

# **HBsAg quantification**

## *“Clinical applications”*

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# Definitions

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**AgHBs:** Protein, coating the surface of the HBV virion, secreted by the hepatocyte.

Reflects indirectly the number of infected hepatocytes.

**cccDNA:** Mini-chromosome produce in the nucleus,

Acts as a template for transcription of viral gene.

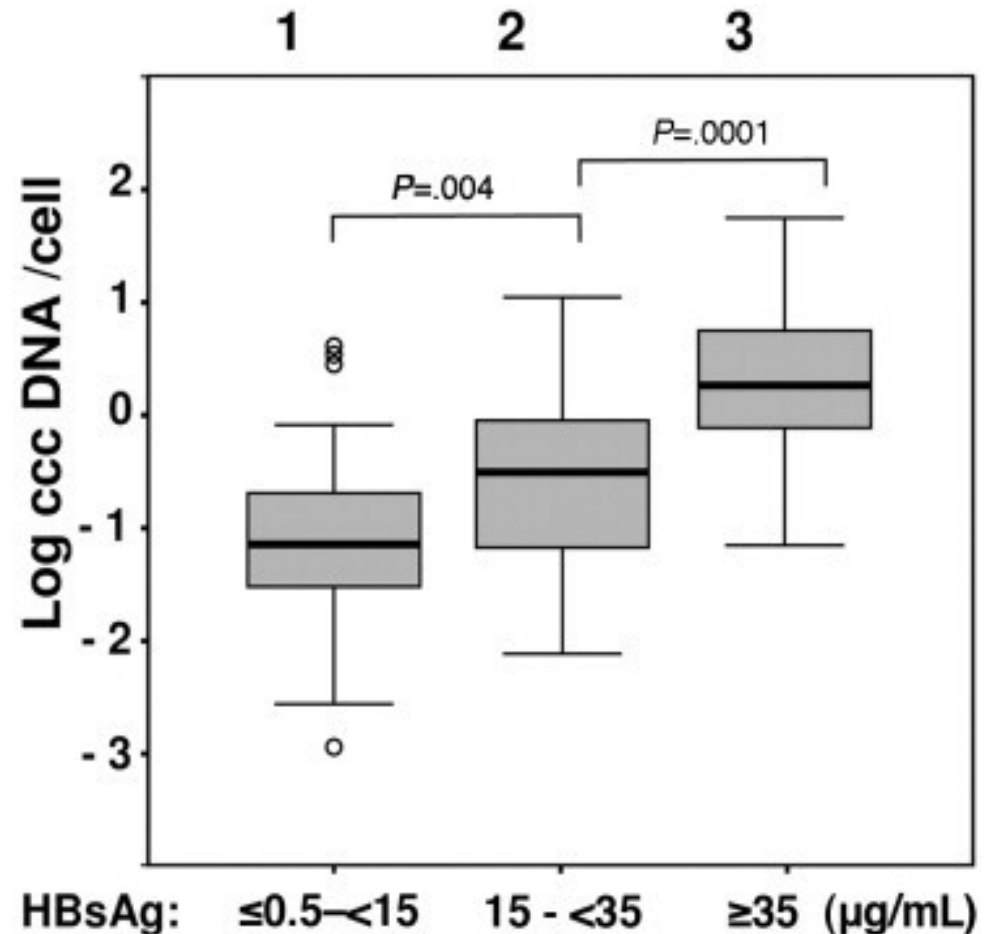
Required to maintain infection.

**Lower cccDNA levels correlate with lower serum HBsAg levels,  
indicating that HBsAg can be used as a surrogate marker of cccDNA.**

# AgHBs and ADNccc

Serum HBsAg levels reflects cccDNA in infected cells

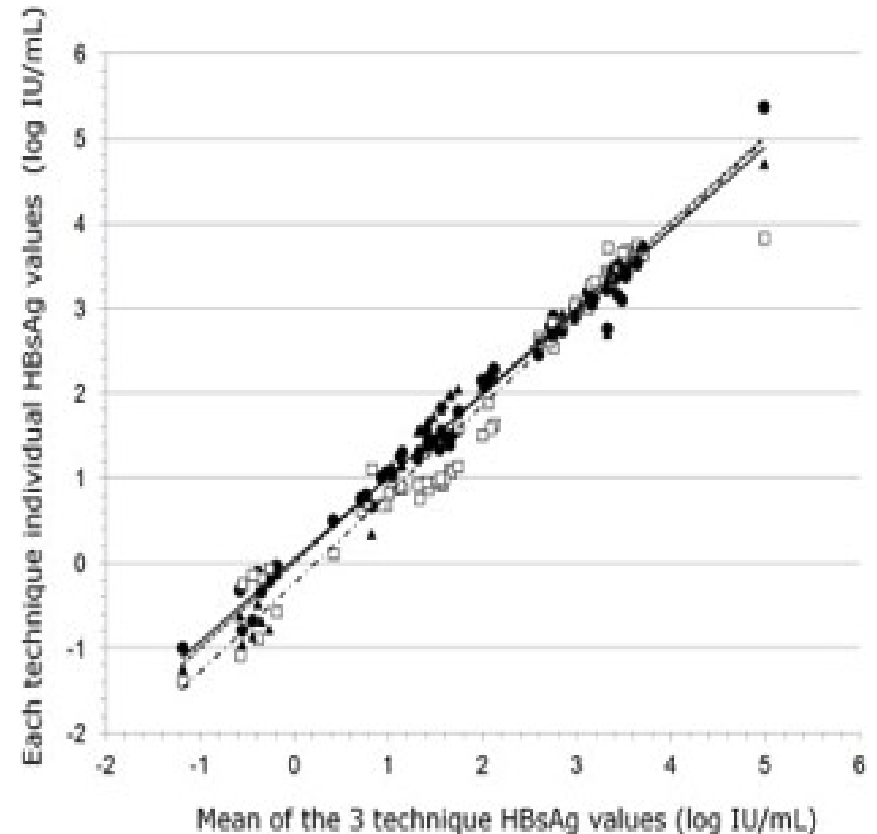
- cccDNA (matrix necessary for the viral replication) level reflect the number of infected hepatocytes.
- cccDNA levels lower in e-negative than in e-positive patients.
- cccDNA and serum HBsAg titer show a significant correlation.
- Serum HBsAg level is considered as indirect scorer of HBV infected hepatocytes.



