2009;49:80

2. Following bariatric surgery, hepatic fibrosis improved or was reversed in 66%.

Furuya CK Jr., et al.  
J Gastro Hepatol 2007;22:510

## Vitamin E May Have Benefit

- 247 Adults with NASH (without diabetes) randomly assigned to pioglitazone (30 mg. daily) Vitamin E (800 IU daily) or placebo for 96 weeks\*.
- Vitamin E group had significant improvement in global histology scores compared with placebo (43% vs 19%).
- Concerns regarding Vitamin E and increased mortality have led many hepatologists to not recommend Vitamin E or to use 400 IU daily.

\* Sanyal, A, et al. Pioglitazone, vitamin E, or placebo for nonalcoholic steatohepatitis. N Engl J Med 2010

1. **Who is this person and how old was he when he died?**  
Voltaire (1694 – 1778) 83 years
2. **How many cups of coffee did he drink every day?**  
50-72 !

## **Mechanism of Protective Effect of Coffee Unknown**

- **Caffeine, cafestol and kahweol protective in experimental studies**
- **Antioxidant effect**
- **Insulin sensitizing effect**
- **Coffee drinkers have higher levels of plasma adiponectin**

**More than 1 Billion People in the World Have Chronic Liver Disease**

**Consuming two cups of coffee per day reduces hospitalization rate and mortality from chronic liver disease by more than 50%**

**Ruhl CE, et al. Gastroenterology 2005;129:1928**

## **References: Coffee and Liver Disease, 2012 Sanjiv Chopra, MD, MACP**

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## Large prospective study; Coffee consumption inversely associated with total and cause-specific mortality.

- Freedman, ND Ph.D., Park, Y Sc.D., Abnet, CC Ph.D., et al. **Association of Coffee Drinking with Total and Cause-Specific Mortality** *N Engl J Med* 2012; 366:1891-1904

*“Coffee is so good, the infidels should not have exclusive use of it.”*

Pope Vincent III

## Potential Approaches to Treatment in the Future

- Will likely include combination therapy and life-style changes.
- Experimental study in a rat model of NASH combining angiotensin II receptor blocker with an oral iron chelator attenuated progression.
- Moderate exercise and coffee consumption likely of benefit.

## Patients with Elevated Transaminases are not at Higher Risk for Statin Hepatotoxicity

	Mild-Moderate Elevations	Severe Elevations
• 1439 with normal transaminases prescribed a statin	1.9%	0.2%
• 342 with elevated transaminases prescribed a statin	4.7%	0.6 %
• 2245 with elevated transaminases <u>not</u> prescribed a statin	6.4%	0.4%

Chalasani et al: *Gastroenterology* 2004;126

## Quiz Answer True or False

1. NAFLD is the most common hepatic disorder in the U.S.
2. Serum ferritin is elevated in 50% of pts with NASH.
3. NASH has been reported in children.
4. Progression to cirrhosis occurs in 15-20% of pts.
5. NASH is likely the leading cause of cryptogenic cirrhosis.

**Quiz (Continued) Answer True or False**

6. The histologic features of NASH maybe seen in Wilson's disease.
7. Both Amiodarone and Tamoxifen can cause NASH.
8. Primary hepatocellular carcinoma has been reported in patients with NASH and cirrhosis.

**Nonalcoholic Steatohepatitis:  
A Checklist for the PCP**

1. Are HAV and HBV antibodies present? If not, patient needs to be vaccinated.
2. Is a Statin indicated? If so, remember that Statins are safe to use in patients with underlying liver disease and may actually decrease the risk of Primary Hepatocellular Carcinoma (PHC).
3. Is the patient overweight? If so, has an exercise program and nutritional counseling been offered?
4. Does the patient have cirrhosis? If so, has an endoscopy been performed to rule out varices? Is the patient undergoing biannual screening for PHC by AFP determinations and ultrasound of the liver?