DYNAMICS OF HEPATITIS B CORE-RELATED ANTIGEN DURING POST-TREATMENT MONITORING TO PREDICT CLINICAL RELAPSE FOLLOWING CESSATION OF NUCLEOS(T)IDE ANALOGS

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In a multicenter study of 203 chronic hepatitis B patients who stopped nucleos(t)ide analog therapy, dynamic HBcrAg measurement predicted clinical relapse risk with levels below 1,000 U/mL associated with lower relapse rates.

KEY POINTS

- Clinical relapse (ALT > 80 U/L with recurrent viremia) occurred in 104 of 203 patients during median follow-up of 31.7 months, with 5-year cumulative incidence of 54.8%
- Time-varying HBcrAg levels significantly predicted subsequent clinical relapse (adjusted hazard ratio 1.43 per log U/mL, 95% CI 1.16-1.76) after adjusting for end-of-treatment HBsAg, anti-HBe antibody, and ALT
- HBcrAg levels below 1,000 U/mL during follow-up were associated with substantially lower risk of clinical relapse (adjusted hazard ratio 0.31, 95% CI 0.17-0.57)
- All patients had negative HBeAg and undetectable HBV DNA at treatment cessation after median 36.9 months of entecavir or tenofovir therapy
- This multicenter analysis suggests HBcrAg monitoring may help guide post-treatment surveillance strategies in patients discontinuing nucleos(t)ide analog therapy

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