

QUANTITATIVE HBSAG IS NOT READY FOR CLINICAL USE

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Good Help to Those in Need ®

CHRONIC HBV

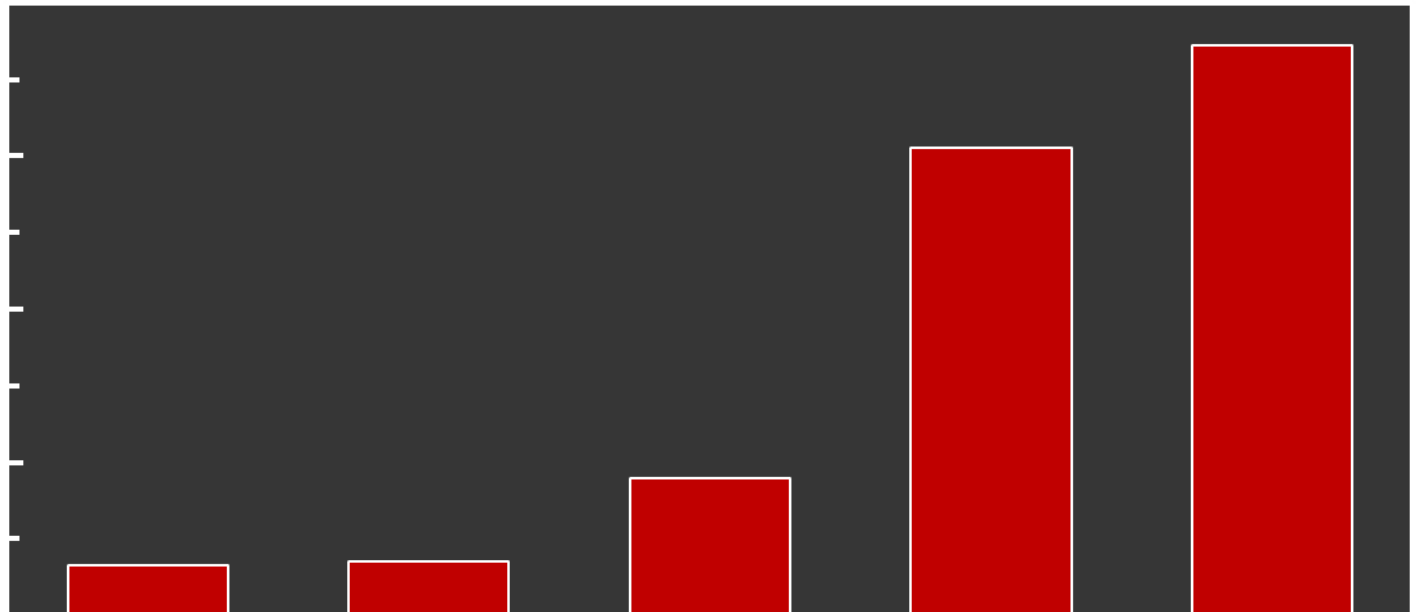
GOALS OF MANAGEMENT

- Define active versus inactive disease
- Initiate treatment in patients with active disease
- Monitor
 - Inactive disease for reactivation
 - Response to treatment
- Screen for HCC



CHRONIC HBV – REVEAL STUDY

HBV DNA AND RISK OF HCC

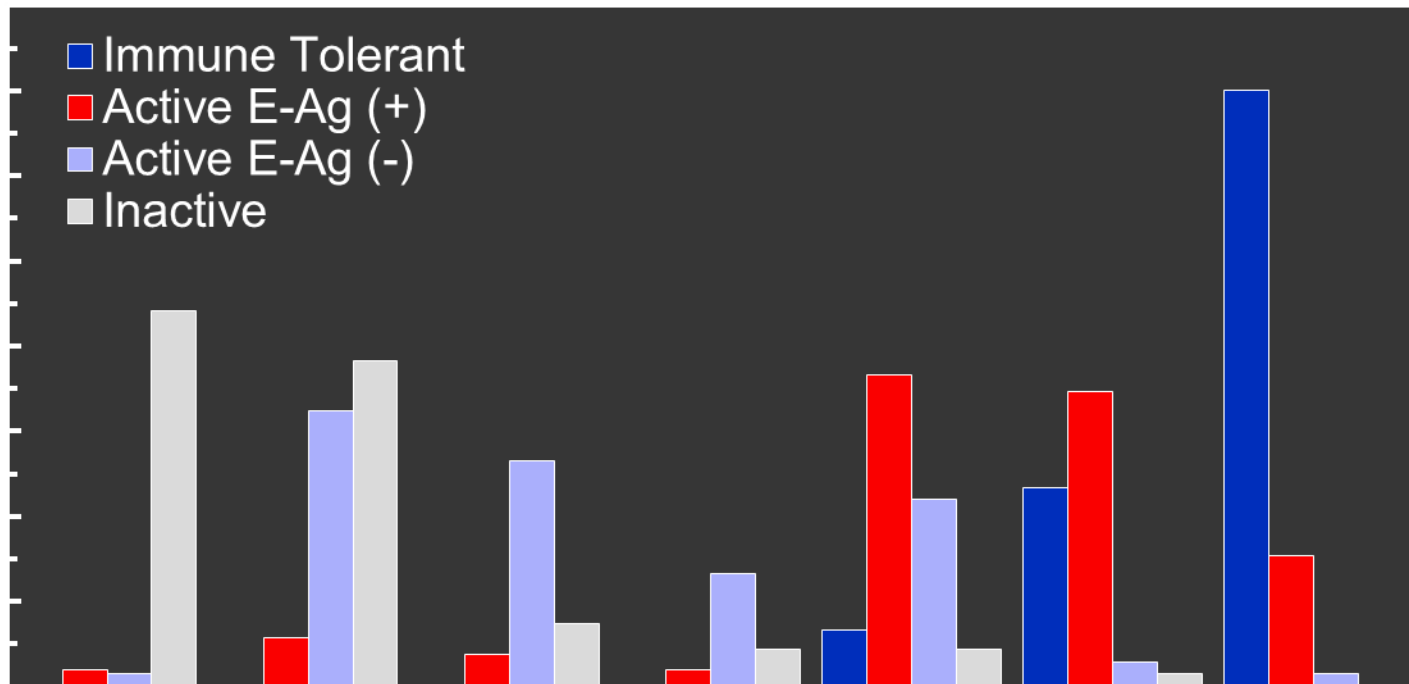


CJ Chen et al.

