ANTIVIRAL TREATMENT DISCONTINUATION IN PATIENTS WITH HEPATITIS B

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The objective was to characterize the population in treatment with NAs and analyze patients who met requirements for treatment discontinuation.

Background and Importance

Studies suggest the safest strategy of treatment discontinuation with nucleos(t)ide analogues (NAs) against hepatitis B virus (HBV), is proposed after loss surface antigen (HBsAg).

Evidence supports the possibility of discontinuing NAs in the following situations:

- Patients with positive e antigen (HBeAg) without cirrhosis: after negativization of HBV-DNA and HBeAg seroconversion, confirmed in 2 determinations separated by 3-6 months and after NAs at least 12 months.
- Patients with negative HBeAg, without advanced fibrosis early in treatment: after negativization of HBV-DNA for at least 3 years and HBsAg clearance (qHBsAg) ≤1000 IU/mL.

Aim and Objectives

The objective was to characterize the population in treatment with NAs and analyze patients who met requirements for treatment discontinuation.

Material and Methods

Cross-sectional, descriptive, retrospective study of patients under active treatment with NAs between August 2020-August 2021.

Variables collected: demographic, NAs used, treatment duration and clinical (positive or negative HBeAg, HBeAg seroconversion, HBV-DNA, qHBsAg, degree of hepatic fibrosis, HBsAg loss, virological relapse (RV) (HBV-DNA>2000 IU/ml after treatment discontinuation).

Results

- 50 patients were included (70% men)
- Median age: 56 years (IQR:48-66)
- Median of treatment duration: 66 months (IQR: 27-108)
- 62% were treated with tenofovir disoproxil fumarate and 38% with entecavir

Patients with positive e antigen (HBeAg) without cirrhosis: after negativization of HBV-DNA and HBeAg seroconversion, confirmed in 2 determinations separated by 3-6 months and after NAs at least 12 months.

Patients with negative HBeAg, without advanced fibrosis early in treatment: after negativization of HBV-DNA for at least 3 years and HBsAg clearance (qHBsAg) ≤1000 IU/mL.

qHBsAg
- 32% of patients had qHBsAg ≤1000 IU/ml
- 28% of patients had qHBsAg ≥1000 IU/ml
- 40% of patients had qHBsAg not determined

30% had advanced fibrosis

- In 12% of patients with positive HBsAg, treatment discontinuation could be considered. All of them had HBsAg negative, fibrosis F0-F1 at the beginning of treatment, negative HBV-DNA maintained at least 3 years and qHBsAg ≤1000 IU/ml.
- HBsAg loss occurred in 6% of patients who had not discontinued treatment and 16% of patients had to restart treatment for RV

Conclusion and Relevance

✓ Study population includes patients who meet criteria for treatment discontinuation.
✓ Treatment discontinuation requires close follow-up to detect RV.
✓ In patients with HBsAg loss, treatment was not discontinued due to advanced fibrosis.