Baraclude and Viread as Treatment for Hepatitis B Yield Comparable Prognoses

South Korean researchers found no difference in the rates of liver cancer, liver transplant or death based on the treatment used.

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Whether hepatitis B virus (HBV) is treated with Baraclude (entecavir) or Viread (tenofovir disoproxil fumarate), there is no difference in prognosis when it comes to rates of hepatocellular carcinoma (HCC, the most common form of liver cancer) or the composite outcome of liver transplant or death. So found a recent study by a team of South Korean researchers.

Publishing their findings in the Journal of Hepatology, a research team led by Beom Kyung Kim, MD, of the department of internal medicine at Yonsei University College of Medicine in Seoul, and Yeon Seok Seo, MD, of the department of internal medicine at Korea University College of Medicine, also in Seoul, enrolled in their study 2,897 people with HBV who were first-timers to treatment and who were started on either Baraclude or Viread between 2012 and 2014.

Those who had decompensated cirrhosis (the advanced form of the severe liver disease) or liver cancer at enrollment were excluded from the study.

The study included 1,484 people who received Baraclude and 1,413 who received Viread. The characteristics of the participants upon their entry into the study were similar. In the Baraclude and Viread groups, the average age was 48.2 years old and 48.8 years old, respectively. A respective 33.6% and 29.1% had cirrhosis at the study's outset. A respective 51.1% and 48.1% were hepatitis B e antigen positive. The average body mass index was 23.8 and 23.6 (under 25 is in the normal body weight range).

During the study's follow-up period, 240 (8.3%) of the participants were diagnosed with liver cancer, including 138 in the Baraclude group and 102 in the Viread group. The annual liver cancer diagnosis rate per 100 cumulative years of follow-up was 1.92 diagnoses among those who received Baraclude and 1.68 diagnoses among those who received Viread. These rates were not statistically significantly different, meaning any apparent difference may have been driven by chance.

Seventy-two (2.5%) of the participants died or received a liver transplant during follow-up, including 39 in the Baraclude group and 33 in the Viread group. The rate of death or liver transplantation per cumulative years of follow-up was 0.52 in both the Baraclude group and the Viread group.

“It is currently unclear which antiviral agent, [Baraclude] or [Viread], is superior for improving prognosis in patients with chronic hepatitis B virus infection,” the study authors concluded. “In this analysis we found that there was no difference in terms of overall prognosis, including risk of hepatocellular carcinoma, death or the need for a liver transplant, in patients receiving either antiviral.”

To read the study abstract, click here.

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