JAMA 2006; 295:65-73.

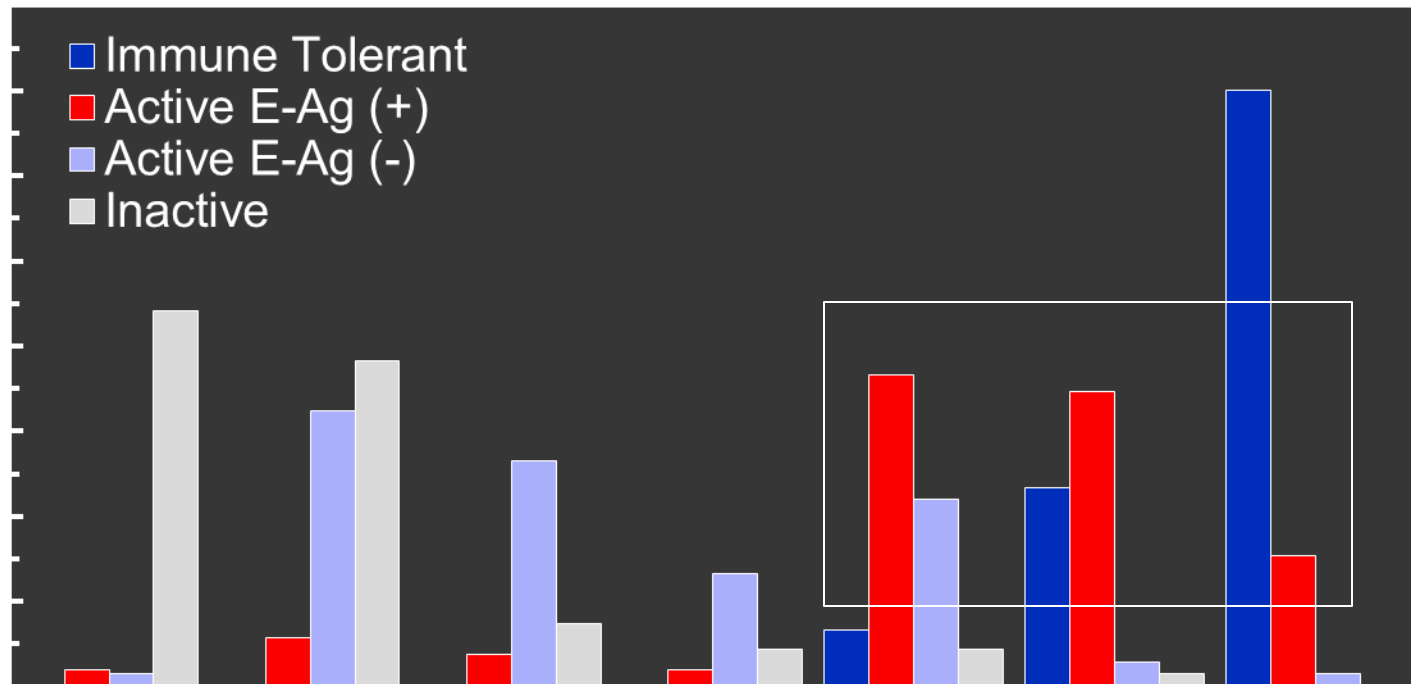
HBsAg TITER

IMPACT OF DISEASE STATUS



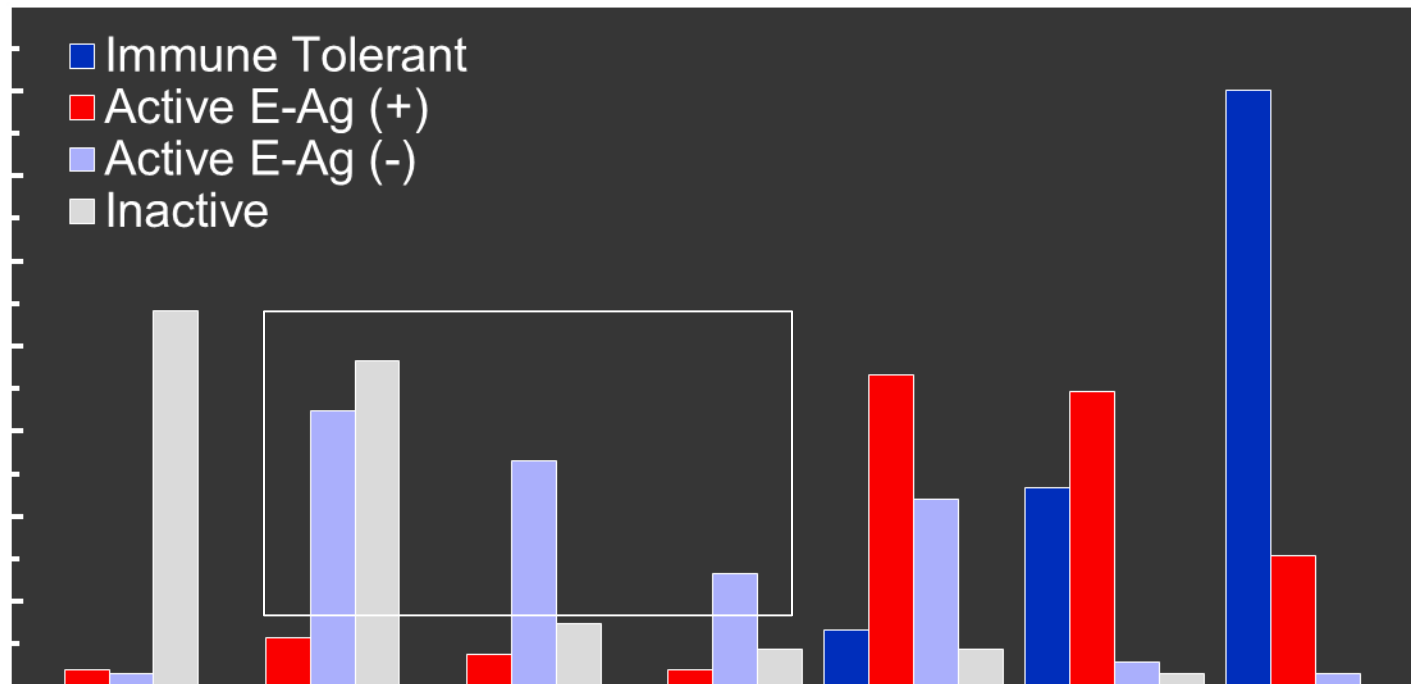
HBsAg TITER

IMPACT OF DISEASE STATUS