# HBsAg quantification

- ❖ HBsAg assay automate Architect (Abbott)
- ❖ HBsAg II Quant Elecsys or Cobas (Roche)
- ❖ Liaison XL HBsAg Quant assay (DiaSorin)

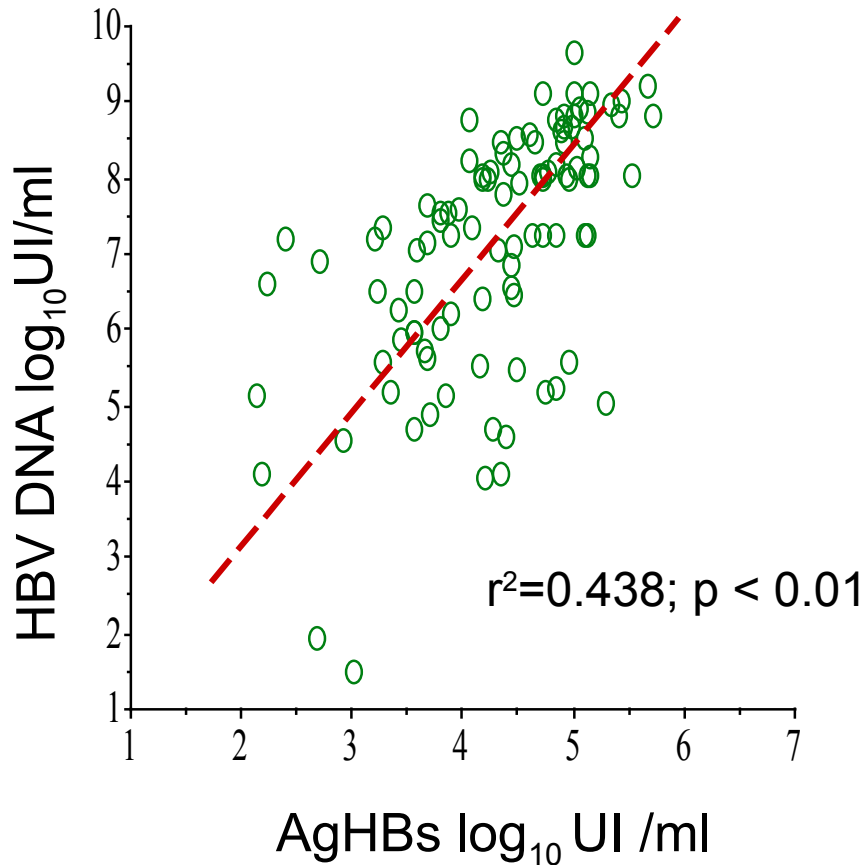
Quantification is not dependent of the presence of AgHBs/antiHBs (5-25%)



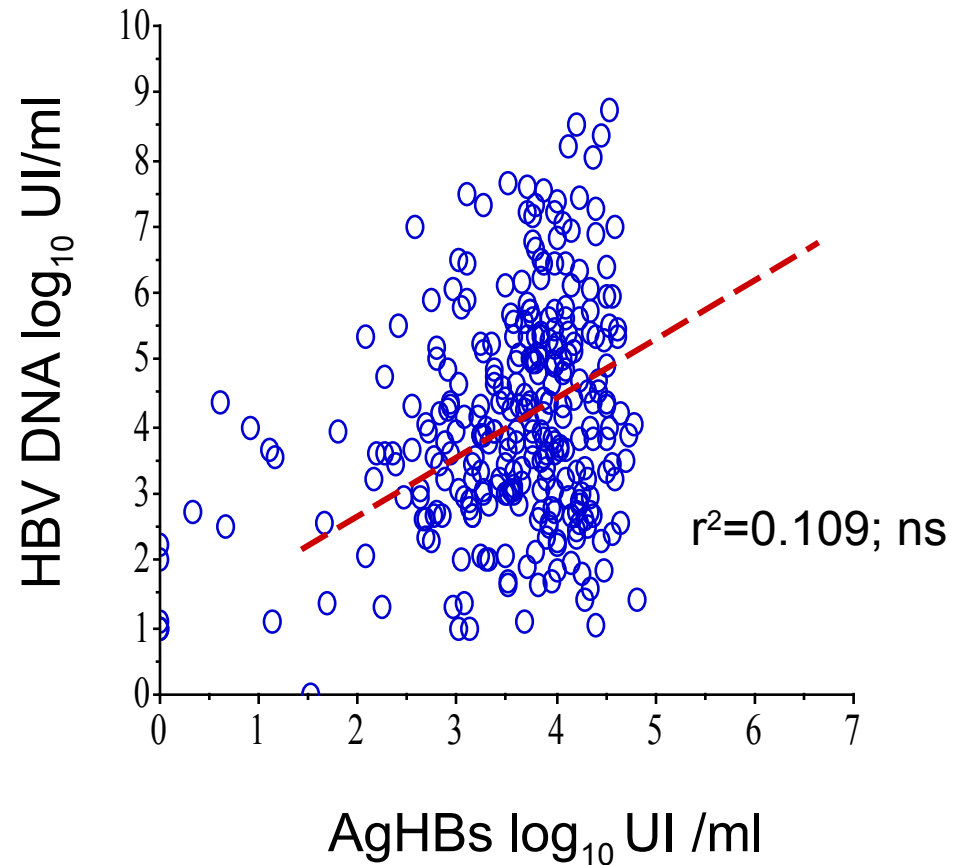
Useful tool in the diagnosis and the follow-up of the patients with chronic hepatitis B

