



# ANALYSIS OF THE HEPATITIS B VIRUS REACTIVATION AFTER CYTOTOXIC CHEMOTHERAPY WITH RITUXIMAB

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# Background

Reactivation of hepatitis B virus (HBV) is a well-recognized complication in patients with chronic HBV infection who receive cytotoxic or immunosuppressive therapy.

Patients undergoing rituximab should be checked routinely for HBV serologic markers and serum HBV DNA levels and this is not a fully established practice.

# Purpose

The aim of this study is to assess whether the initiation of prophylaxis to prevent HBV reactivation in patients treated with Rituximab is adapted to the recommendations of reference guides

### Material and methods

Selected patients treated with Rituximab of January 2013 to May 2014 through Oncofar® program, review the HBV serology, and if they have received prophylaxis with antiviral program through

Outpatient Farmatools®.

# Results

94 patients received Rituximab, 9 patients were excluded due to death. Serology requested at baseline was HBs Ag and anit-HBc. 72/83 (87%) patients were seronegative. 11/83 (13%) had HBsAg -a and anti- HBc + . 6/11 (54%) had received prophylaxis, two with lamivudine 100 mg / day, two with entecavir 0.5 mg / day, one with Tenofovir 245 mg / day and the last with tenofovir / emtricitabine. In two of the cases began treatment after onset of rituximab 5/11 received no prophylaxis. In one HBV reactivation occurred within three months of the start of rituximab with positivization significant increase serology and DNA but without clinical involvement.

This patient received following reactivation entecavir 0.5 mg / day.

## Conclusions

Every patient undergoing rituximab should be checked for HBsAg and total anti-HBc before the initiation of treatment. It is of great interest to identify identity patients who have a serological risk profile to develop a picture of fulminant hepatitis with HBV reactivation associated.

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These are patients with HBs Ag - with anti-HBc +, Prophylaxis Should begin one week before and

up to 6-12 months after the end of rituximab

### No conflict of interest