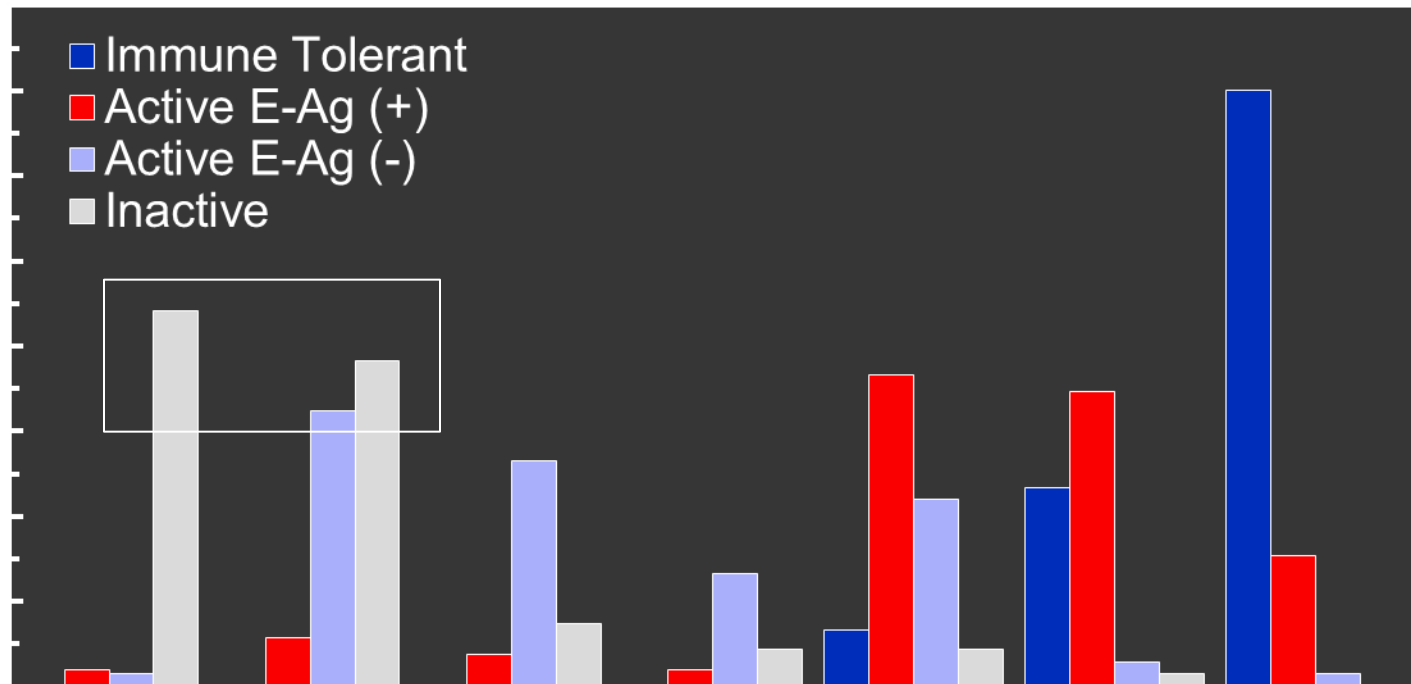
HBsAg TITER

IMPACT OF DISEASE STATUS

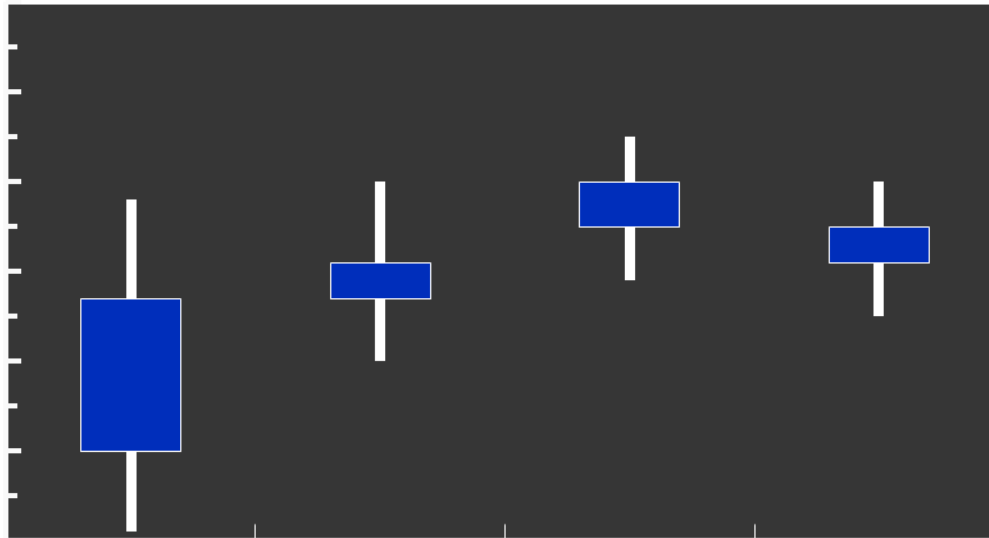


HBsAg TITER

IMPACT OF DISEASE STATUS



HBsAg TITER RELATIONSHIP TO HBV DNA