# Correlation between HBsAg and HBV DNA

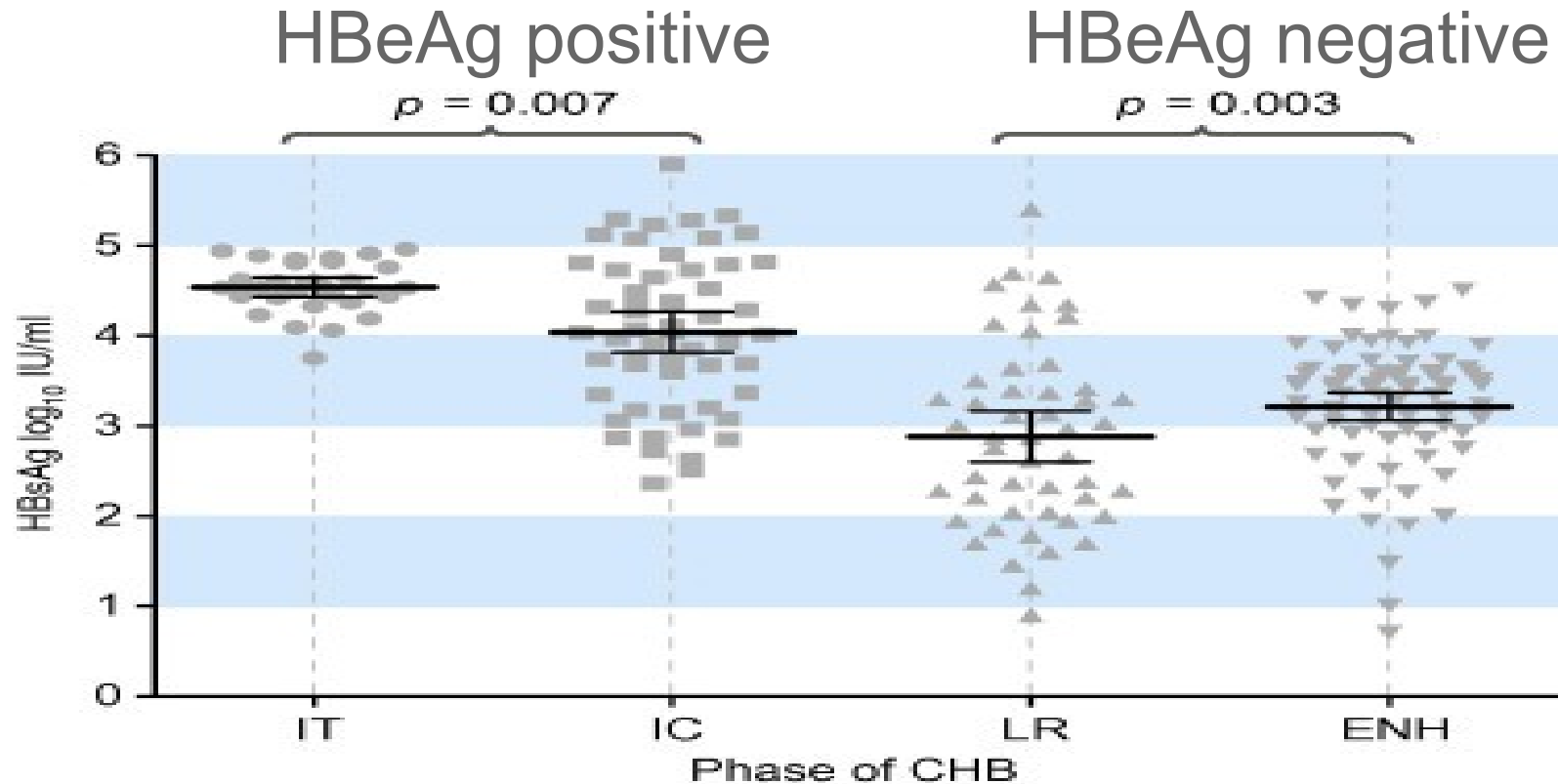
HBeAg positive



HBeAg negative



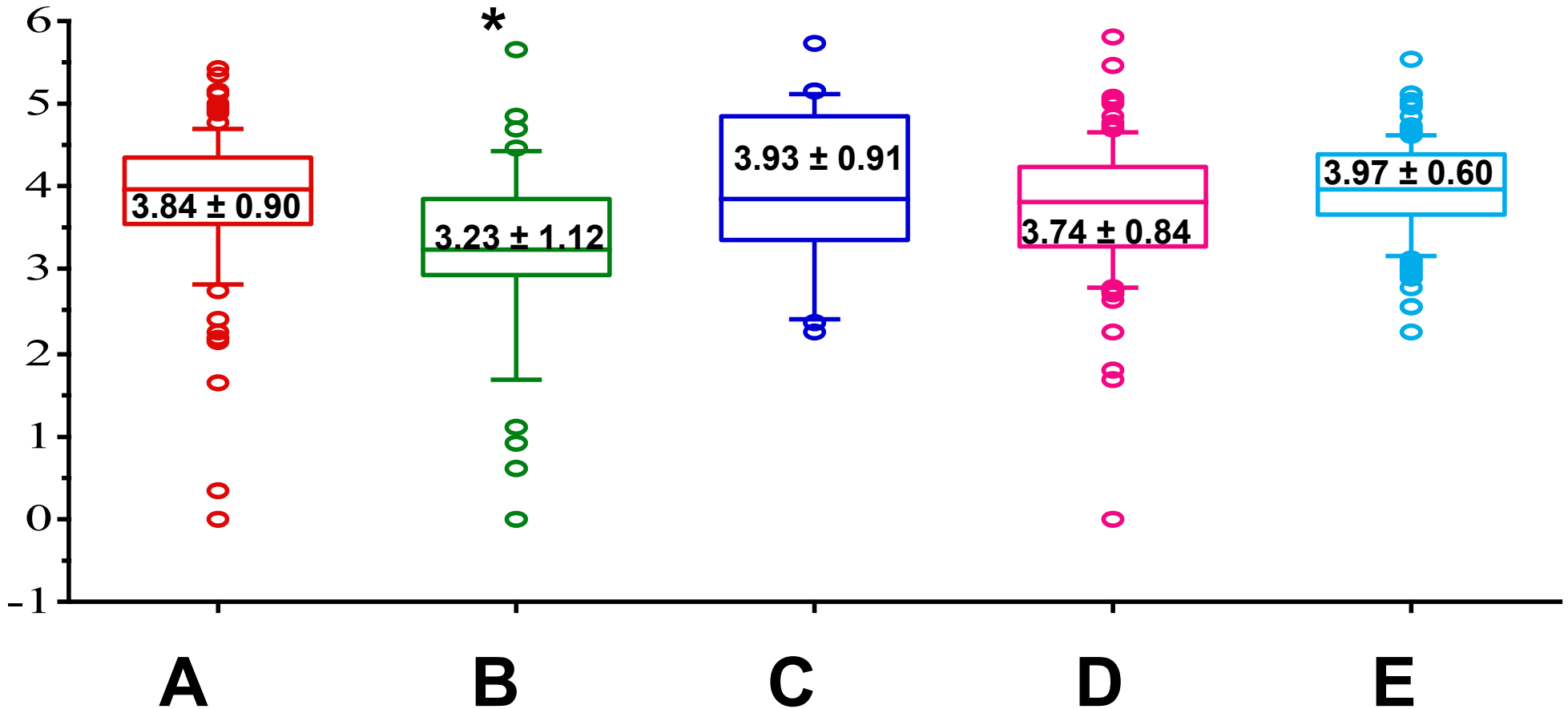
# HBsAg Natural History



**Serum HBsAg levels vary significantly during the different phases of chronic HBV infection and are inversely correlated with the immune control of HBV: the higher control, the lower HBsAg level**

