

EFFICACY AND SAFETY OF BULEVIRTIDE WITH OR WITHOUT PEGYLATED INTERFERON IN THE TREATMENT OF CHRONIC HEPATITIS D: A SYSTEMATIC REVIEW AND META-ANALYSIS WITH META-REGRESSION

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Poster

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A systematic review and meta-analysis of 310 patients from randomized controlled trials found that bulevirtide combined with pegylated interferon achieved significantly higher rates of undetectable hepatitis D virus RNA at 24 weeks post-treatment compared to bulevirtide monotherapy.

KEY POINTS

- Combination therapy with bulevirtide and pegylated interferon was associated with a significantly higher rate of undetectable HDV RNA at 24 weeks compared to bulevirtide monotherapy, with a risk ratio of 2.23 and 95 percent confidence interval of 1.05 to 4.73.
- The meta-analysis included 310 patients from several randomized controlled trials and followed PRISMA guidelines with data analyzed using a random-effects model.
- Meta-regression analysis revealed no significant association between bulevirtide dose and virological response, indicating no dose-dependent effect was observed.
- Hepatitis D virus is characterized as the most severe form of viral hepatitis with rapid progression to cirrhosis, and bulevirtide is a novel entry inhibitor providing a targeted therapeutic approach.
- This material is most relevant for hepatologists and infectious disease specialists evaluating treatment strategies for chronic hepatitis D infection.

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