中文題目：比較慢性 B 型肝炎患者貝樂克和惠立妥停藥後 B 型肝炎病毒復發的比率

英文題目：Comparison of HBV relapse rates between patients who discontinue entecavir and tenofovir disoproxil fumarate treatment in chronic hepatitis B patients

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ABSTRACT

Background: The comparison of HBV relapse rates between patients who discontinued entecavir and tenofovir disoproxil fumarate (TDF) treatment remains unclear.

Aim: To compare the incidence of HBV relapse after the cessation of entecavir and TDF therapy in HBeAg-positive and HBeAg-negative chronic hepatitis B (CHB) patients without cirrhosis.

Patients and Methods: From 2007 to 2013, a total of 313 CHB patients (100 HBeAg-positive, 213 HBeAg-negative) received entecavir treatment and from 2011 to 2014, a total of 131 patients (37 HBeAg-positive, 94 HBeAg-negative) received TDF treatment and have stopped the treatment at least 6 months were recruited. All HBeAg-positive and HBeAg-negative patients fulfilled the stopping criteria of the APASL 2012.

Results: In HBeAg-positive patients, the cumulative rates of post-treatment virological relapse at 6, 12, and 24 months were 39.5%, 66.1%, and 71.8%, respectively in TDF group, and were 13%, 32.1%, and 52.7%, respectively, in entecavir group (P<0.001), and clinical relapse rate were 35.2%, 45.2%, and 61.5%, respectively, in TDF group, and were 6%, 25.1%, and 31.8%, respectively, in entecavir group (P<0.001). Multivariate analysis showed that TDF group, old age, male, and higher baseline HBsAg levels were independent factors for virological and clinical relapse. In HBeAg-negative patients, the cumulative rates of post-treatment virological relapse at 6, 12, and 24 months were 44.7%, 63.4%, and 72.3%, respectively, in TDF group, and were 25.4%, 46.8%, and 60.1%, respectively, in entecavir group (P=0.001), and clinical relapse rate were 25.7%, 39.5%, and 55.6%, respectively in TDF group, and were 10.8%, 27.8%, and 46.9%, respectively, in entecavir group (P=0.061). Multivariate analysis showed that TDF group, old age, HBV genotype B, and higher end-of-treatment HBsAg levels were independent factors for virological and clinical relapse. The propensity score (PS) matching method was used included age, gender, baseline ALT, genotype, NA-naïve, HBV DNA, treatment and consolidation duration, and HBsAg levels. TDF group had still higher virological (P<0.001) and clinical relapse (P=0.011) rates in HBeAg-positive patients and had higher virological relapse rate (P=0.005) in HBeAg-negative patients than entecavir group.

Conclusions: Patients treated with TDF had a higher incidence of post-treatment HBV relapse than those treated with entecavir, regardless of HBeAg-positive and HBeAg-negative CHB patients.