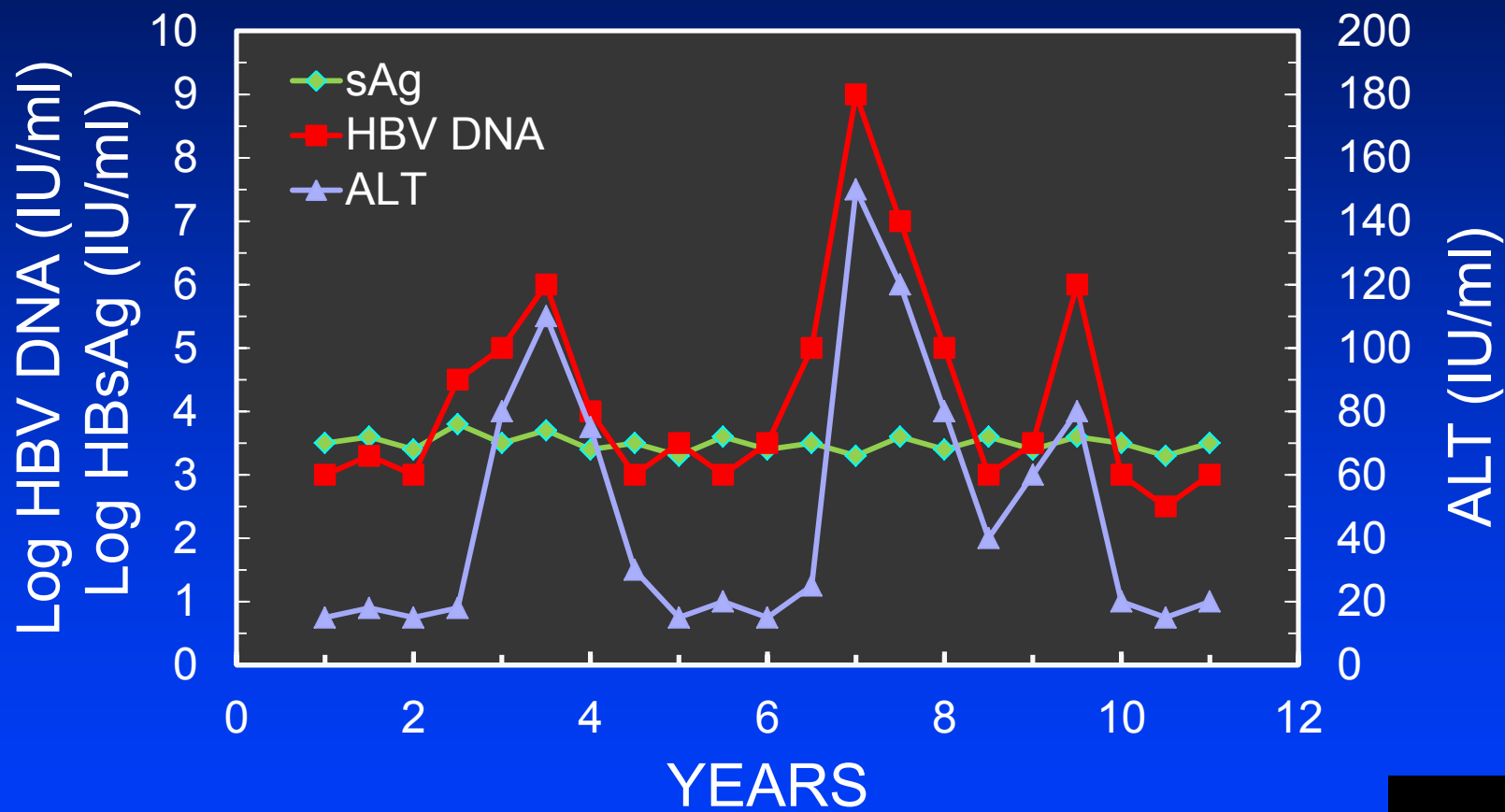


N=209
E-Antigen (-)
Monitored for
12-110 months

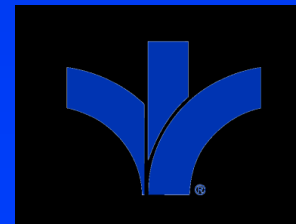
MR Brunetto et al.
Gastroenterol 2010; 139:483-490.



