# Impact of SVR to direct antivirals on liver stiffness in patients with chronic hepatitis C using Mac2 binding protein and PAPAS index compared to Fibro Scan

### Thesis

Submitted for partial fulfillment of MD degree in Internal Medicine

By

#### Marwan Mohammed Alhusseini Mohammed

MSc, Internal Medicine Ain Shams University

**Under Supervision of** 

### Prof. Dr./ Khaled Mohamed Hussein Abdelwahab

Professor of Internal Medicine Faculty of Medicine – Ain Shams University

### **Prof. Dr./ Amir Helmy Samy**

Professor of Internal Medicine Faculty of Medicine – Ain Shams University

### **Assist Prof./ Shereen Abou Bakr Saleh**

Assistant Professor of Internal Medicine Faculty of Medicine – Ain Shams University

### **Dr./ Mohamed Magdy Mohamed Salama**

Lecturer of Internal Medicine Faculty of Medicine – Ain Shams University

### Dr./ Ghada Abdelrahman Ahmed

Lecturer of Internal Medicine Faculty of Medicine – Ain Shams University

> Faculty of Medicine Ain Shams University

2020

# Acknowledgement Acknowledgement Acknowledgement Acknowledgement

First of all, all gratitude is due to Allah Almighty for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.

Really I can hardly find the words to express my gratitude to **Prof. Dr. Khaled Mohamed Hussein Abdelwahab**, Professor of Internal Medicine, Faculty of Medicine – Ain Shams University, for his supervision, continuous help, encouragement throughout this work and tremendous effort he has done in the meticulous revision of the whole work. It is a great honor to work under his guidance and supervision.

I would like also to express my sincere appreciation and gratitude to **Prof. Dr./Amir Helmy Samy**, Professor of Internal Medicine, Faculty of Medicine – Ain Shams University, for his continuous directions and support throughout the whole work.

I cannot forget the great help of Assist Prof./ Shereen Abou Bakr Saleh, Assistant Professor of Internal Medicine, Faculty of Medicine – Ain Shams University, for her invaluable efforts, tireless guidance and for her patience and support to get this work into light.

My great thanks to **Dr./ Mohamed Magdy Mohamed Salama**, Lecturer of Internal Medicine, Faculty of Medicine – Ain Shams University, for his supervision, review of the work, and his kind advises.

Last but not least, I can't forget **Dr./Ghada Abdelrahman Ahmed,** Lecturer of Internal Medicine, Faculty of Medicine – Ain Shams University, for the efforts and time she has devoted to accomplish this work.

Words fail to express my love, respect and appreciation to my Parents and my Wife for their unlimited help, support and pushing me forward in every step of my life.

Marwan Mohammed Alhusseini Mohammed



## **List of Contents**

Subject	Page No.
List of Abbreviations	i
List of Tables	vi
List of Figures	ix
Introduction	1
Aim of the Work	4
Review of Literature	
Liver fibrosis and HCV	5
Non Invasive Diagnosis of liver Fibrosis	37
Mac-2 Binding Protein Glycosylation isomer (M2BPGi) as a fibrosis marker	
Patients and methods	88
Results	98
Discussion	131
Summary	145
Conclusion	149
Recommendations	150
References	151
Arabic Summary	—

### **List of Abbreviations**

## Abbr. Full-term

**2D-SWE** : Real-time 2D shear wave elastography

**AAR** : Aspartate aminotransferase and alanine

aminotransferase ratio (AAR)