# Natural History: HBV genotype

HBsAg log<sub>10</sub> UI/ml



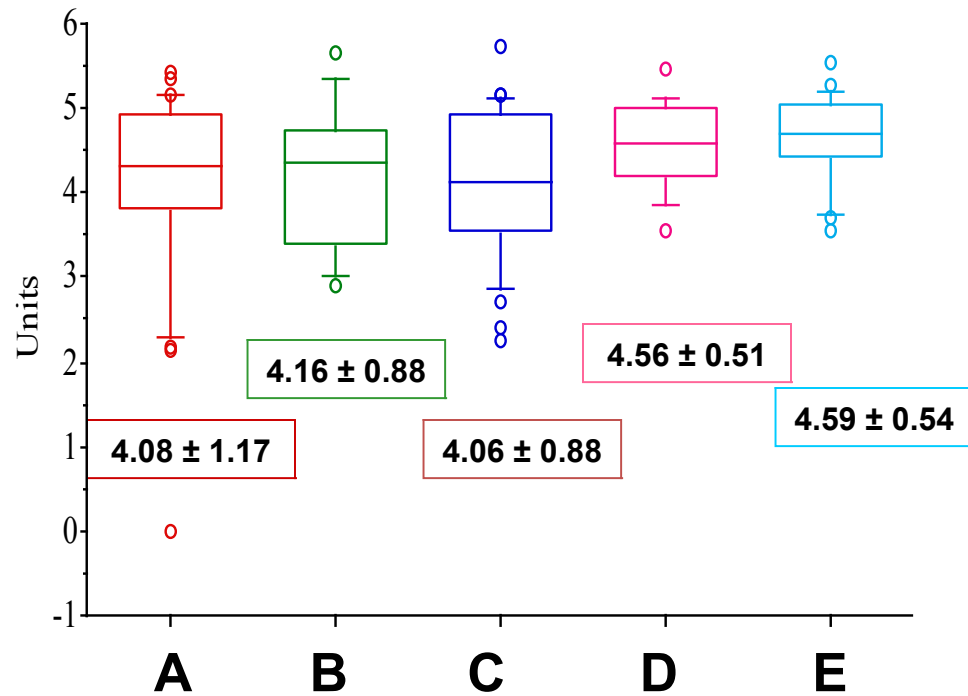
\* B versus A, C D and E p<0.0001

# Natural History: HBV genotype

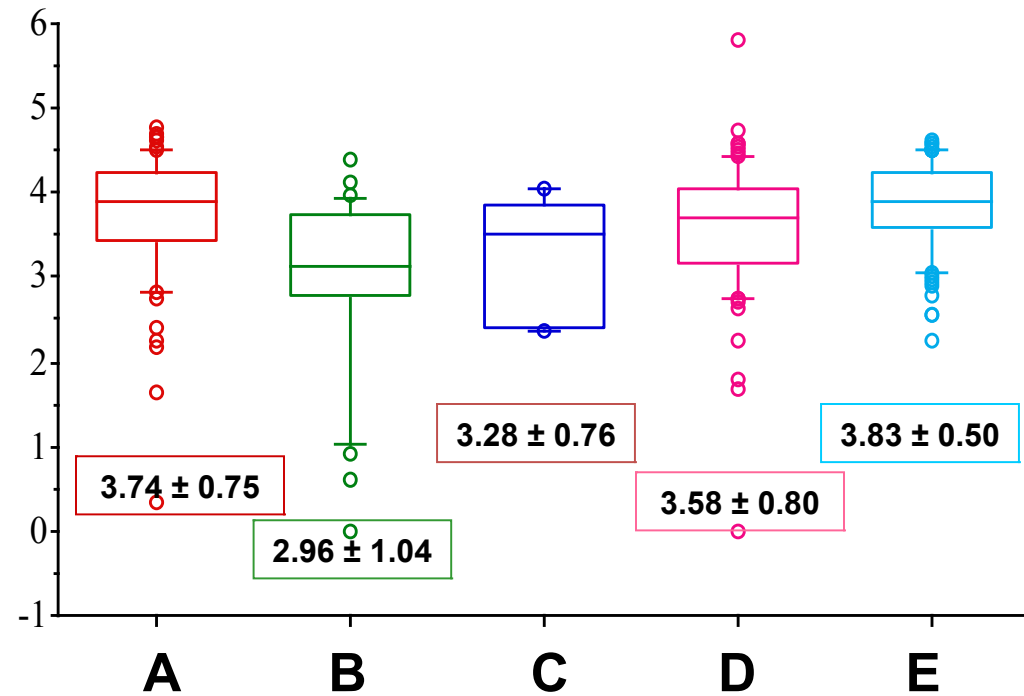
HBeAg positive

HBeAg negative

HBsAg log<sub>10</sub> U/ml



HBsAg log<sub>10</sub> U/ml

