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Summary

Individualised management of patients with chronic hepatitis B

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Individualised management of chronic hepatitis B requires using hepatitis B surface antigen levels to guide treatment cessation and interferon add-on strategies, risk scores to safely discontinue HCC surveillance in selected patients, and recognition that concurrent metabolic dysfunction significantly impacts liver disease progression despite antiviral therapy.

KEY POINTS

- The speaker stated that patients with surface antigen below 100 IU/mL at treatment cessation are more likely to achieve S-antigen loss and have lower risk of ALT flares, while one in three patients who stop treatment experience ALT flares according to a cohort of almost 2000 patients.
- Patients with both low DNA and low S-antigen at 24 weeks after stopping treatment have excellent long-term outcomes and the highest probability of surface antigen clearance, while others should be retreated given high relapse risk.
- For interferon add-on treatment in a meta-analysis of 531 patients, overall S-antigen loss was 9 percent, but patients with S-antigen below 100 at treatment start are very likely to respond while those above 1000 are very unlikely to achieve response.
- The PAGE-B score based on age, gender, and platelet count identifies patients at negligible HCC risk in whom surveillance can be safely discontinued, potentially reducing surveillance requirements by almost 60 percent according to the speaker.
- More than 60 percent of HBV patients have metabolic comorbidities and about one in three has concurrent MASLD, which the speaker stated is an independent predictor of adverse liver outcomes and reduces the likelihood of fibrosis improvement despite antiviral treatment.

– Pre-treatment liver stiffness should not be used to discontinue HCC surveillance because almost a third of patients with advanced fibrosis had liver stiffness below 6 after five years of treatment but HCC risk remained elevated.

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