**ACE** : Angiotensin-converting enzyme

**ACEI** : Angiotensin converting enzyme inhibitors

**ADC** : Apparent diffusion coefficient

**AFP** : Alpha-feto protein

**AGP** : α1-acid glycoprotein

**AIDS** : Acquired immune deficiency syndrome

**AIH** : Autoimmune hepatitis

**ALD** : Alcoholic liver disease

**ALT** : Alanine aminotransferase

**APRI** : Aspartate aminotransferase-to-platelet ratio index

**ARBs** : Angiotensin receptor blockers

**ARFI** : Acoustic radiation force impulse

**ASK1** : Apoptosis signal-regulating kinase 1

**AST** : Aspartate aminotransferase

**AUC** : Area under curve

**AUROC** : Area under the receiving operating characteristics

**BMI** : Body mass index

CB antagonist: Cannabinoid antagonists

**CDCA** : Chenodeoxycholic acid

**CHC** : Chronic hepatitis C infection

**COI** : Cut off index

**CT** : Computed tomography

**CTGF** : Connective tissue growth factor

**CTL** : Cytotoxic T lymphocytes

**CVC** : Cenicriviroc

**DAAs** : Direct acting antiviral agents

**DAC** : Dacltasvir

**DAMPs**: Damage-associated molecular patterns

**DCE** : Dynamic contrast enhanced

**DCs** : Dendritic cells

**DTR** : Diphtheria toxin receptor

**DWI** : Diffusion weighted imaging

**EASL**: European Association for the Study of the Liver

**ECM** : Extracellular matrix

**EGF** : Epidermal growth factor

**EGFR** : Epidermal growth factor receptor

**ELF** : European Liver Fibrosis

**EMT** : Epithelial-to-mesenchymal transition

**EndoMT**: Endothelial-to-mesenchymal transition

**EOT** : End of treatment

**F/U**: Follow-up

**FIB-4** : Fibrosis-4 score

**FXR** : Farnesoid X receptor

**GGT** :  $\gamma$  glutamyl transferase

**GR-MD-02**: Galactoarabino-rhamnogalaturonan

**GT1** : Genotype 1

**HA** : Hyaluronic acid

**HBV**: Hepatitis B virus

**HCC**: Hepatocellular carcinoma

**HCV**: Hepatitis C virus

**HIV** : Human immunodeficiency virus

**HO-1** : Heme oxygenase 1

**HSCs**: Hepatic stellate cells

**HSP47** : Heat shock protein 47

**HVPG**: Hepatic venous pressure gradient

**IQR** : Inter quartile range

**kPa** : Kilopascals

KTA-HCM: Knowledge and technology association for

hepatitis C management

**LIF** : Liver inflammation and fibrosis

**LS**: Liver stiffness

**LSMs**: Liver stiffness measurements

**M2BPGi**: Mac-2 Binding Protein Glycosylation isomer

**MAPK** : Mitogen-activated protein kinase

**MBT** : Methacetin breath test

**MFAP-4** : Microfibril-associated glycoprotein 4

**MFBs** : Myofibroblasts

**MMP** : Matrix metalloproteinase

**MMP-2** : Metalloproteinase 2

**MMT** : Mesothelial-to-mesenchymal transition

**MRE** : Magnetic resonance elastography

**MRI** : Magnetic resonance imaging

**MRS** : Magnetic resonance spectroscopy

NAC : N-acetylcysteine

**NADPH** : Nicotinamide adenine dinucleotide phosphate

**NAFLD**: Non-alcoholic fatty liver disease

**NASH** : Nonalcoholic steatohepatitis

**OELF**: Original European Liver Fibrosis

**PAMPs**: Pathogen-associated molecular patterns

PAPAS INDEX: (Platelet/Age/Phosphatase/AFP/AST) index

**PBC**: Primary biliary cirrhosis.

**PDGF** : Platelet-derived growth factor

**PICP**: Procollagen type I carboxy terminal peptide

**PIIINP**: Procollagen type III amino-terminal peptide

**PON-1**: Paraoxonase 1

**PPAR-** $\gamma$  : Peroxisome proliferator-activated receptor  $\gamma$ 

**PSC**: Primary sclerosing cholangitis

**pSWE**: Point shear wave elastography

**RANTS** : Regulated upon activation normal T cell

expressed and presumably secreted

**RBV**: Ribavirin

**ROS** : Reactive oxygen species

**RTC** : Randomized control trial

**RTE** : Real-Time Elastography

siRNA : Small interfering RNA

**SOF** : Sofosbuvir

**SVR** : Sustained virologic response

**TE** : Transient elastography

**TGFβ1** : Transforming growth factor β1

**TGR5** : G-protein-coupled membrane receptor 5

**TIMPs**: Tissue inhibitors of matrix metalloproteinases

**TLR2** : Toll-like receptor 2

TNF : Tumor necrosis factorUDCA : Ursodeoxycholic acid

**ULN**: Upper limit of normal

**VEGF** : Vascular endothelial growth factor

**VTTQ** : Virtual Touch<sup>TM</sup> Tissue Quantification

WFA+M2BP: Wisteria floribunda agglutinin-positive human

Mac-2-binding protein

**WHO**: World Health Organization

**α-SMA** : α-smooth muscle actin

## **List of Tables**

Table No	. Title	Page No.
<b>Table (1):</b>	Genetic and non-genetic factors ass with fibrosis progression in different of chronic liver diseases	nt types
<b>Table (2):</b>	Major studies investigating the efficient treatment for biopsy-proven liver in relation to hepatitis virus infection	fibrosis
<b>Table (3):</b>	Major studies investigating the efficient treatment for biopsy-proven liver in non-viral chronic liver diseases	fibrosis
<b>Table (4):</b>	Summary of the ongoing clinical tria fibrosis reversal endpoints	
<b>Table (5):</b>	Pros and cons of methods for liver be	iopsy 39
<b>Table (6):</b>	Indirect serum markers of liver fibro	sis 61
<b>Table (7):</b>	The prognostic value of Mac-2l patients with liver cirrhosis hepatocellular carcinoma	and
<b>Table (8):</b>	Differences in Mac-2 bp COI between stages of fibrosis among p with liver disease	patients
<b>Table (9):</b>	Castera liver stiffness cut off value transient elastography in chronic h	epatitis
<b>Table (10):</b>	Demographic characteristics amosstudied cases	_