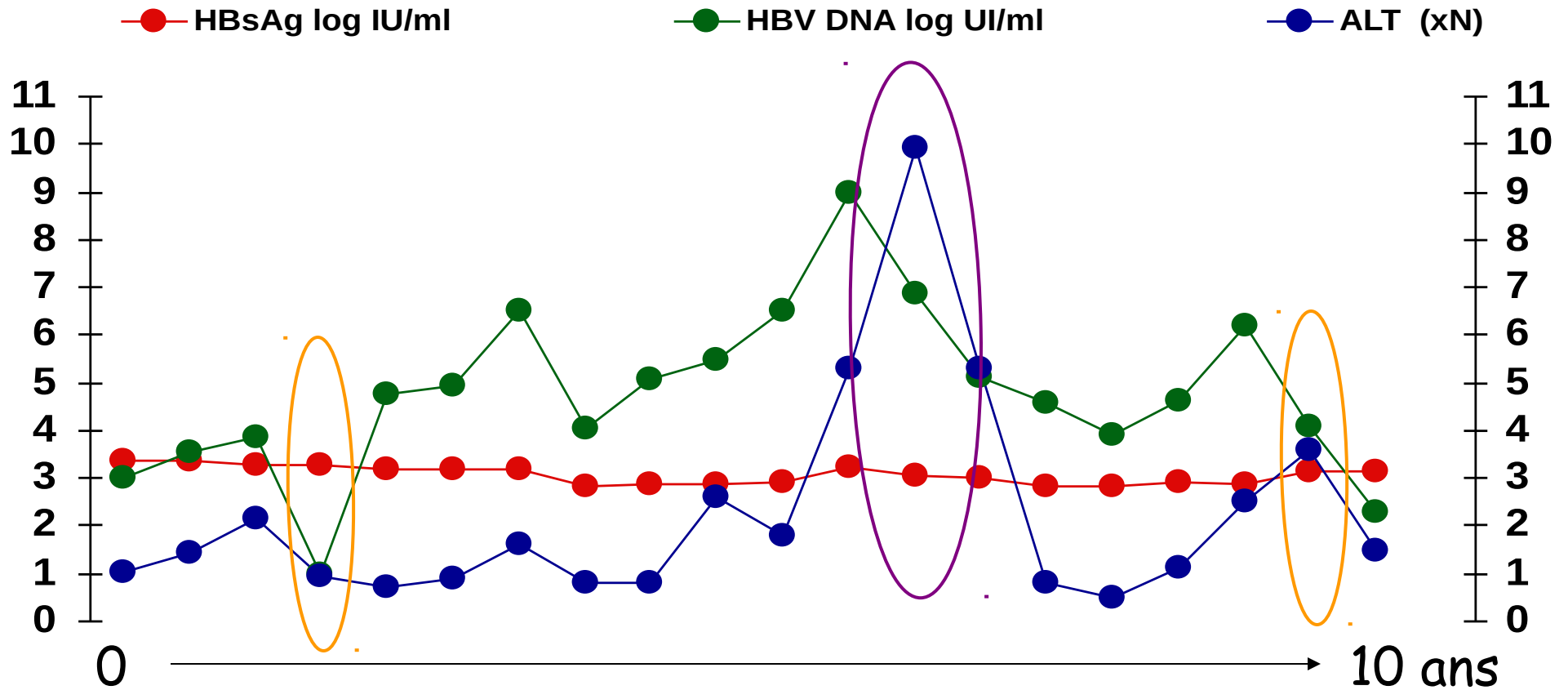


HBeAg pos versus HBe Ag neg p < 0.01



# Clinical utility

## HBsAg reliable marker

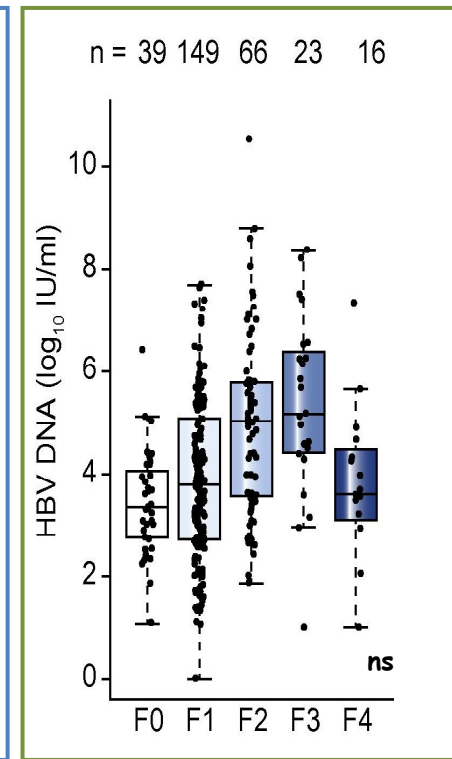
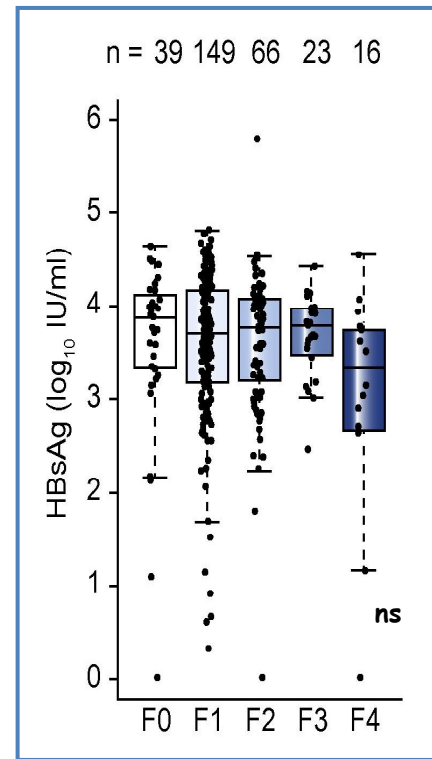
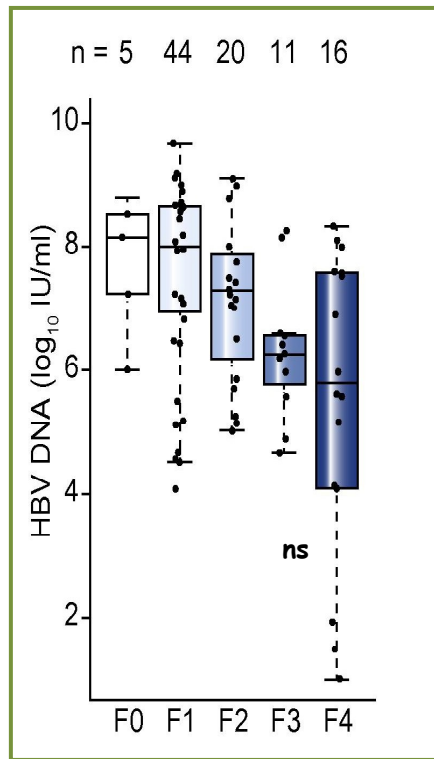
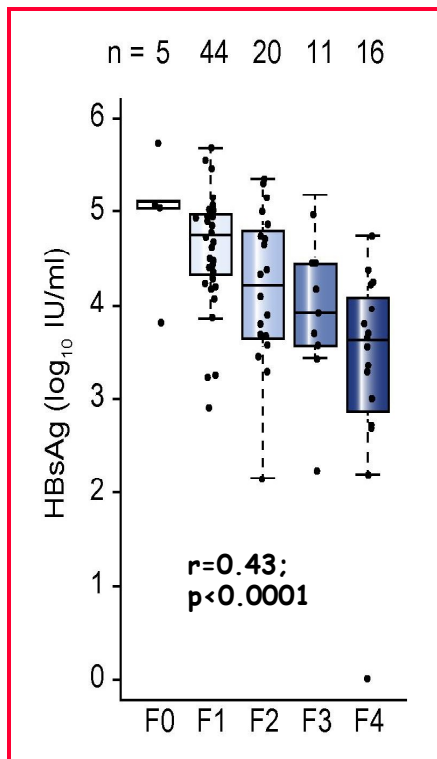


