The HDV target : problems

- HBV required only to provide the HBsAg capsid

- replication of HDV indipendent from HBV DNA replication

NO REPLICATIVE FUNCTION OF HDV TO

BE TARGETED BY ANTIVIRALS

The SVR paradigm does not apply to hepatitis D (as long as the HBsAg persists)

HDV transmitted to HBsAg carrier chimpanzees with 1 ml of infectious serum diluted 10-11 (1/100.000.000.000)

A HBsAg background may rescue HDV in amounts far below those detectable by current HDV-RNA assays (10 cp/ml)

HBsAg persisting in the liver can rescue HDV after apparently successful therapy (i.e SVR with clearance of HDV-RNA)

?

is the clearance of serum HBsAg the only reliable end-point of therapy

THE LEGACY OF IFN : 6-12 months therapy

IN THE (VERY FEW) PATIENTS WHO CLEAR THE HBsAG:

STOP THERAPY

IN THE HBsAG PATIENTS WHO DO NOT HAVE A HDV- RNA RESPONSE :

STOP THERAPY ?

IN PATIENTS WITH A HDV-RNA RESPONSE AND A SIGNIFICANT BUT INCOMPLETE HBsAg RESPONSE:

PROLONG THERAPY ?