<b>Table (11):</b>	Gender distribution and basal clinical characteristics among the studied cases (N=80)
<b>Table (12):</b>	HCV characteristics and treatment regimen among the studied cases (N=80)99
<b>Table (13):</b>	Liver ultrasound (U/S) imaging among the studied cases (N=80)
<b>Table (14):</b>	Laboratory findings among the studied cases (1/2)
<b>Table</b> (15):	Laboratory findings among the studied cases (2/2)
<b>Table (16):</b> 1	Non-invasive parameters among the studied cases
<b>Table (17):</b>	Fibroscan stages among the studied cases 112
<b>Table (18):</b>	Non-invasive parameters among the different fibrosis stages at baseline and after achieving SVR
<b>Table (19):</b>	Correlations of MAC-2bp score with other parameters at baseline and after achieving SVR
Table (20):	Correlations of MAC-2bp score with other non-invasive parameters at baseline and after achieving SVR
<b>Table (21):</b>	Correlations between noninvasive parameters with each other at baseline 120
<b>Table (22):</b>	Correlations between noninvasive parameters with each other at SVR 12 120

<b>Table (23):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F4 (cirrhotic) from F0-3 (non-cirrhotic) (F4) 121
<b>Table (24):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F3 from F0-2 (F≥3)
<b>Table (25):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F2 from F0-1 (F≥2)
Table (26):	Diagnostic performance of non-invasive parameters in differentiating stages F3-4 (advanced fibrosis) from F0-2 (non-advanced fibrosis)
Table (27):	Diagnostic performance of non-invasive parameters in differentiating stages F2-4 (significant fibrosis) from F0-1 (non-significant fibrosis)

## **List of Figures**

Figure No	. Title	Page No.
Figure (1):	Pathogenesis of liver fibrosis	9
Figure (2):	Mechanisms of HCV-associated fibrosis	
Figure (3):	Liver fibrosis progression and resol	ution 25
<b>Figure</b> (4):	Mechanisms by which antife therapies may lead to fibrosis regres	
<b>Figure (5):</b>	The fibroscan and it M-probe	65
Figure (6):	2D SWE – US image of the liver w SWE.	
<b>Figure (7):</b>	Assessment of liver fibrosis with (magnetic resonance elastograph three patients with chronic liver dise	y) in
Figure (8):	Magnetic resonance elastograph performed in a standard scanner	•
Figure (9):	The role of MAC-2BP in the program of liver fibrosis	
<b>Figure (10):</b>	Treatment regimen among studied (N=80)	
<b>Figure</b> (11):	Liver U/S imaging among the scases.	
<b>Figure (12):</b>	Hemoglobin among the studied cas	es 103
<b>Figure (13):</b>	WBC among the studied cases	103
<b>Figure (14):</b>	Platelets among the studied cases	104
<b>Figure (15):</b>	ALT among the studied cases	104

<b>Figure (16):</b>	AST among the studied cases105
<b>Figure (17):</b>	ALKP among the studied cases105
<b>Figure (18):</b>	Albumin among the studied cases 106
<b>Figure (19):</b>	Total bilirubin among the studied cases 106
<b>Figure (20):</b>	Creatinine among the studied cases 107
<b>Figure (21):</b>	PC among the studied cases 107
<b>Figure (22):</b>	INR among the studied cases 108
<b>Figure (23):</b>	AFP among the studied cases
<b>Figure (24):</b>	Liver stiffness measurement (Kpa) among the studied cases
<b>Figure (25):</b>	PAPAS score among the studied cases 110
<b>Figure (26):</b>	MAC-2bp score among the studied cases 111
<b>Figure (27):</b>	Fibroscan stages among the studied cases 113
<b>Figure (28):</b>	PAPAS score among the fibrosis stages 115
<b>Figure (29):</b>	Mac-2bp score among the fibrosis stages 115
<b>Figure (30):</b>	Correlations between MAC-2bp score and liver stiffness measurement (LSM) at baseline
<b>Figure (31):</b>	Correlations between MAC-2bp score and liver stiffness measurement (LSM) after achieving SVR12
<b>Figure (32):</b>	Correlations between MAC-2bp score and liver stiffness measurement (LSM) changes after achieving SVR12119
<b>Figure (33):</b>	Diagnostic performance of different non- invasive parameters in differentiating stages F4 from F0-3 at baseline

