PS-101. RISK MANAGEMENT OF HBV REACTIVATION IN HEMATOLOGIC PATIENTS TREATED WITH RITUXIMAB

A. Tristancho-Pérez¹, M. J. Fobel-Lozano¹, S. Artacho-Criado¹, C. J. Jiménez¹, E. Álvaro-Sanz², M. Manzano-García¹, E. Gómez-Fernández¹, M. I. Guzmán-Ramos¹, C. Haro-Márquez¹.

¹Hospital Universitario de Valme, Hospital Pharmacy, Seville, Spain.
²Hospital Universitario Costa del sol, Hospital Pharmacy, Marbella (Malaga), Spain.

BACKGROUND

• Treatment with rituximab may cause reactivation of hepatitis B virus (HBV)

OBJECTIVES

• To evaluate if HBV serology for patients with hematologic diseases treated with rituximab is routinely performed and adapted to the prophylaxis HBV reactivation protocol. According to the results, to develop a strategy to ensure the compliance of the protocol.

MATERIALS AND METHODS

• Design: Observational retrospective study
• Population: patients with hematological diseases who started treatment with rituximab between December 2012 and April 2014
• Variables: Date of initiation of treatment with Rituximab, date and results of serology (HBsAg, anti-HBc, viral DNA)
• Prophylaxis protocol HBV reactivation establishes to perform screening before starting treatment with rituximab and, according to the serological results, follow the recommendations of European Association for Study of the Liver and Asociación Española para Estudio del Hígado

RESULTS

✓ 96 patients were included
✓ The compliance with the protocol was not performed in 24 patients (25%)

Non-compliance with the protocol 25% (n=24)

Lack screening of HBV 22% (n=21)

Patients with positive anti-HBc 3% (n=3)

None of the 3 patients received recommended prophylactic treatment according to the protocol by positive anti-HBc

✓ We propose a strategy to get the proper HBV screening and monitoring of all patients treated with rituximab. This strategy is (like essential requisite prior to the pharmaceutical validation) ensuring that the serological profile of HBV is available and that preventive actions and treatments have been carried according to the serology.

CONCLUSIONS

The causes of risk of reactivation of HBV detected were: absence of HBV serology and absence of viral DNA levels and / or recommended prophylactic treatment according to the protocol in cases of anti-HBc positive. It is proposed as a strategy to prevent HBV reactivation, including serological profile as requirement for pharmaceutical validation of those patients treated with rituximab.