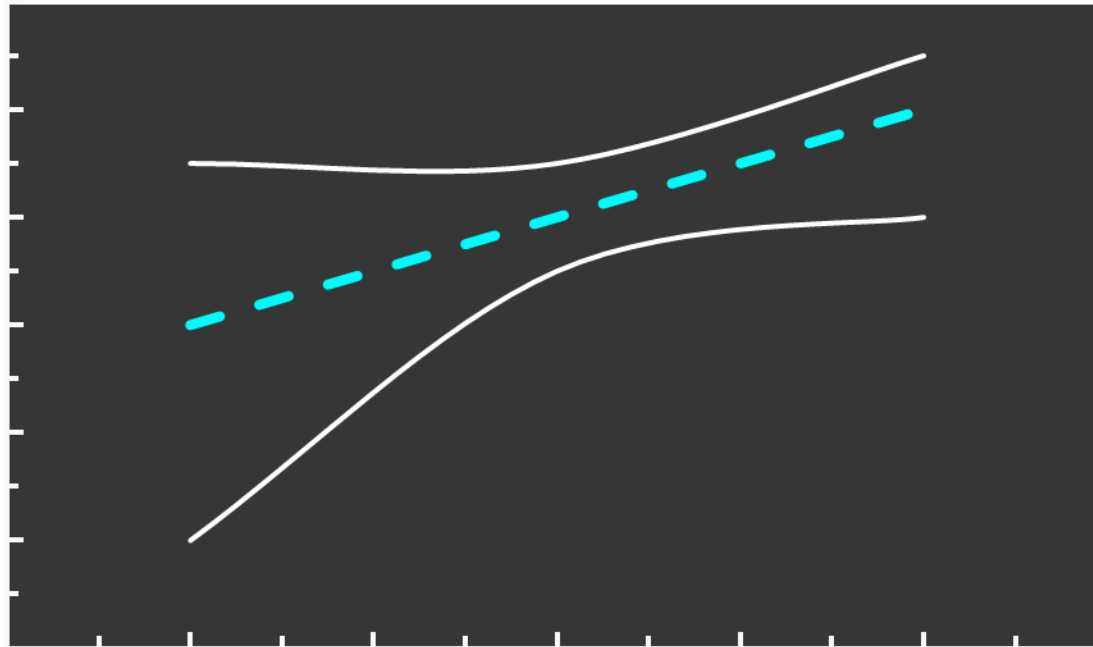
E-ANTIGEN NEGATIVE INACTIVE HBV NATURAL HISTORY



M Martinet-Peignoux et al
Liver Intl 2013; 33 (supl):125-132.



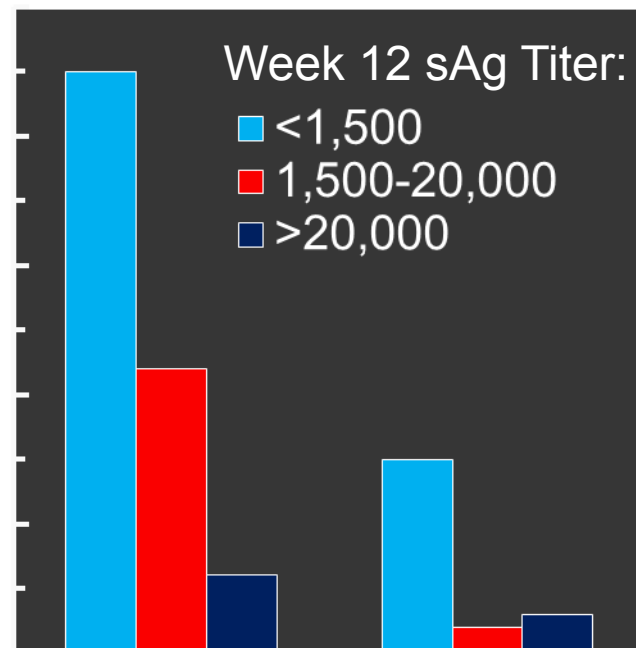
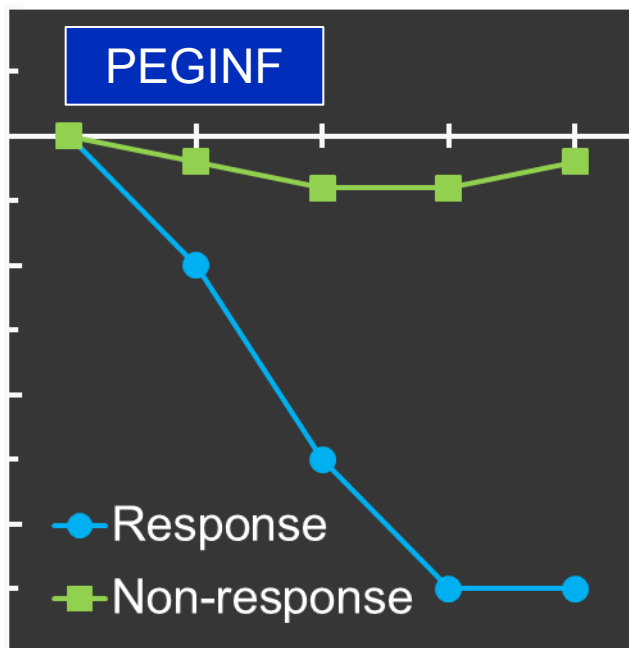
HBsAg TITER RELATIONSHIP TO HBV DNA



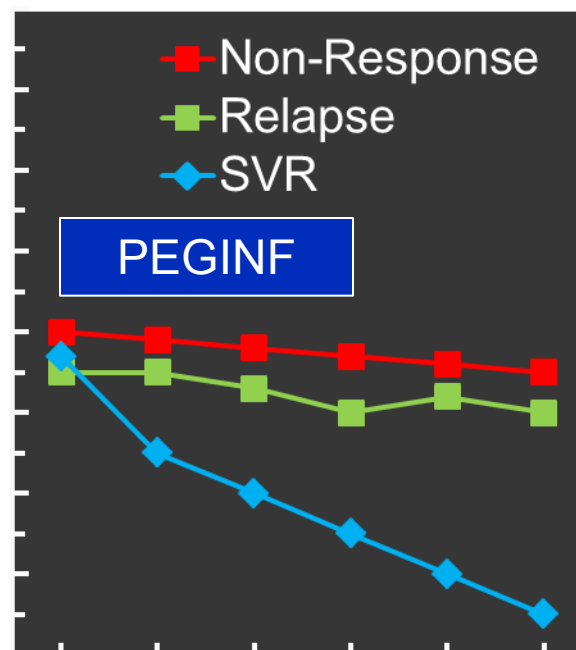
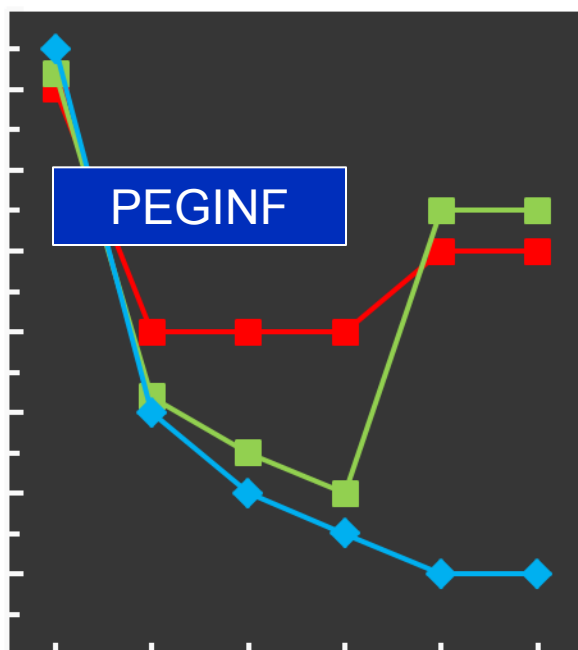
J Jaroszewicz et al
J Hepatology 2010; 52:514-522.