# Prediction of severity

406 patients AgHBe positive / negative génotype A à E

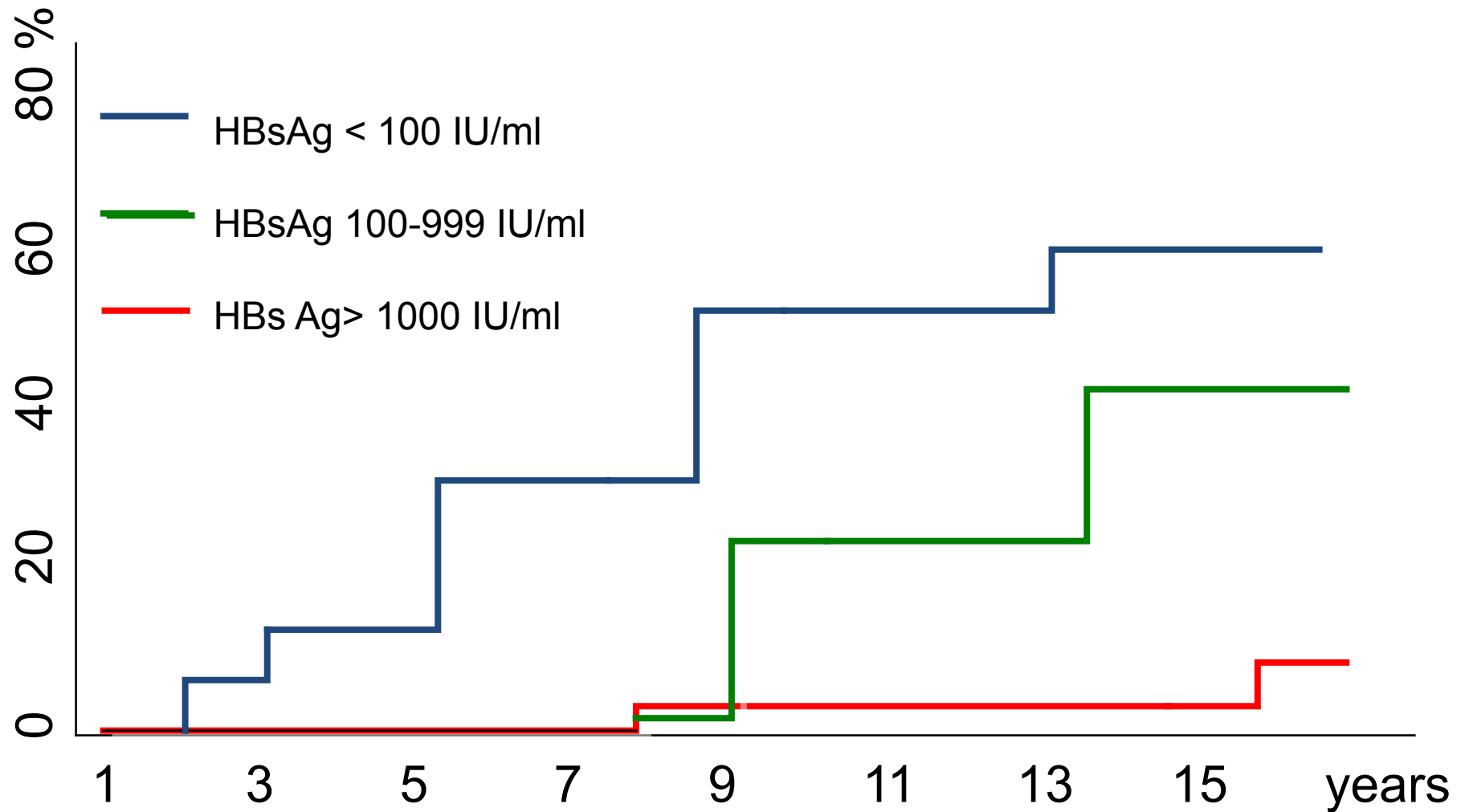
HBeAg(+) patients

