



## Workshop 3

### *The place of pegylated IFN in HBV therapeutic*

#### **Chairmen:**

M. Levrero, G.Papatheodoridis

#### **Presenters:**

S. Larsson, S. Morozov

# Workshop 3

- 14 hepatologists present and involved into discussion
- All participants with the exception of the Swiss representative disclosed that they still use PEG IFN in HBV patients
- 3 clinical cases were presented:
  - 2 monoinfected HBe-negative patients (both young men), 1 patient HBV+HDV.
    - Two of the patients achieved HBs seroconversion.

# Workshop 3

## Treatment indications in HBV

- Serum HBV DNA levels
- Serum ALT levels
- Severity of liver disease
  - Liver biopsy
  - Fibroscan

# Workshop 3

## HBV treatment options

- Nucleos(t)ide analogues (NUCs):
  - tenofovir, entecavir
- Pegylated Interferon

# Selecting Between Recommended First Line Nucleos(t)ide and Interferon Therapy

## Nucleos(t)ide analogue

Potent antiviral effect

Few side effects

Oral administration

# Selecting Between Recommended First Line Nucleos(t)ide and Interferon Therapy

## Nucleos(t)ide analogue

Potent antiviral effect

Few side effects

Oral administration

Indefinite duration

Risk of resistance

Unknown long-term safety

# Selecting Between Recommended First Line Nucleos(t)ide and Interferon Therapy

Nucleos(t)ide analogue	Pegylated Interferon
Potent antiviral effect	Finite duration
Few side effects	No resistance
Oral administration	Higher rates of seroconversion (HBe/HBs)
Indefinite duration	
Risk of resistance	
Unknown long-term safety	

# Selecting Between Recommended First Line Nucleos(t)ide and Interferon Therapy

Nucleos(t)ide analogue	Pegylated Interferon
Potent antiviral effect	Finite duration
Few side effects	No resistance
Oral administration	Higher rates of seroconversion (HBe/HBs)
Indefinite duration	Moderate antiviral effect
Risk of resistance	Side effects and adverse events
Unknown long-term safety	Subcutaneous injections



# Workshop 3, matters discussed

- Whether to use PegIFN for treating CHB patients at all?
  - Consensus achieved: may be used in selected patients and may achieve “functional cure”
- For which groups of patients, HBe negative or HBe positive, is PegIFN better?
  - No clear consensus achieved
- Predictors of response before and during treatment
  - HBV DNA levels and genotype before treatment,
  - decline in HBs level during treatment and HBs loss at the end of treatment are good predictors of sustained response.
- Stopping rules.
  - This is a crucial factor and should be considered when PegIFN treatment is provided:
    - no decline in HBs or HBs  $\geq 20\ 000$  IU/ml at TW12 in HBe +
    - no decline in HBs and no decline in HBV DNA  $\geq 2$  logs in HBe –

# Conclusions

- PegIFN is the only finite treatment to offer a chance of SVR in CHB patients approved now.
- Current efficacy of 25-30% chance to be cured supports the need for the identification of prognostic factors of favorable response.
- Further studies are needed to identify predictors of response and provide individualized treatment