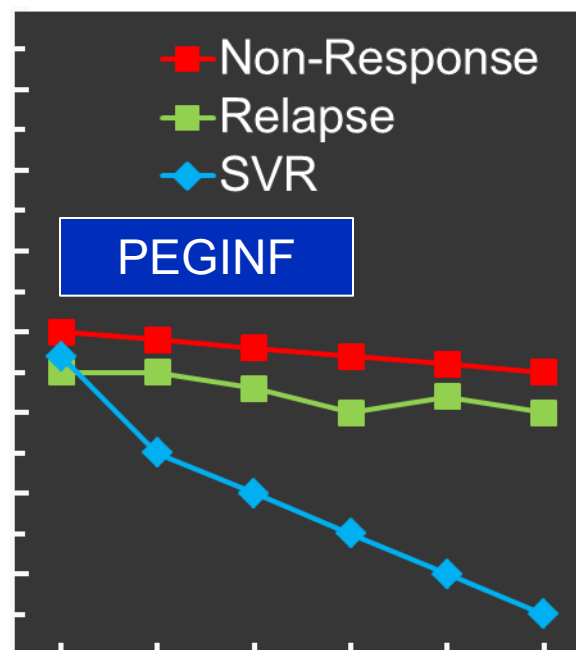
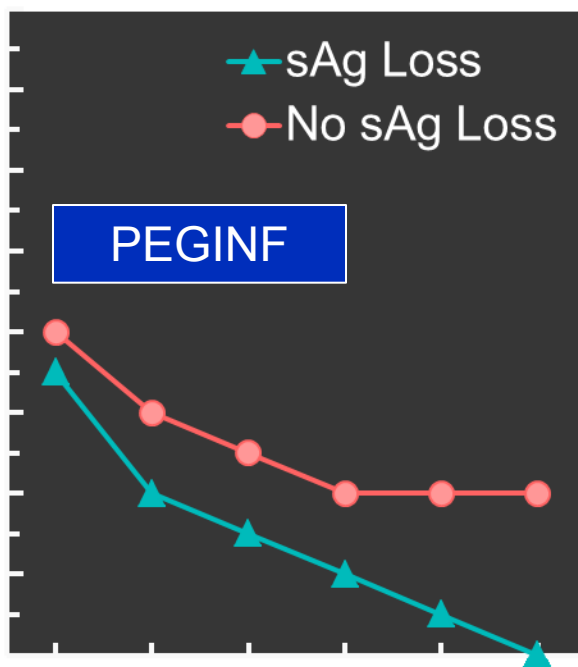
E-ANTIGEN POSITIVE HBV PEGINTERFERON TREATMENT



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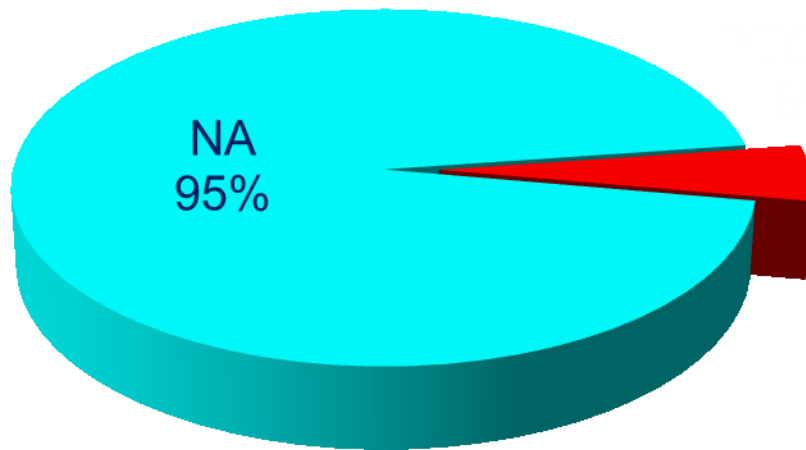
E-ANTIGEN NEGATIVE HBV PEGINTERFERON TREATMENT



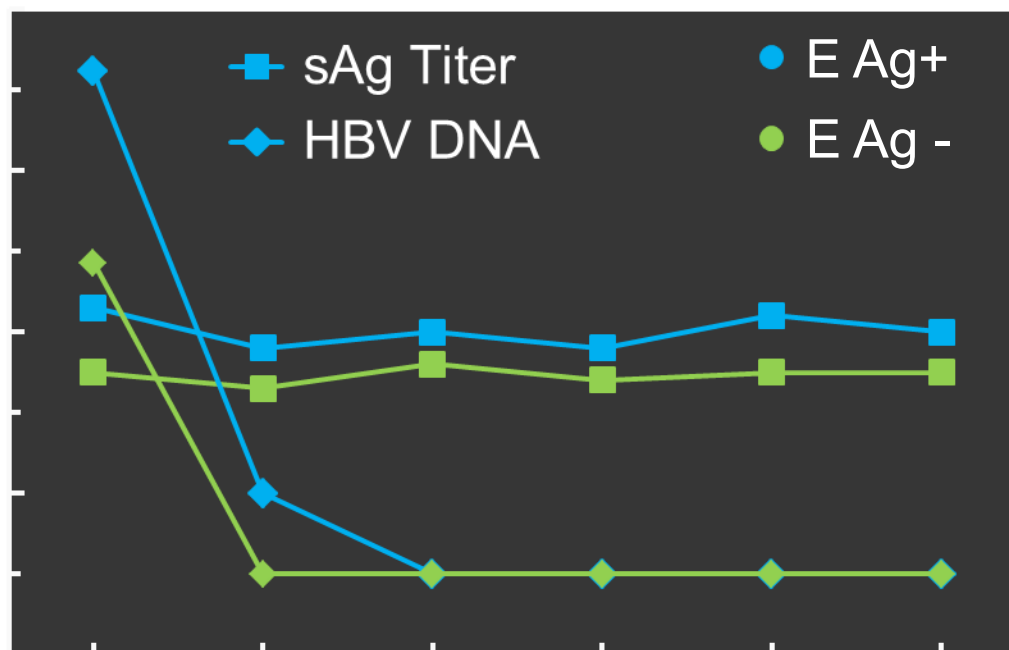
PEGINTERFERON ESTIMATED USE IN THE USA

Reasons for not using PEGINF:

