2024 16 Paris Hepatology Conference
Hybrid PHC 2024
Institut Pasteur – Paris
March 18 – 19

Management of CHB patients outside the guidelines: insights from real word data in Egypt

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Background

Current antiviral therapies play a crucial role in achieving long-term suppression of HBV replication, which not only prevents disease progression but also reduces the occurrence of HCC and mortality. Despite these remarkable benefits, a mere 2.2% (6.6 million) of chronic hepatitis B (CHB) patients globally received treatment in 2019. This alarming treatment gap can be attributed, in part, to the complexity and restrictive nature of clinical practice guidelines, which often necessitate liver biopsies or persistent elevations in ALT levels and HBV DNA > 2000 IU/mL for treatment initiation. Since 1998, we have adopted a "treat-all" approach, aiming to provide compelling evidence supporting the advantages of early treatment for CHB patients.

Methods

We conducted a retrospective analysis of data from 1226 CHB patients managed between January 1998 and December 2020 at two distinguished sites: the Egyptian Liver Research Institute and Hospital (ELRIAH) and the Association of Liver Patients Care (ALPC) in Mansoura, Egypt. Comprehensive clinical and laboratory parameters were collected before initiating antiviral treatment and subsequently at 6-month intervals, following a standardized protocol. Patients were categorized into two groups: group A, comprising those with initial HBV DNA levels below 2000 IU/mL, and group B, consisting of patients with initial HBV DNA viremia exceeding 2000 IU/mL.

Results

Our findings demonstrate that 28.3% patients with an initial HBV DNA level below 2000 IU/ml (group A) had significant liver fibrosis (F3,F4) compared to 18.4 % among patients with higher initial HBV DNA viremia (group B). We also reported , the incidence of HBsAg loss was significantly higher in group A (4.2%) compared to group B (1.3%). (P<0.002).

Conclusion

We advocate for a shift towards a more inclusive and proactive approach in managing CHB patients, with a focus on early treatment initiation to prevent disease progression, reduce the occurrence of cirrhosis, and potentially achieve functional cures. This approach has the potential to improve the overall care and outcomes of CHB patients worldwide, addressing the alarming treatment gap observed in current global statistics.

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