



ANTIVIRAL TREATMENT DISCONTINUATION IN PATIENTS WITH HEPATITIS B

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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.

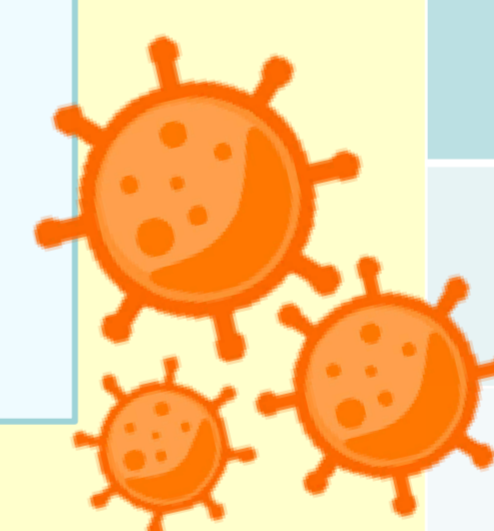
MATERIAL AND METHODS

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).

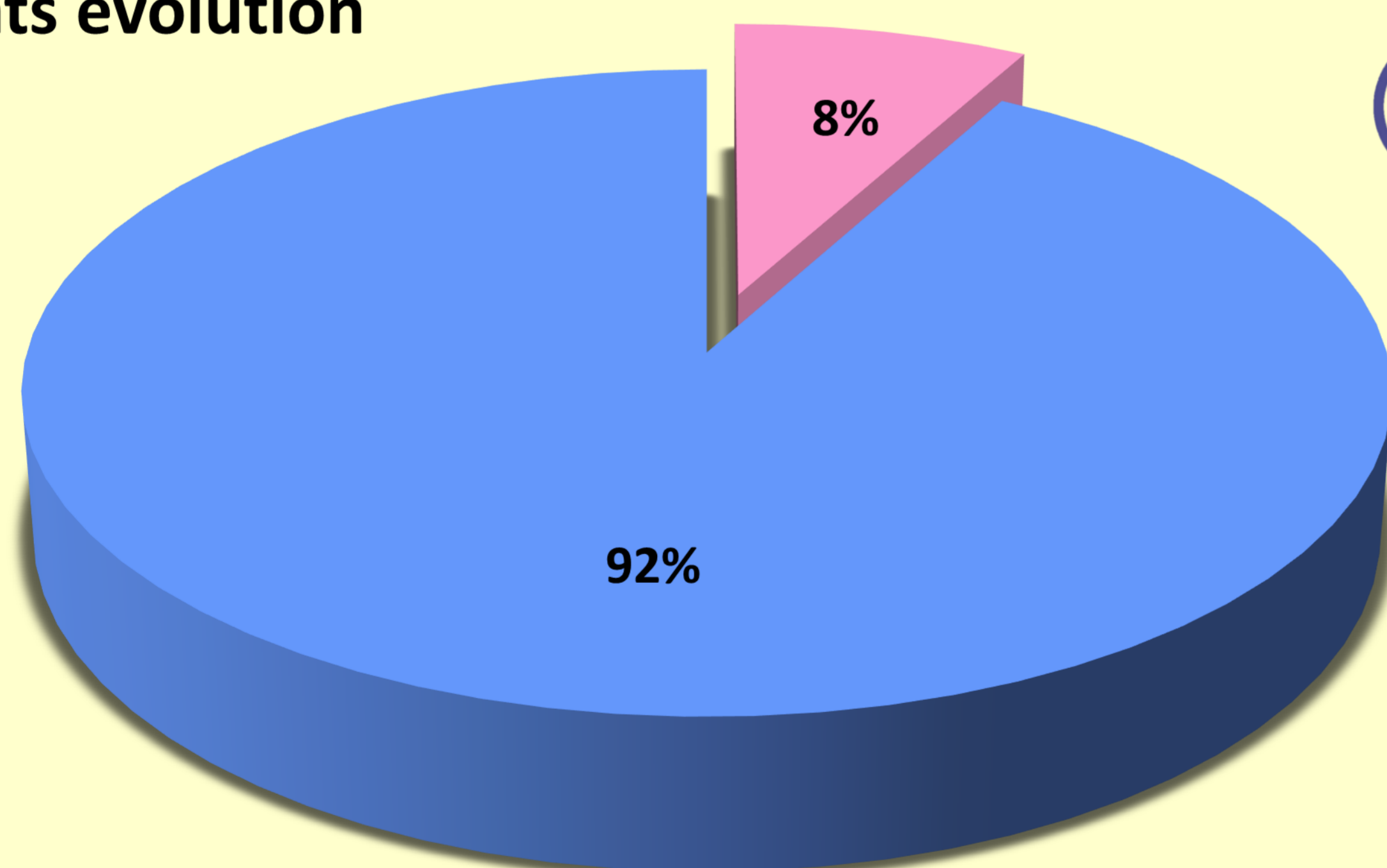
RESULTS

- 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 fumarato and 38% with entecavir



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

Patients evolution



30% had advanced fibrosis

- In 12% of patients with positive HBsAg, treatment discontinuation could be considered. All of them had HBeAg 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

- patients with positive HBeAg without seroconversion and without negative HBV-DNA
- patients with negative HBeAg with seroconversion and negative DNA-HBV

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.