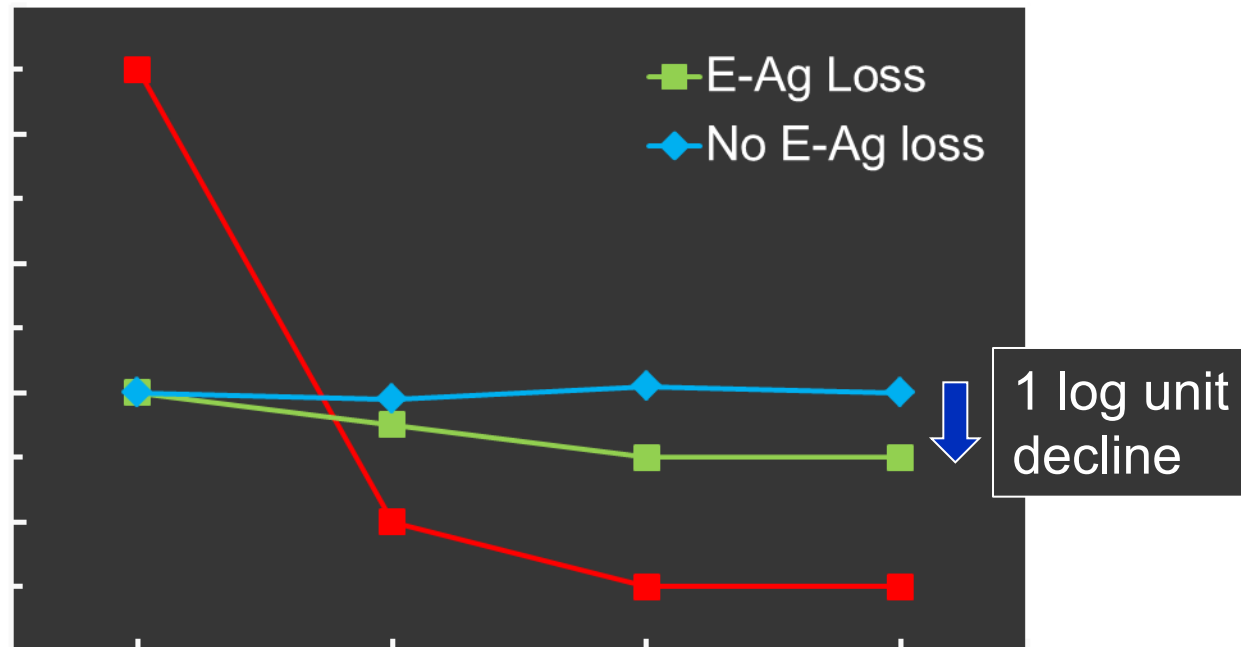
- Side effects
- Bad reputation from HCV
- Limited efficacy