HBeAg(-) patients



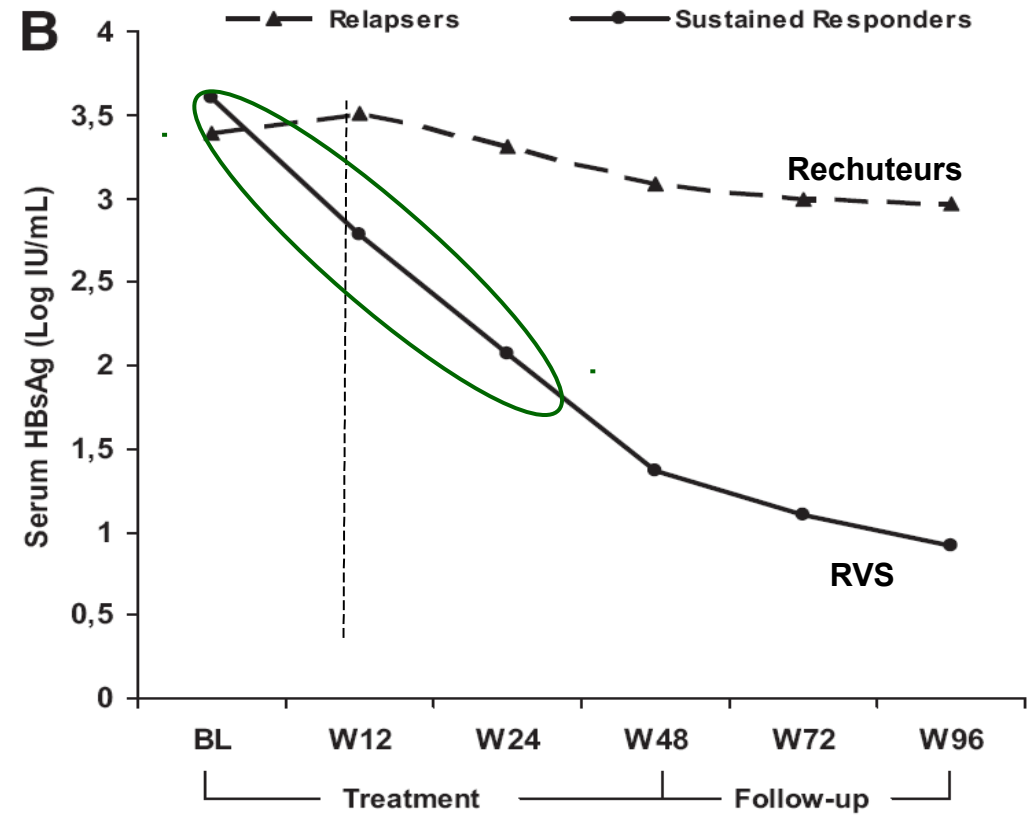
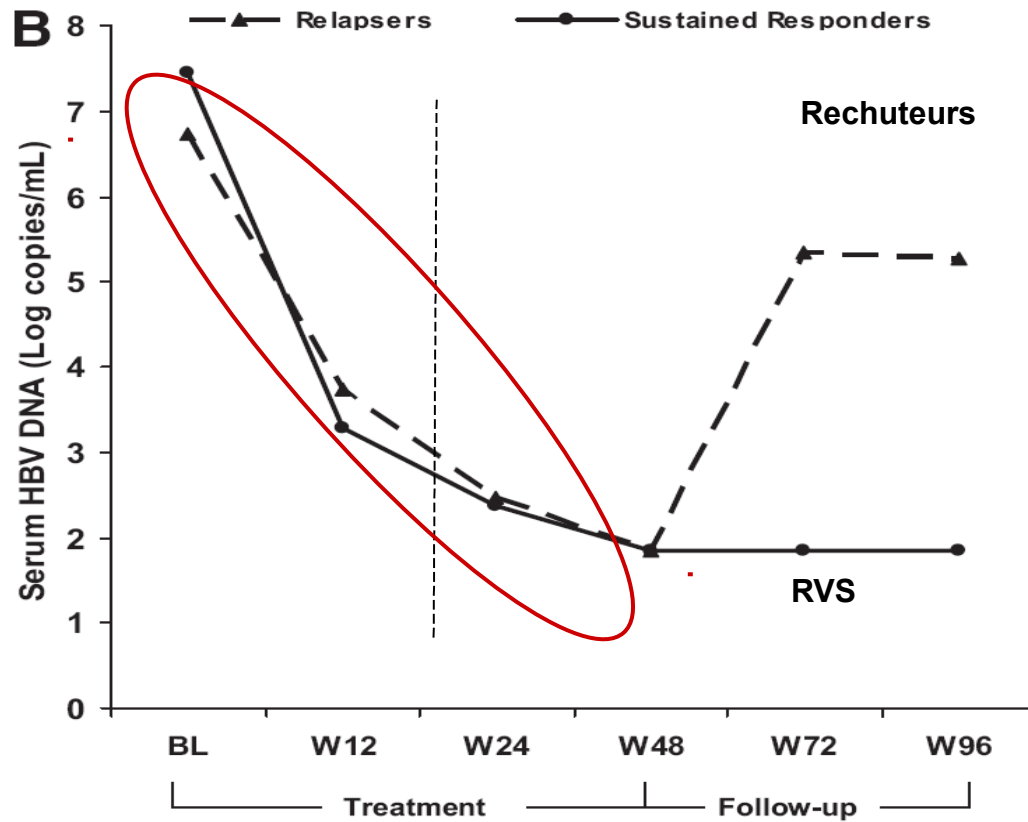
Stage of fibrosis according to METAVIR scoring system

