Antiviral Therapy for Hepatitis B Lowers Cirrhosis Risk

People who received treatment had a lower composite risk of cirrhosis, liver cancer and death.

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Antiviral therapy greatly reduced the risk of cirrhosis among a diverse population of individuals with chronic hepatitis B, according to findings published in The American Journal of Gastroenterology.

Although a majority of people who acquire hepatitis B virus (HBV) as adults will clear the virus without treatment, about 10% will develop chronic hepatitis B. Over years or decades, chronic infection can lead to liver cirrhosis, hepatocellular carcinoma (the most comon type of liver cancer) and liver-related death. Antiviral drugs, such as tenofovir (Viread or Vemlidy) or entecavir (Baraclude), can control viral replication during treatment, but they usually do not lead to a cure.

“Limited studies exist specifically focusing on safety-net and vulnerable populations, cohorts in whom it is particularly important to understand treatment benefits given existing disparities in timely access to HBV therapies and a disproportionately greater burden of advanced liver disease,” wrote Robert Wong, MD, of the Veterans Affairs Palo Alto Healthcare System, in California, and colleagues.

The researchers examined the effect of antiviral therapy for a chronic hepatitis B infection on the risk of cirrhosis, hepatocellular carcinoma or death as well as all three outcomes combined. The team retrospectively assessed a diverse adult population across four safety-net health systems in the United States between 2010 and 2018. They analyzed data from 4,064 individuals with chronic hepatitis B in the absence of HIV who initially did not have cirrhosis. About half (52%) were women, nearly a third were Black and 42% were under 45 years old.

Some 23% received antiviral therapy for hepatitis, while 77% remained untreated. When comparing a matched set of 428 individuals who were treated and 428 who were not, those in the former group had a 35% lower risk of cirrhosis as well as a lower composite risk of all three outcomes. Further, women had a lower risk of cirrhosis than men, as did Black individuals in comparison with white people.

When the researchers grouped data on the basis of age, sex and race/ethnicity, those who were women, Asian and less than 45 years old had a lower risk of cirrhosis while receiving antiviral

therapy. But the study authors suggest that larger studies are needed to further assess these findings.

“Our propensity score–matched cohort of noncirrhotic chronic hepatitis B patients demonstrated significant reductions in risk of cirrhosis due to chronic hepatitis B treatment,” wrote the researchers.

Click here to read the study abstract in The American Journal of Gastroenterology.

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