

Treatment Eligibility of Hepatitis B Patients on the Index Hepatology Visit According to APASL 2015 and EASL 2017 Criteria

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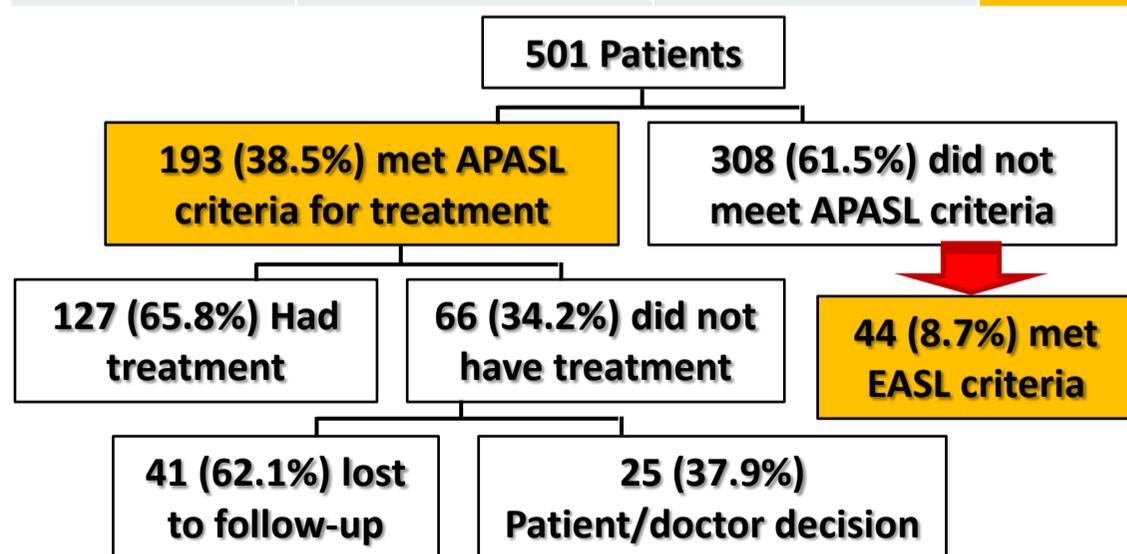
Objectives: The recent European Association for the Study of the Liver (EASL) criteria for chronic hepatitis B (CHB) treatment differs from the Asia Pacific Association for the Study of the Liver (APASL) in that treatment thresholds have been lowered. We aimed to determine the proportion of CHB patients who meet APASL and EASL criteria for treatment at the initial hepatology clinic visit, to determine prescription patterns, and to identify the factors for the discordance in treatment eligibility and treatment received.

Methods: Consecutive CHB patients seen in a single hepatology clinic from February 2007 to October 2017 were included. Demographics, baseline laboratories, treatment eligibility according to APASL 2015 and EASL 2017 guidelines, and actual treatment were recorded.

Results:

Variable	Needs Treatment (APASL) N=193	No Treatment (APASL) N=308	P value
Age	52.5±28.6	38.1±28.3	0.063
Male sex	150 (77.7%)	164 (53.3%)	<0.001
HBeAg pos.	46 (25.1%)	73 (23.9%)	0.745
Albumin	36.7±9.5	43.4±5.1	<0.001
ALT	107.5±201.9	103.8±361.2	0.898
AST	115.5±144.1	60.2±180.5	0.001
INR	1.3±0.6	1±0.2	<0.001
Platelets	207.9±95.8	238±80.9	<0.001
Sig. ROH	64 (33%)	44 (14.3%)	<0.001
Cirrhosis/HCC	168 (87%)	5 (1.6%)	<0.001

- Patients meeting APASL criteria for treatment were more likely to have significant alcohol intake, male, and to have lower albumin and platelets, and higher INR and AST levels.
- While 97.1% of patients with hepatocellular carcinoma (HCC) or cirrhosis met treatment criteria, only 7.3% of patients without complications of CHB met criteria (p<0.001).
- Among the 193 patients who met APASL criteria, 65.8% had treatment. The most common treatment given after the hepatology clinic visit were entecavir (70.1%) and tenofovir (12%), while lamivudine (30.2%) and entecavir (28.1%) were more commonly prescribed before seeing a hepatologist.
- The reasons for not starting treatment in the 66 patients were loss to follow-up (62.1%) and patient/doctor decision (37.9%).
- 84 patients who were given treatment despite not meeting APASL criteria were more likely to be >40 years old (56% vs. 44%) and started on treatment before the hepatology consult (61.4% vs. 38.6%).
- Applying the EASL criteria to the same cohort resulted in an additional 44 (8.7%) patients who meet treatment thresholds, all of which came from the subgroup of patients with no liver complications (n=39) and those with jaundice/ALT flares (n=5).



Conclusions:

The proportion of CHB patients who meet treatment criteria in this study may be skewed towards treatment because of the high number of cirrhotic/HCC patients included. Although lowering the treatment threshold expectedly increases the number of patients needing treatment, its influence on the development of liver complications has yet to be proven.