# Prediction of HBs loss



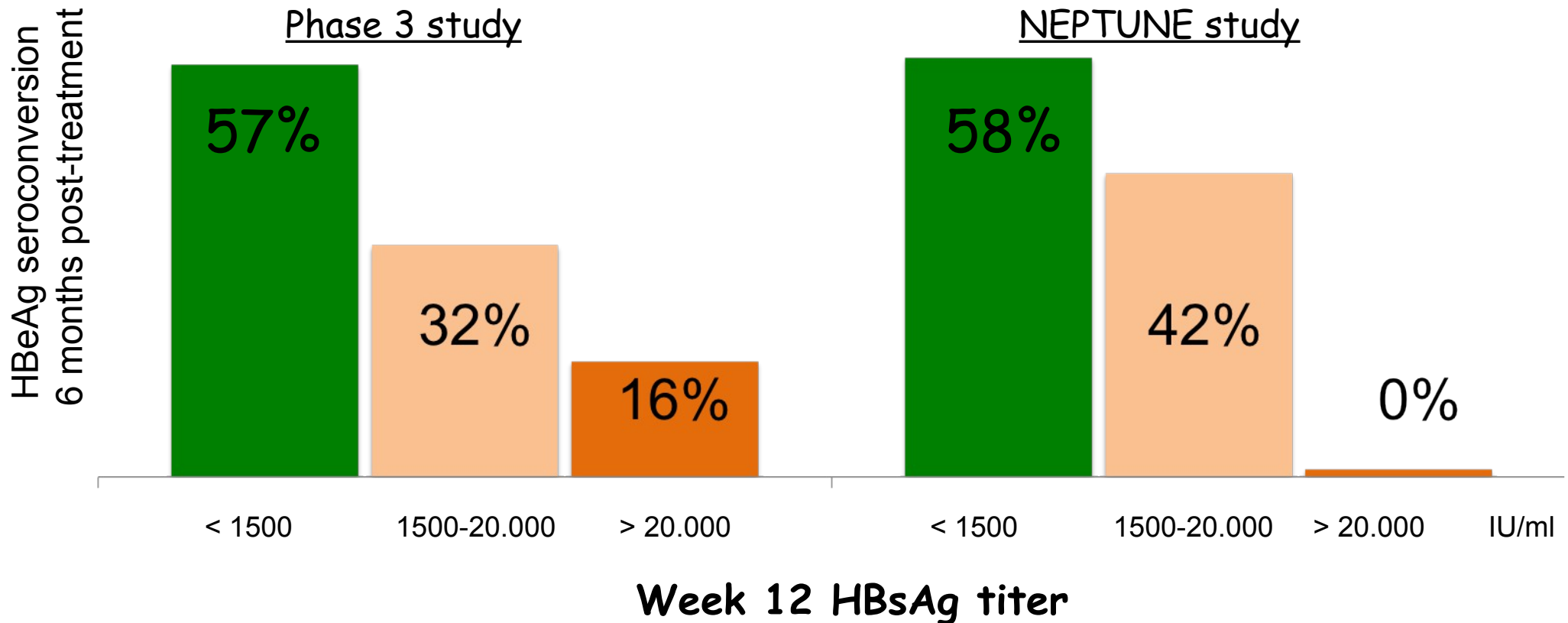
# PEG-IFN therapy

## HBV DNA and HBsAg kinetics



# During therapy

Low on-treatment HBsAg levels associated with higher HBeAg seroconversion rates



# When: during therapy (NAs)

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Early on treatment HBsAg decrease is predictive:  
Sustained virological response and HBsAg loss

	Week 12		Week 24	
HBsAg decrease	PPV	NPV	PPV	NPV
0.5 log IU/ml	5 %	<b>85%</b>	0%	<b>85%</b>
<1 log IU/ml	35%	<b>95%</b>	41%	<b>97%</b>

# Conclusion (1)

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- Quantifying HBsAg is an important tool for predicting the chronic hepatitis B outcome:
  - severity of liver disease,
  - cirrhosis and HCC development,
  - identification of inactive carriers (<1 000 IU/ml)
- Help to tailor follow-up and treatment management
  - Decline during PEG-IFN strong predictor of SVR
  - Decline during NAs predictor of HBsAg loss