Long-term Outcome of CHB Treatment

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More than 2 billion people worldwide have been exposed to hepatitis B virus (HBV) and about 350 million people are chronically infected, with the majority of whom are in Asia (75%). The prevalence of HBV in Japan is 0.8%, which is lower than other Asian countries such as Taiwan (>10%) and China. As chronic HBV infection leads to cirrhosis and hepatocellular carcinoma (HCC), published studies have shown that up to 25% of chronically infected patients eventually die of liver cirrhosis or HCC. The aim of therapy for chronic hepatitis B (CHB) patients is to prevent disease progression by suppressing HBV viral loads and reducing hepatitis activity. Within the past 15 years, new antiviral therapies, including nucleos(t)ide analogues (NA), have been approved and were successful in suppressing circulating serum viral loads. Entecavir (ETV) and tenofovir (TDF) is a relatively new antiviral NA that has proved effectiveness in suppressing HBV DNA replications with minimal drug resistance. Some studies reported that NA treatment reduce the incidence of HCC comparing no treatment control. Recent studies indicated that long-term viral suppression could lead to regression of fibrosis and cirrhosis by comparing liver biopsy samples before and after ETV or TDF treatment. Interferon (IFN)-based therapy (mainly Pegylated(Peg)-IFN) is finite treatment duration. Sustained responder by IFN may achieve prolonged viral suppression, and have better clinical outcomes. This presentation will review the long-term clinical outcomes of antiviral therapy of CHB.