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Taiwan NA – Registry Group

Title:
Interim analysis of initial NUC treatment among NUC-naïve chronic hepatitis B patients in Taiwan

Background/Aims: Current guidelines recommend potent nucleos(t)ide analogues (NUCs) with a high genetic barrier to resistance as the initial treatment for chronic hepatitis B (CHB). This study aims to evaluate the rate of sustained NUC treatment (entecavir [ETV], lamivudine [LVD], or telbivudine [LdT]) and assess treatment compliance in the outpatient setting.

Methods: NUC-naïve CHB patients who received ETV, LVD or LdT monotherapy from August 2008 to July 2009 were randomly selected from 33 hospitals across Taiwan. Demographic and clinical data were retrieved from medical records. Enrolled patients were retro-prospectively followed for 144 weeks and herein we presented the interim results as of September 2012.

Results: There were 417 male and 161 female patients (mean age, 43.5 years). The proportion of patients who had sustained treatment with ETV, LVD and LdT for 144 weeks without any modification was: 98.9%, 80.0% and 88.9%, respectively. Table summarizes the rates of modification of initial treatments and reasons for modification. Figure shows the time to modification. Modified compliance rates (mean days/year [%] on therapy) from Weeks 96 to 144 were 96.8% (ETV), 97.9% (LVD) and 97.1% (LdT).

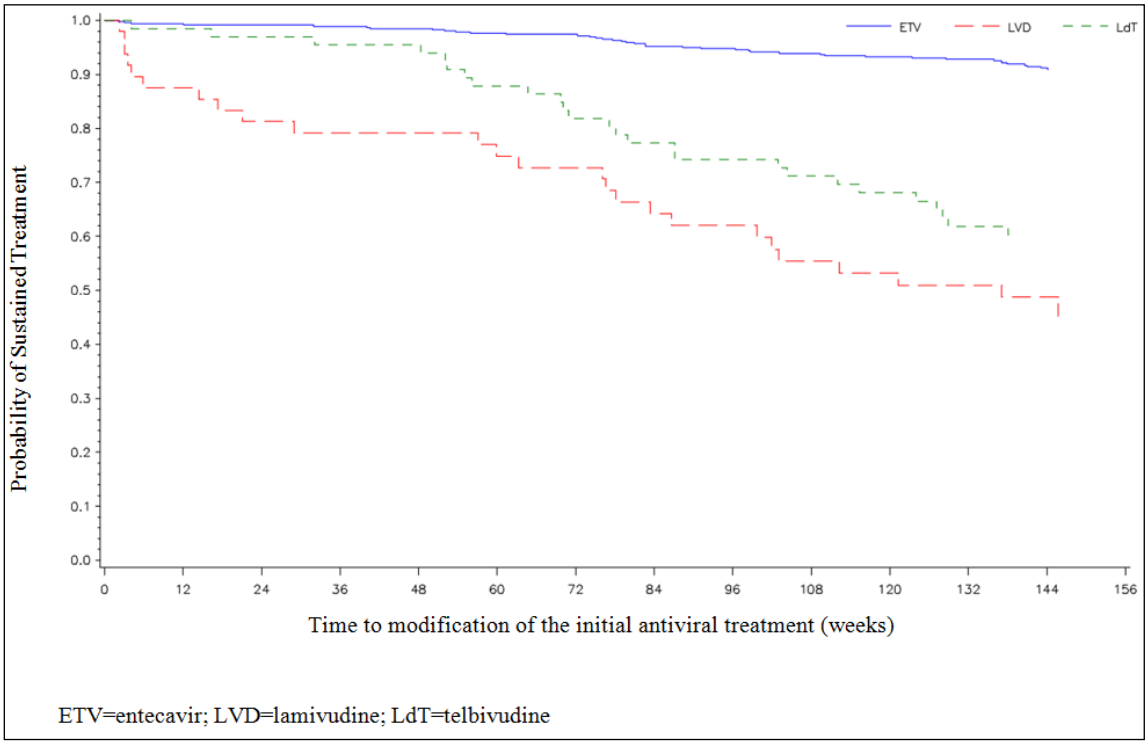
Conclusions: Our data show a high rate of sustained treatment and an acceptable rate of compliance in Taiwanese CHB patients treated with 144-week ETV.

Table: Rates of Modification of Initial Antiviral Treatment and Reasons for Modification

	Initial Antiviral Treatment			
	ETV (N=463)	**LVD (N=49)**	**LdT (N=66)**	**Total (N=578)**
Patients with initial treatment modification	41 (8.9%)	25 (51.0%)	26 (39.4%)	92 (15.9%)
Reasons for modification*				
Antiviral resistance	5 (12.2%)	10 (40.0%)	14 (53.8%)	29 (31.5%)
Intolerance to initial treatment	2 (4.9%)	3 (12.0%)	0	5 (5.4%)
Financial embarrassment	3 (7.3%)	1 (4.0%)	0	4 (4.3%)
Others	31 (75.6%)	11 (44.0%)	12 (46.2%)	54 (58.7%)

*Percentages were calculated based on the number of patients with initial treatment modification.

Figure: Time to initial treatment modification in Taiwanese CHB patients treated with ETV, LVD or LdT



ETV=entecavir; LVD=lamivudine; LdT=telbivudine