

中文題目：慢性 B 型肝炎病人停止貝樂克或惠立妥治療且治療結束到達表面抗原小於 100 IU/mL B 型肝炎病毒復發的發生率和預測因子

英文題目：The incidence and predictors of HBV relapse after cessation of either entecavir or tenofovir therapy in patients who achieved end-of-treatment HBsAg \leq 100 IU/mL

作者：曾子寧¹，陳建宏¹，胡琮輝¹，王景弘²，洪肇宏²，盧勝男²

服務單位：¹高雄長庚醫院內科部腸胃肝膽科系，²嘉義長庚醫院內科部腸胃肝膽科

Background: Recent studies suggested that HBsAg \leq 100 IU/mL was an optimal value for stopping nucleos(t)ide analogues (NA) therapy. However, patients with such low HBsAg levels still have a chance of HBV relapse. The aim of this study is to investigate the incidence and predictors of HBV relapse after cessation of either entecavir or tenofovir disoproxil fumarate (TDF) therapy in patients who achieved end-of-treatment HBsAg \leq 100 IU/mL.

Method: A total of 131 patients who had stopped entecavir or TDF treatment for at least 6 months and achieved end-of-treatment HBsAg \leq 100 IU/mL. All patients in the discontinued group fulfilled the stopping criteria proposed by the APASL 2012 guideline.

Results: The 5-year incidences of post-treatment virological and clinical relapse and HBsAg loss were 41.1%, 32.7%, and 50.5%. There was no significant difference in terms of virological relapse ($P=0.21$), clinical relapse ($P=0.43$) and HBsAg loss ($P=0.25$) between patients who discontinued entecavir and TDF therapy. Multivariate analysis showed that baseline HBV DNA and end-of-treatment HBsAg levels were independent factors of virological and clinical relapse, and end-of-treatment HBsAg level was an independent factor of HBsAg loss. HBcrAg levels were not significant factors of HBV relapse. The HBsAg levels of 40 IU/mL and HBV DNA levels of 30000 IU/mL were best cut-off values to predict HBV relapse by time-dependent ROC curve. The incidence of virological relapse at 5 years in patients with end-of-treatment \leq 40 and $>$ 40 IU/mL were 18.1% and 59.3% ($P<0.001$), respectively, and clinical relapse were 10.6% and 57.5%, respectively. The incidences of virological and clinical relapse at 5 years were 3.1% and 0%, respectively, in patients with combination of HBsAg levels \leq 40 IU/mL and baseline HBV DNA levels \leq 30000 IU/mL.

Conclusions: The HBsAg level of 40 IU/mL was an optimal value to stop NA therapy. There was no significant difference in HBV relapse after cessation of either ETV or TDF therapy in patients who achieved end-of-treatment HBsAg \leq 100 IU/mL.