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Letter: HBsAg kinetics-guided interferon therapy for chronic hepatitis D – authors' reply

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Sirs,

We thank Dr Kao et al. for their interest in our work.[1, 2] Increased attention is now paid to quantitative HBsAg, to predict not only sero-clearance of HBV in chronic HBV infection, but also clearance of HDV in chronic HDV/HBV co-infection. HDV is highly infectious[3]: if a patient remains HBsAg positive after apparent successful elimination of HDV-RNA, very small amounts of the virus undetectable by current assays, can restore the infection and repeat liver damage.[4] On this basis, several authors have identified that a decreasing titre of serum HBsAg is a useful tool to predict and interpret the response to IFN, and to adapt the duration of IFN treatment with the ultimate aim to eradicate HDV through eradication of the HBsAg.[5-7]

The data of Kao et al. confirm this strategy. They report a HBV/HDV-positive patient who cleared both viruses after 35 months of a combination therapy with Peg-IFN plus entecavir, and a consolidation therapy after HBsAg loss.[7] Quantitative HBsAg was less than 300 IU/mL at baseline, and the progressive decline of HBsAg was followed by HBsAg loss at month 23, with a protective anti-HBs level 2 months later. Another HDV cirrhotic patient underwent treatment with interferon: quantitative HBsAg reduction of 0.205 at 6 months of therapy proved useful in predicting the HDV-RNA clearance

following therapy. In the last patient, HBsAg became negative at 3 months off therapy, and the treatment was stopped after 30 months due to intolerance.

The common denominator with our[1, 2, 7] and other studies[5, 6] is the decrease of circulating HBsAg at month 6 of therapy, the decline of which seems a useful criterion to decide whether to continue or withdraw IFN treatment. Prolonged treatments should be considered in patients who clear the HDV-RNA but remain HBsAg positive at declining titres during the first months. An unsolved question remains the need of consolidation therapy either after HBsAg clearance or seroconversion.

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References

1 Kao C-N, Su T-H, Kao J-H. Letter: HBsAg kinetics-guided interferon therapy for chronic hepatitis D. Aliment Pharmacol Ther 2017; 45: 480–1.

2 Niro GA, Smedile A, Fontana R, et al. HBsAg kinetics in chronic hepatitis D during interferon therapy: on-treatment prediction of response. Aliment Pharmacol Ther 2016; 44: 620–8.

3 Ponzetto A, Hoyer BH, Popper H, et al. Titration of the infectivity of hepatitis D virus in chimpanzees. J Infect Dis 1987; 155: 72–8.

4 Heidrich B, Yurdaydin C, Kabacam G, et al. Late HDV-RNA relapse after peginterferon alpha-based therapy of chronic hepatitis delta. Hepatology 2014; 60: 87–97.

5 Manesis EK, Schina M, Le Gal F, et al. Quantitative analysis of hepatitis D virus RNA and hepatitis B surface antigen serum levels in chronic delta hepatitis improves treatment monitoring. Antivir Ther 2007; 12: 381–8.

6 Ouzan D, Pénaranda G, Joly H, Halfon P. Optimized HBsAg titer monitoring improves interferon therapy in patients with chronic hepatitis delta. J Hepatol 2013; 58: 1258–9.

7 Chen GY, Su TH, Kao JH. Successful treatment of chronic hepatitis B and D with pegylated-interferon plus entecavir. J Formos Med Assoc 2015; 114: 1140–1.