



San Francisco Hep B Free - Bay Area ECHO Notes

Session 15

February 15, 2022

I. Didactic Presentation: Hepatitis B and Kidney Disease (Dr. Parul Patel, Nephrologist with transplant focus at California Pacific Medical Center in San Francisco) - presentation can be found at <https://www.sfhepbfree.org/echo-program> Password: Echo2020

II. Case Presentation: Sumi Yap - Nurse Practitioner at Asian Health Services in Oakland California

Case summary:

- 91 yo man w/ PMH Afib, DM2, CKD and CHB, presented to AHS as a new pt in 8/2021. Taking Entecavir for 5 yrs.
- 8/2021 initial intake labs showed eAg (+), eAb (-), sAg (-), sAB borderline, VL <10 not detected, ALT 12.
- Chart review: no prior labs available. Unknown when pt might have lost sAg
- Meds: Entecavir 0.5 mg, Pradaxa, Flomax, Omeprazole, Coreg, Senna, Simvastatin, Tylenol
- No known family history
- Fibrosis assessment: Elastography showed F0 (11/2021) and FIB-4 calculated to be 2.76 (F2-F3 fibrosis, though less reliable for age >65)
- Viral serologies: Anti-HAV reactive, Anti-HDV not checked, Anti-HCV negative, Anti-HIV negative

Clinical Questions:

- 1) What is the recommended antiviral med for CHB pt with CKD and GFR ~50? Should patient continue Entecavir 0.5 mg with renal dosing, or switch to Vemlidy?
- 2) Patient is HBsAg (-), so can patient be considered cured and can stop medications?

Recommendations from Project ECHO panel:

Dr. Amy Tang – Primary Care (North East Medical Services)

Dr. Will Holt - Hepatology (Sutter Health)

Dr. Frank Trinh – Infectious Disease (San Mateo Medical Center)

Dr. Anita Chang – Primary Care (Asian Health Services)

- Medication recommendations for CKD patients:

- Preferred option is to continue with entecavir (Baraclude) 0.5 mg daily, and start renally dosing once GFR is consistently <50. Renal dosing can be 0.5mg tab, 1 tablet Q2 days OR 0.5mg tab, ½ tablet daily, whichever is preferred by patient.
- Alternate option is tenofovir alafenamide (TAF/Vemlidy) 25mg daily. This medication does not require renal dosing, but it does incur slightly higher risk of AKI and CKD progression.
- We do not recommend the use of tenofovir disoproxil fumarate (TDF/Viread) for patients with CKD, given the risk of AKI and CKD progression.
- Routine monitoring recommendations:
 - Optimally, most CHB patients on medications should be monitored with Q6 month labs and HCC screening with ultrasound.
 - However, given patients advanced age, provider should engage in shared decision making with the patient. Labs & ultrasound once a year is likely sufficient for this elderly patient, as the studies are unlikely to change management.
- Functional cure & cessation of treatment
 - While HbsAg is negative, patient is still HbeAg positive. This is an unusual profile of serologies, but HbeAg positive indicates patient has a high degree of infectivity and will likely relapse if antivirals are stopped. Thus, we do not consider this patient functionally cured, and we do not recommend patient to stop medications at this time.