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Paper Poster Session

Hepatitis B vaccination and transmission

Missed treatment in an Italian HBV infected patients cohort: HBV RER

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Background: Chronic Hepatitis B virus (HBV) infection is a worldwide spread disease with different clinical patterns. Very little is known about the access to treatment for Chronic Hepatitis B (CHB) in the real clinical practice and the characteristics of the patients who do not receive antiviral therapy. Here we analyze the clinical and epidemiologic features of the “missing treatments” derived from a multicenter study.

Material/methods: HBV-RER is an observational multicenter Italian network that collected clinical and virologic data of patients with HBV infection during a 3 years observational period (2009-2012). We defined as missing treatments patients that underwent at least to 3 visits during the observational period. The FIB4 score, a non-invasive scoring system, was used; a value <1.6 was considered as null fibrosis, between 1.6 and 3.6 as mild fibrosis, and > 3.6 as cirrhosis.

Results: Among a total of 2527 HBsAg positive patients enrolled, 1099 were never treated (NT); of these only 280 were included in the analysis due to different exclusion causes (co-infections, state of inactive carrier). All patients included had ALT value upper 40 U/L and HBV DNA > 2000 UI/m for HBeAg negative pts, and ALT value upper 40 U/L and HBV DNA > 20000 UI/m for HBeAg positive pts. A minority was HBeAg-positive. The median age was 42. Liver biopsy (performed in 25.9% of patients), showed that most patients had Metavir score of F0-F1 (Table). Univariate analysis between NT patients and the 290 patients receiving therapy for the first time (naive) showed that NT patients were mostly female (P=0.002), not Italian (P= 0.044), younger (P<0.001). Metavir score was lower in NT group (P0.002), such as the Fib4 score (P<0.001). HBV DNA level was significantly higher in naive patients. All logistic regression analysis independent variables associated with the no-treatment were younger age, female gender, Metavir score F0-F1, Fib4 value lower to 1.6 and lower blood level of HBV-DNA.

Conclusions: In the real clinical practice there is a large number of patients eligible to treatment that do not receive it. A younger age and a less severe disease seems to be associated deferral of

treatment. The availability of potent antiviral agent that ensure a durable viral suppression and a consequent control on the disease progression, that on the other hand must be used long life, can explain the choice of defer treatment in patients with mild HBV disease.