

中文題目：慢性 B 型肝炎抗原陰性癌症病患接受化學治療時使用預防性 B 型肝炎抗病毒藥物貝樂克、惠立妥和韋立得停藥後 B 型肝炎病毒復發的比較

英文題目：Comparison of HBV relapse after cessation of entecavir, tenofovir disoproxil fumarate or tenofovir alafenamide in cancer patients with HBeAg-negative chronic hepatitis B under anti-viral prophylaxis for chemotherapy

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Background: It is ambiguous that HBV relapse rates after cessation of tenofovir alafenamide (TAF), a new prodrug of tenofovir, in cancer patients with HBeAg-negative chronic hepatitis B (CHB) under anti-viral prophylaxis for chemotherapy. To compare HBV relapse rate after cessation of entecavir, tenofovir disoproxil fumarate (TDF) and TAF in cancer patients with CHB under anti-viral prophylaxis for chemotherapy.

Method: A total of 201 HBeAg-negative cancer patients without cirrhosis who previously received entecavir (n=124), TDF (n=35) or TAF (n=42) for antiviral prophylaxis were enrolled. All patients had post-treatment follow-up for at least 6 months.

Results: Of the 201 patients, the cumulative rates of virological relapse (VR) and clinical relapse (CR) at 3 years were 44.8% and 18.1%, respectively. The multivariate analysis shows that baseline HBV DNA level, use of rituximab and different nucleos(t)ide analogues (NA) therapy were independent factors of VR and CR. Because HBV DNA levels at baseline was the most important factor of VR and CR, patients were classified as high (> 2000 IU/mL), intermediate (between 2000 and 20 IU/mL) and low (< 20 IU/mL) viremia three groups based on baseline HBV DNA levels. In high viremia group, TAF group had higher rates of VR and CR than entecavir group. In intermediate viremia group, TAF group had a higher rate of CR than entecavir and TDF groups. In low viremia group, there was no significant difference in VR or CR between entecavir, TDF and TAF groups.

Conclusion: As antiviral prophylaxis use in cancer patient with CHB, TAF had a trend to have higher possibility of HBV relapse after NA cessation, particularly in patients with high or intermediate viral load at baseline.