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Summary

Impact of New Treatment Guidelines in the Region: Is It Time to Treat Everyone?

Oscar Beltrán Galvis

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The speaker argues that Latin America should expand hepatitis B treatment guidelines beyond traditional criteria to improve the region's low 2.4% treatment rate and meet WHO 2030 elimination targets, despite implementation challenges in resource-limited settings.

KEY POINTS

- Latin America has 3 million people with hepatitis B, but only 21% are diagnosed and 2.4% are on treatment, far below WHO 2030 objectives, with genotype F predominating and associated with more severe disease and higher HCC risk as stated by the speaker
- The speaker presented advantages of expanded treatment including a reported 10% increase in treatment access, reduced mother-to-child transmission risk (stated as approximately 30% with high maternal viremia), decreased HCC incidence, and improved quality of life
- Disadvantages include non-adherence around 25%, potential overtreatment in immune-tolerant patients, and TDF-related risks of chronic kidney disease (5%) and bone disease (2-5% in patients over 60 years) as reported by the speaker
- The speaker emphasized that simplified WHO guidelines are better suited than individualized AASLD/APSL guidelines for the region since only five Latin American countries are high-income and primary care physicians need training in hepatitis B management
- Implementation requires a regionalized approach addressing each country's different prevalence and healthcare access, scaling up diagnostic infrastructure including point-of-care HBV DNA assays, and ensuring consistent drug supply
- The speaker stated that while effective nucleos(t)ide analogue treatment reduces complications, it does not cure hepatitis B, and the region awaits new drugs for functional or virological cure

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