Τα επίπεδα HBV-RNA κατά την διακοπή της θεραπείας με νουκλεοσιδικά ανάλογα σε HBeAg-αρνητικούς ασθενείς σχετίζονται με τον κίνδυνο έξαρσης της ηπατίτιδας Β

Baseline serum HBV RNA is associated with the risk of hepatitis flare after stopping nucleoside analog therapy in HBeAg-negative participants

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Abstract

Background and Aims: HBV RNA in peripheral blood reflects HBV cccDNA transcriptional activity and may predict clinical outcomes. The prospective Melbourne HBV-STOP trial studied nucleot(s)ide analog discontinuation in HBeAg-negative non-cirrhotic participants with long-term virological suppression. Ninety-six weeks after stopping treatment, the proportion of participants with virological relapse (HBV DNA > 2000 IU/mL), biochemical relapse (ALT > 2 × ULN and HBV DNA > 2000 IU/mL), or hepatitis flare (ALT > 5 × ULN and HBV DNA > 2000 IU/mL) was 89%, 58%, and 38%, respectively. We evaluated the ability of serum HBV RNA levels to predict these outcomes.

Approach & Results: HBV RNA levels were measured using the Roche cobas 6800/8800 HBV RNA Investigational Assay. Sixty-five participants had baseline and longitudinal off-treatment specimens available for RNA testing. HBV RNA was detectable at baseline in 25% of participants and was associated with a higher risk of biochemical relapse (81% vs. 51%, p value 0.04) and hepatitis flare (63% vs. 31%, p value 0.04). Participants who had undetectable serum HBV RNA as well as HBsAg ≤ 100 IU/mL at baseline were less likely to experience virological relapse (4 of 9, 44%) than participants with detectable HBV RNA and HBsAg level > 100 IU/mL (15/15, 100%; p value 0.0009). Off-treatment levels of HBV RNA were correlated with HBV DNA and were associated with the risk of hepatitis flare.

Conclusions: Serum HBV RNA may be a useful biomarker for guiding clinical decision-making before stopping nucleot(s)ide analog therapy. Baseline HBV RNA and HBsAg levels are associated with the risk of clinical relapse, hepatitis flare, and disease remission off-treatment.

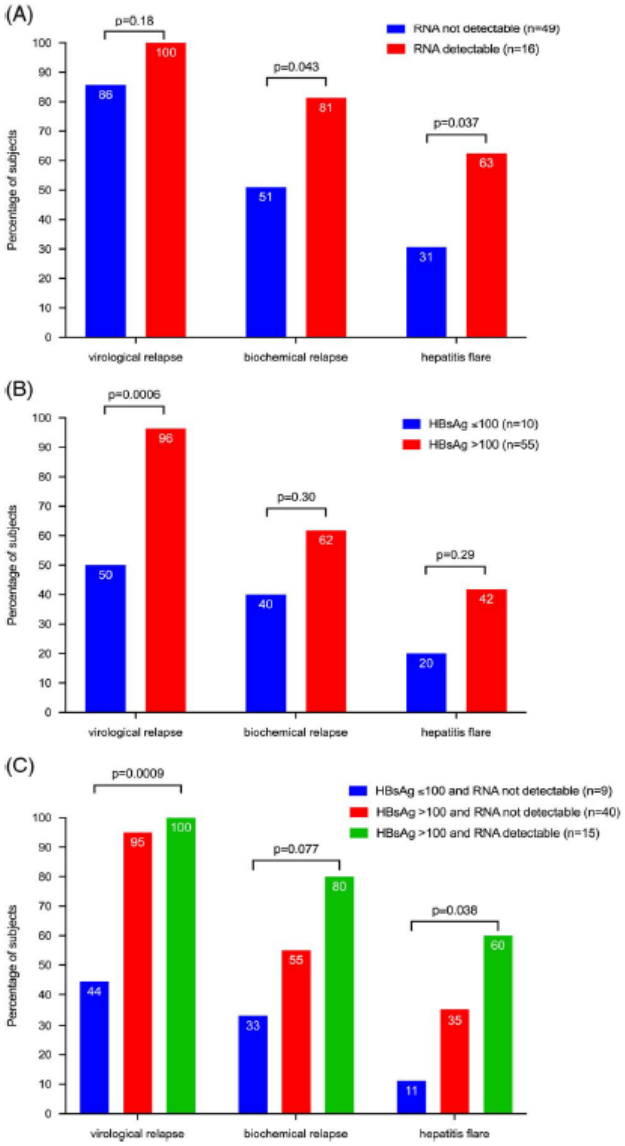

Figure. Proportions of participants with virological relapse (HBV DNA > 2000 IU/mL), biochemical relapse (ALT > 2 × ULN and HBV DNA >2000 IU/mL), and hepatitis flare (ALT > 5 × ULN and HBV DNA > 2000 IU/mL) at week 96 according to baseline HBV RNA detection and HBsAg level.

(**A**) Association with baseline RNA detectability.
(**B**) Association with HBsAg level (above or below 100 IU/mL).
(**C**) Association with the combination of RNA detectability and HBsAg level.

One participant (not shown) with HBsAg ≤ 100 IU/mL and detectable HBV RNA had virological and biochemical relapse and hepatitis flare.

Σχόλιο: Η μελέτη προσπάθησε να αναδείξει παράγοντες που θα επιτρέψουν με ασφάλεια την διακοπή της αντιικής αγωγής σε HBeAg-αρνητικούς ασθενείς με αρνητικό HBV DNA, αντανακλώντας τον δυνατό χαμηλότερο κίνδυνο ιολογικής υποτροπής (HBV DNA > 2000 IU/mL) και έξαρσης της ηπατίτιδας (ALT >5 × ULN και HBV DNA >2000 IU/mL).

Οι συμμετέχοντες με ανιχνεύσιμο HBV RNA κατά την διακοπή της αγωγής είχαν υψηλότερο κίνδυνο βιοχημικής υποτροπής (ALT >2 × ULN και HBV DNA >2000 IU/mL) και έξαρσης της νόσου, με λιγότερη πιθανή την κάθαρση του HBsAg. Έτσι, ο συνδυασμός μη ανιχνεύσιμου HBV RNA και χαμηλών επιπέδων HBsAg κατά την διακοπή της αντιικής θεραπείας πιθανά να αποτελούν έναν ασφαλή συνδυασμό βιοδεικτών, που ωστόσο χρήζουν περαιτέρω έρευνας.

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