



San Francisco Hep B Free - Bay Area ECHO Notes

Session 9

June 15, 2021

- I. **Didactic Presentation: Cost-Effectiveness of One-Time Universal Screening for Chronic Hepatitis B Infection in Adults in the United States** (Dr. Mehlika Toy, Ph.D., DrPH, MSc, an epidemiologist and Instructor at Stanford University School of Medicine and the Asian Liver Center.
- presentation can be found at <https://www.sfhepbfree.org/echo-program> Password: Echo2020
- II. Case Presentation: Dr. Catherine Moizeau, Clinician at Sacramento Community Clinic and Shingle Springs Health and Wellness

Case Summary

- 67 year old Vietnamese female otherwise healthy, who has been treated with antivirals since 2014 for immune active chronic hepatitis B (unknown HBeAg status at time of treatment initiation). Since transfer of care in 2019, the patient has had persistently normal ALT (<25 U/mL) and undetectable viral load, with HBeAg negative and HBeAb positive. Qualitative HBsAg positive in 2018 and quantitative HBsAg in 2020-2021 showed level 5.2 IU/mL and 2.4 IU/mL, but HBsAg qualitative was not rechecked.
- Clinical questions:
 - Would stopping her antiviral medication be safe?
 - What is the expected course after stopping antivirals? How long would it take to flare or need to restart treatment?

Recommendations from Project ECHO panel:

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

Dr. Samuel So – Surgical Oncologist/Founder of Asian Liver Center (Stanford Health)

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

- For eAg negative pts that start treatment, guidelines for treatment end point vary:
 - AASLD guidelines recommend to continue treatment until HBsAg loss
 - EASL guidelines recommend that if patient not cirrhotic and willing to have close lab monitoring, then if viral load is undetectable and normal ALT for 3 years, could trial off meds.
 - Based on evidence accumulating mainly from Asian countries, virological remission defined as HBV DNA <2,000– 20,000 IU/ml will be maintained in approximately 50% of such patients 3 years after NAs cessation if they have remained for more than two years on virological remission during therapy

- For eAg positive patients that start treatment, treatment end point is generally HBeAg seroconversion with 1 year consolidation period (undetectable viral load and normal ALT).
 - HBeAg seroconversion will remain in the majority (approximately 90%) and virological remission defined as HBV DNA <2,000– 20,000 IU/ml will be maintained in 50% of such patients at 3 years after HBV antiviral cessation
- For this patient:
 - We recommend this patient to continue treatment at this time.
 - If medications have been stopped for whatever reason, patient will need close lab monitoring of HBV DNA and ALT at approximately 1mo, 3mo, and 6mo since post-treatment flare is most likely to occur within 6 months of stopping treatment. Restart treatment if indicated by the same criteria as for usual patients (using fibrosis staging, ALT, and HBV DNA cutoffs) with guidance from [UW guidelines](#) and [AASLD guidelines](#)
 - If undetectable viral load, check HBsAg (qualitative) once a year to check for HBsAg loss.