HEPATITIS B REACTIVATION WITH DIRECT-ACTING ANTIVIRALS FOR HEPATITIS C TREATMENT– A PROSPECTIVE MULTICENTRIC COHORT STUDY

The prevalence of hepatitis B virus (HBV) and hepatitis C virus (HCV) coinfection is estimated at 5% to 10% globally. In HBV/HCV coinfected individuals one virus may interfere with the replication of the other virus. In most coinfected patients HCV suppress HBV replication. Loss of HBV suppression following HCV successful treatment may lead to HBV reactivation. Reactivation of HBV has previously been described after successful clearance of HCV with IFN-based regimens. However, increases in HBV replication during treatment of HCV with pegIFN-α, which also has significant activity against HBV, are typically small and severe hepatitis appears to be rare. Treatment of HCV with the newer, interferon-free, direct-acting antiviral (DAA) agents with no activity against HBV and increased potency against HCV may increase the risk of HBV reactivation in coinfected patients. In September 2016 the American Association for the Study of Liver Diseases published an update in recommendations for treatment of hepatitis C. The guideline recommends assessment for HBV coinfection in all patients initiating DAA therapy for HCV and monitoring HBV DNA levels prior, during and after treatment (for HBsAg positive patients). On the other hand the latest European guideline on treatment of hepatitis C also published in September 2016, recommends initiating concurrent prophylactic HBV therapy if chronic hepatitis B or "occult" HBV infection is detected, although there is no interventional data in this setting to support such a strategy.

So far the incidence of HBV reactivation in HBV/HCV coinfected patients receiving DAA agents is unknown, as well as the efficacy of prophylactic HBV therapy. In this prospective multicentric cohort study we aim to determine the incidence of HBV reactivation in HBV/HCV coinfected patients receiving DAA agents for HCV infection, explore risk factors associated with HBV reactivation and evaluate the efficacy of prophylactic HBV therapy.