<b>Figure (34):</b>	Diagnostic performance of different non- invasive parameters in differentiating stages F4 from F0-3 after SVR12 122
<b>Figure (35):</b>	Diagnostic performance of different non- invasive parameters in differentiating stages F3 from F0-2 at baseline
<b>Figure (36):</b>	Diagnostic performance of different non- invasive parameters in differentiating stages F3 from F0-2 after SVR12
<b>Figure (37):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F2 from F0-1 at baseline
<b>Figure (38):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F2 from F0-1 after SVR12
<b>Figure (39):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F3-4 from F0-2 at baseline
Figure (40):	Diagnostic performance of non-invasive parameters in differentiating stages F3-4 from F0-2 after SVR12
<b>Figure</b> (41):	Diagnostic performance of non-invasive parameters in differentiating stages F2-4 from F0-1 at baseline
<b>Figure (42):</b>	Diagnostic performance of non-invasive parameters in differentiating stages F2-4 from F0-1 after SVR12

#### ABSTRACT

Background: New direct-acting antivirals (DAA) has dramatically increased the cure rate in patients with chronic hepatitis C and result in improvement in liver stiffness measured by transient elastography (TE) in patients with sustained virologic response (SVR). Multiple non-invasive methods have been used successfully in the of liver fibrosis. Mac-2 Binding Protein Glycosylation isomer (M2BPGi) is a novel serological glyco-biomarker for staging liver fibrosis. Aim of the work: We aimed to evaluate the impact of sustained virologic response (SVR) to direct antivirals on liver stiffness using the serum level of Mac-2 binding protein in patients with compensated chronic HCV who received direct acting antivirals (DAAs) according to National Committee for Combating Viral Hepatitis before (baseline) and after (sustained virologic response week 12) treatment, and to assess how this biomarker was correlated with another standard non-invasive methods of fibrosis assessment, FIB-4, PAPAS index and Fibro scan. Patients and Methods: Our cohort study consisted of 80 Egyptian patients with compensated chronic HCV who received direct acting antivirals (DAAs) (65 patients received sofosbuvir/ daclatasvir and 15 patients received sofosbuvir/ daclatasvir/ ribavirin) according to National Committee for Combating Viral Hepatitis. All patients were subjected to clinical evaluation, laboratory investigations, abdominal ultrasonography, transient elastography (Fibroscan) in addition to non-invasive indices (Mac-2bp, PAPAS index, and FIB-4). Fibroscan, Mac-2bp, FIB-4 and PAPAS index were measured in all patients at base line before treatment and 12 weeks after end of treatment (EOT) and achievement of SVR. Results: The current study showed that the mean value of LSM, FIB-4, PAPAS index and Mac-2bp at baseline were 11.4±9.5, 1.8±1.3, 2.2±0.5, and 9.0±8.8 and after achieving SVR 9.5±6.3, 1.3±0.7, 2.1±0.3 and 6.7±7.3 respectively with significant improvement in all parameters (P=0.002, <0.001, 0.010 and <0.001 respectivily). ALT, AST and ALP significantly decreased after achieving SVR 12 while Albumin and Platelets significantly increased after achieving SVR 12. Mac-2 bp levels increased with the progression of liver fibrosis. The areas under the curve (AUROC) of Mac-2bp at baseline in  $F \ge 2$ ,  $F \ge 3$  and  $F \le 4$  were 0.710, 0.569, and 0.801 respectively and after achieving SVR were 0.583, 0.893, and 0.844 respectively. (AUROC) of Mac-2bp for differentiating advanced fibrosis (F3-4) from non-advanced fibrosis (F0-2) at baseline and after achieving SVR were 0.730 and 0.891 respectively. Mac-2bp after achieving SVR12 had more favorable diagnostic accuracy for distinguishing advanced liver fibrosis (F3-4) from non-advanced fibrosis (F0-2) with an AUC 0.891.

Conclusion: Mac-2 binding protein (Mac-2bp) is a simple and reliable noninvasive marker for liver fibrosis assessment in patients with chronic hepatitis C. Liver stiffness measurements (LSM) evaluated using transient elastography (TE) significantly decreased overall in patients with chronic HCV infection who received direct-acting antivirals (DAAs) therapy and achieved sustained virologic response 12 weeks after end of treatment (SVR12).

**Keywords:** SVR, Mac-2bp, DAAs, LSM