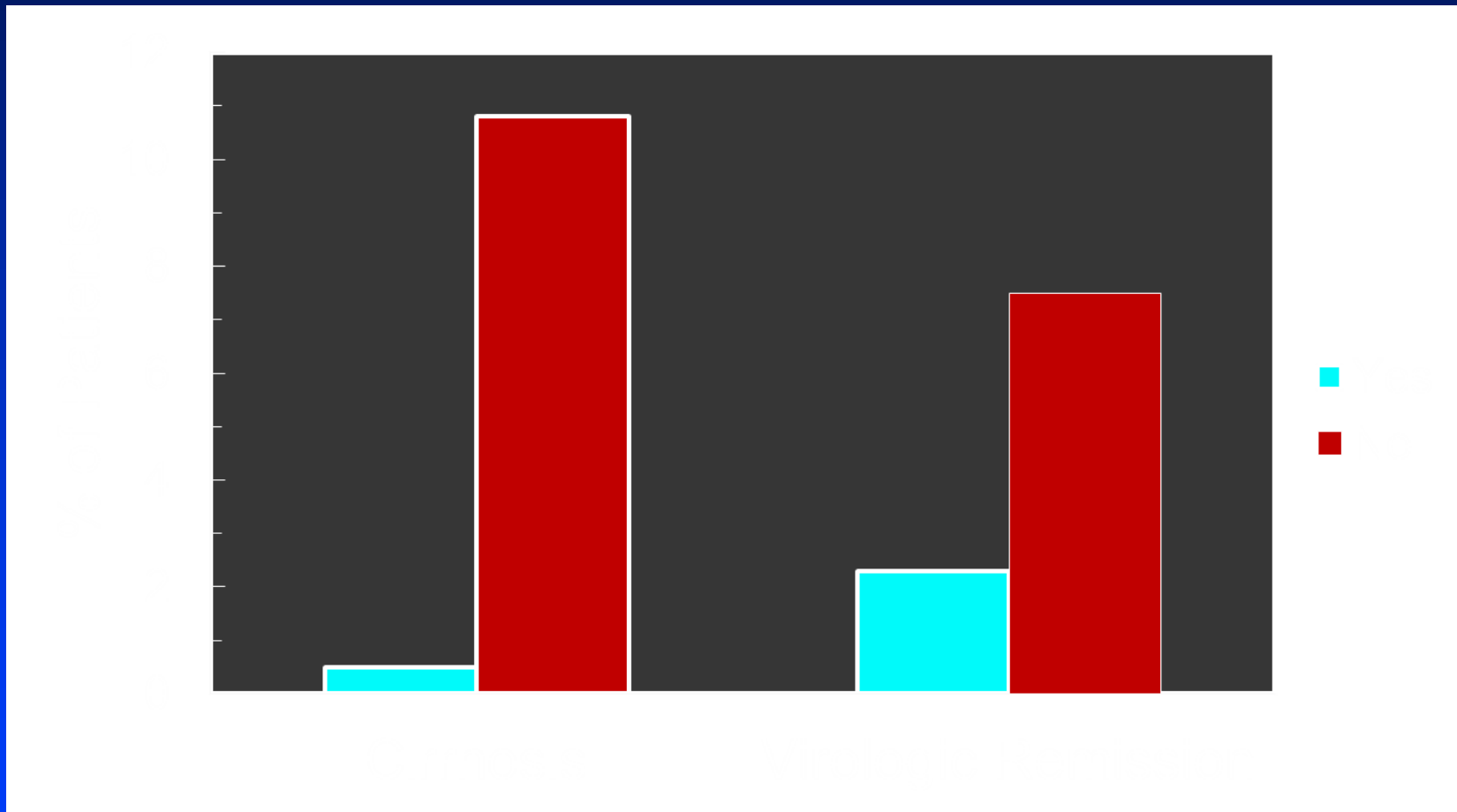
LONG TERM TELBIVIDINE TREATMENT HBsAg TITER AND HBV DNA



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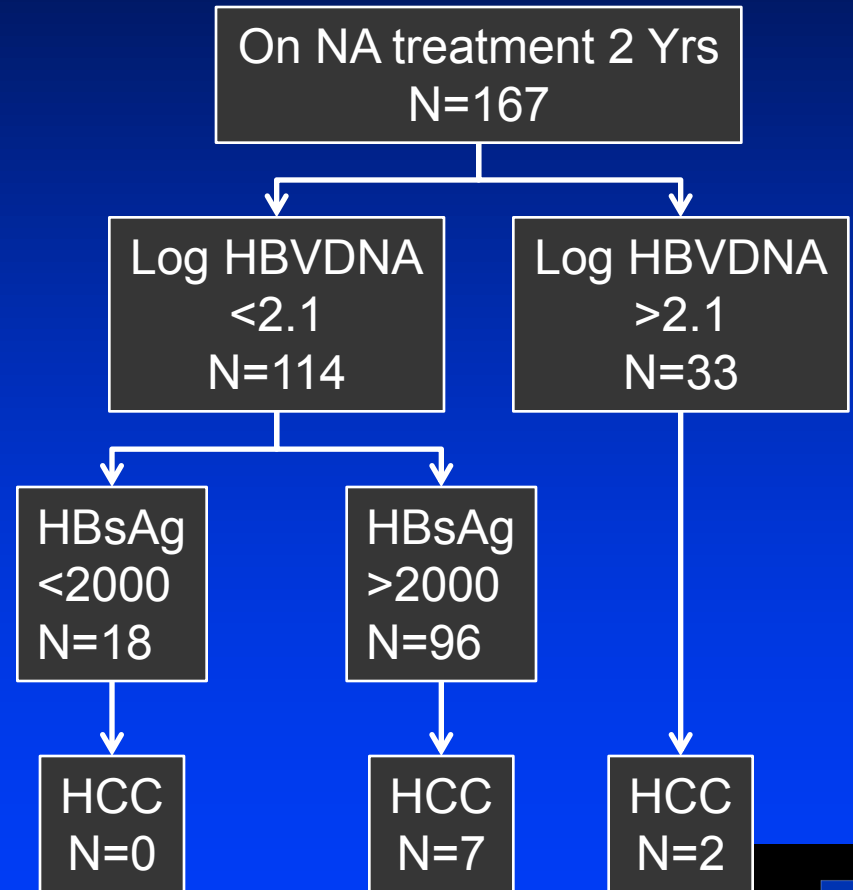
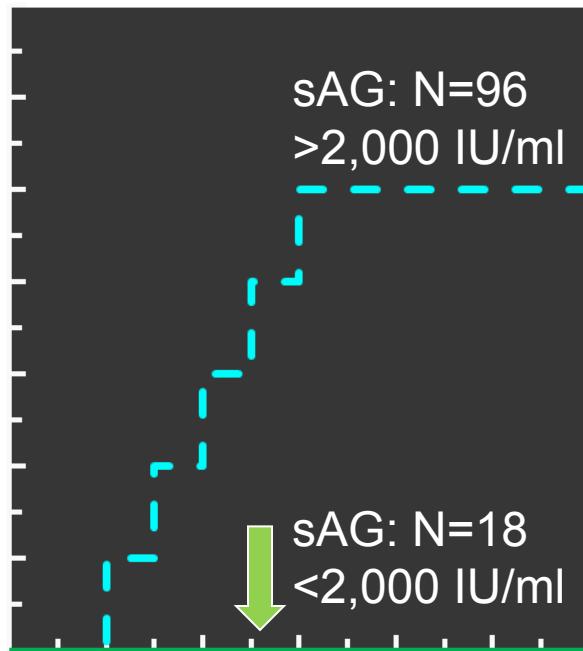
LONG TERM NA IN CHRONIC HBV IMPACT ON HCC



GV Papatheodoridis et al.
J Hepatol 2010; 53:348-356.



HBsAg TITER RISK OF HCC ON TREATMENT



qHBsAg IS NOT READY FOR CLINICAL USE

SUMMARY

The management of HBV

Is focused on preventing HCC

We first determine the disease state

REVEAL says measure DNA at the starting gate

But can sAg titer provide more data and be a good mate

Not really...

It simply tracks the virus and provides the same fate



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SUMMARY

The goal of treatment is to suppress DNA

Get it zero is what I say

We can do this in almost all with a NA

But treating with PEG has a limited play

The decline in sAg at 12 weeks

Can be used to determine if PEG can cure this beast

Seroconvert E at the least

And in those without E, remove DNA from the feast



qHBsAg IS NOT READY FOR CLINICAL USE

SUMMARY

But with that said

Most patients simply do not like PEG

It has a limited efficacy, causes side effects and is not good for the head

Most use a NUC to put the virus to bed

And with this measuring sAg titer is just plain dead

