



Thomas Berg

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Q1 Was there a particular event or person that encouraged you to pursue a career in hepatology?

The truth is my interest and fascination for liver and hepatology was very much influenced by my father, who was a pathologist and immunologist working on autoimmune liver diseases. Perhaps, working in hepatology is genetic or epigenetic for me. He was fascinated early on by the fact the liver is an organ that mediates tolerance, and I have to say, I have always felt very much at home in the scientific hepatology community because of its tolerance. It is a funny way of thinking, but you can wonder if there is a connection between the properties of an organ and the people who are studying it.

I started my career at the Charité, a joint-medical faculty of the Humboldt University and University of Berlin, and learnt a lot from my mentor there, Prof Uwe Hopf, who was a great clinician. Also from this establishment, Peter Neuhaus who is a well-known and innovative transplant surgeon.

Q2 The University in Leipzig is thought of as one of the oldest and most prestigious in Germany. What do you think other university hospitals could learn from the approach taken there?

It is true the University has a very long tradition, not only in biomedical science but also in music. Looking back at when the Berlin Wall divided Germany, setbacks in research arose due to the dependency of exchange across borders, which was very limited. What was and is still special and unique about Leipzig, is how they were able to rebuild the university structures from scratch after the Berlin Wall came down, this is still a very exciting process. Therefore, the challenges we often face, like the current COVID-19 pandemic,

help us to rethink our position and sometimes even accelerate breakthroughs.

Q3 Since your appointment as Head of the Department of Hepatology at the Leipzig University Medical Centre, Germany, what has been your proudest achievement?

The motto at Leipzig University Medical Centre is ‘teamwork builds success’, and perhaps one of the most important achievements is the formation of various interdisciplinary interest groups around patients diagnosed with different forms of liver disease. We are now able to concentrate expertise around the patient, so they do not have to go to different places to get specialised care. We have also developed several interdisciplinary centres.

With regards to personal research, I could mention studies carried out on the individualisation of hepatitis C therapy to induce a cure, and innovations in hepatitis B including diagnostics and therapy. We have recently introduced new biomarkers to study treatment success. More recently, studies on liver regeneration for patients with acute or chronic liver failure.

Q4 Can you talk about the ways in which the International Liver Congress (ILC) 2021 will be living up to its aims to empower patients and create a dialogue aimed at optimal healthcare benefits?

This annual meeting is like an inventory, acknowledging where we stand currently in terms of knowledge and understanding of the underlying mechanisms of liver disease. There is a special focus on issues related to how we optimise the diagnostics and treatments of liver disease.



The highlights and innovations presented during the ILC may change the way we treat patients with liver disease. These are selected with help from patient groups and are available in the form of webinars or even podcasts etc., which can all be seen on our website and shared with the patients. Then we have patient symposia during or after the ILC, used as ways to disseminate information whilst bringing liver experts and patients together.

We also have our first guidelines written for patients diagnosed with common fatty liver disease, which will be presented during the ILC. Additionally, the relationship with the media is an equally important way of disseminating the information on recent innovations.

Q5
You are currently serving as Vice-Secretary General for European Association for the Study of the Liver (EASL). Could you please explain what this position entails and how it contributes to the success of the ILC?

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The Secretary General and Vice-Secretary work together with a governing board for a period of 2 years, after this the Vice-Secretary becomes the Secretary General to mark a total term of 4 years. The reasoning for this is allow continuation of the achievements and innovations of your predecessor and begin early work for the following year.

Concerning ILC, as Vice-Secretary I am closely involved and jointly responsible for the final programme including lecture selection, session composition, and implementation of live studio sessions. These sessions will play a large part of this year's ILC, with three to four a day, discussing with delegates and international experts. Although there will not be a face-to-face meeting, we will try to have the highest level of interactivity in the digital meetings and create a platform where people can really connect. I am very much behind this philosophy.

Q6
You currently have more than 200 international publications to your name, with research spanning chronic viral hepatitis, liver transplantation, liver

disease, and liver failure, to name a few. What do you believe to be the current gaps in literature and what topics merit greater attention?

I think the increase in knowledge and the number of publications, especially in pathology, is remarkable. This is reflected in the growth of our EASL journal in just a few years, and this shows where the interest lies in your research.

In my opinion, the research should be on two things. Firstly, the management of patients diagnosed with liver cancer and how to preserve the liver function during cancer treatment. Most research is currently focussed on finding better drugs to treat the cancer. This is a relevant issue because a significant percentage of patients diagnosed with liver cancer do not die from cancer progression, but from deterioration of liver function until failure. I think we need to do more studies on how to preserve liver function in these patients.

The second point relates to the palliative care of patients diagnosed with cirrhosis, and the stigma associated with liver disease, especially if it is alcohol induced cirrhosis. Decompensated cirrhosis is not curable, especially if a patient does not have the chance to get a transplant as this is available for very few patients. We need to study more how to improve the quality of life for these patients and find ways to increase liver regeneration, in turn bringing a better palliative care concept to patients. In comparison, we are doing much more at current for patients diagnosed with advanced and curable end stage cancer disease.

Q7 Are there any innovations on the horizon in the field of liver research that you think are particularly noteworthy?

In recent years there has been a rise in the awareness of liver cancer importance and new systemic therapy, particularly immune checkpoint inhibitor-based combination therapy. This is a very important step forward in the management of patients diagnosed with cancer. We also have an increasingly better understanding of which diseases lead to liver cancer and how early treatment of these conditions could prevent it, clearly shown through the cure of hepatitis C helping to prevent cancer. There are fantastic long-term studies showing that with the invention of curative therapies, the number of decompensated cirrhosis transplantations and cancers due to hepatitis C have declined rapidly. There are large multicentre trials starting to evaluate novel treatment approaches in patients diagnosed with chronic liver failure.

Q8 What advice would you give new trainees just beginning their careers in hepatology?

Well, depending on the individual's personality, there are different approaches, but my personal view is get to work with real enthusiasm and stick to it, stay curious, and always ask questions if unsure. Work on how to close knowledge gaps, even if they are only small as they are still significant. There will always be drawbacks in your career, and it is easy to compare yourself with your peers; you might see some fellow researchers achieving their goals faster than yourself. But in my view, serious continued scientific endeavours will always be recognised by the scientific community. ■

