

Clinical Perspective on HBV Cure Research

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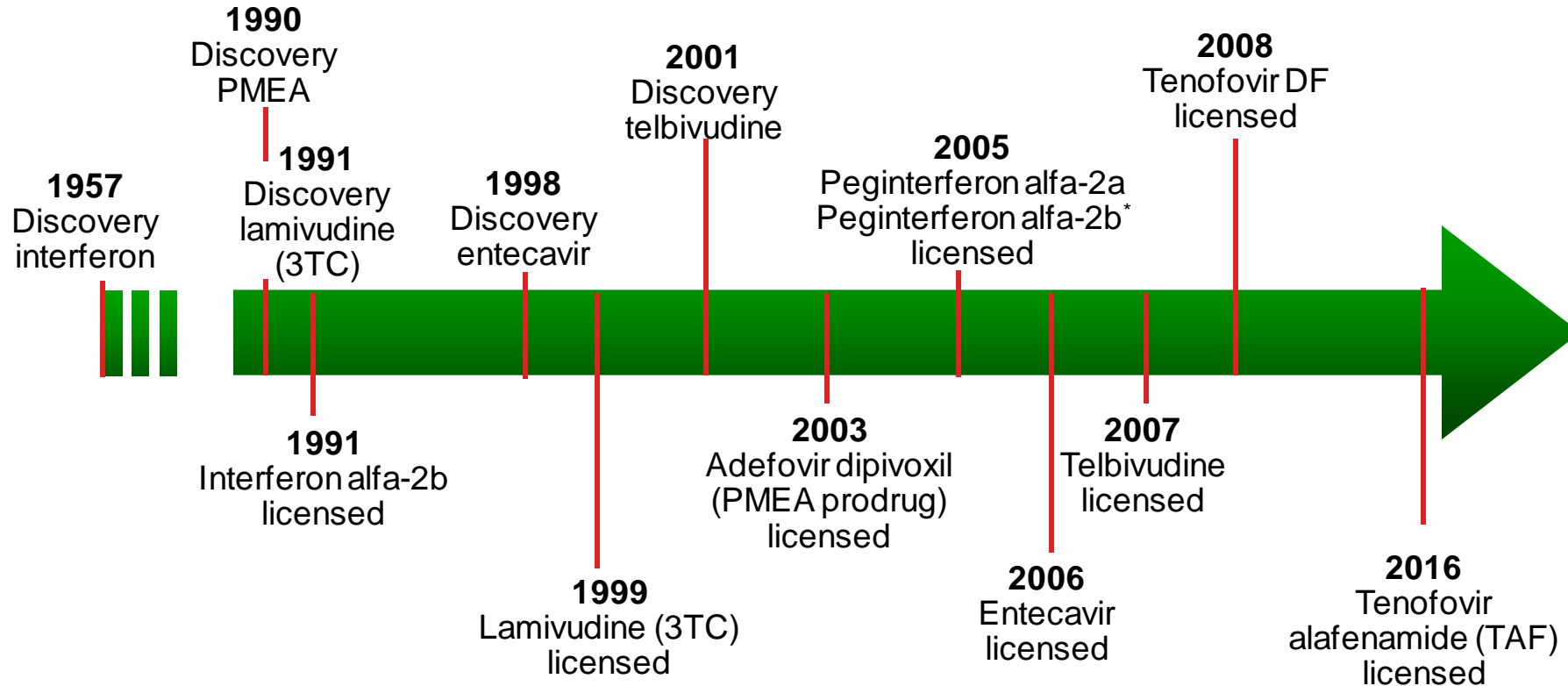
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Do we need HBV cure?

Advances in HBV treatment



HBV-RELATED CHRONIC LIVER DISEASE

Groups of treatment options

(Peg)-IFNa
(antiviral+
immunomodulator)

ETV, TDF, TAF
TBV, LAM, ADV
(pure antivirals)



ETV, TDF, TAF long-term monotherapy

The treatment option used by the majority of CHB patients

- Viral suppression in 94-99% in per protocol analysis after 5-8 years of therapy
- Resistance 0% for TDF and TAF and 1.4% for ETV.
Cross resistance ETV for LAM treated patients.
- Generally very safe after use in clinical practice for more than a decade
- Histological improvement, often reversion of pre-existing cirrhosis
- Reduction, but not elimination of HCC risk
- Improved overall survival, particularly in patients without cirrhosis

Good current treatment options

Why do we need to try for HBV cure?

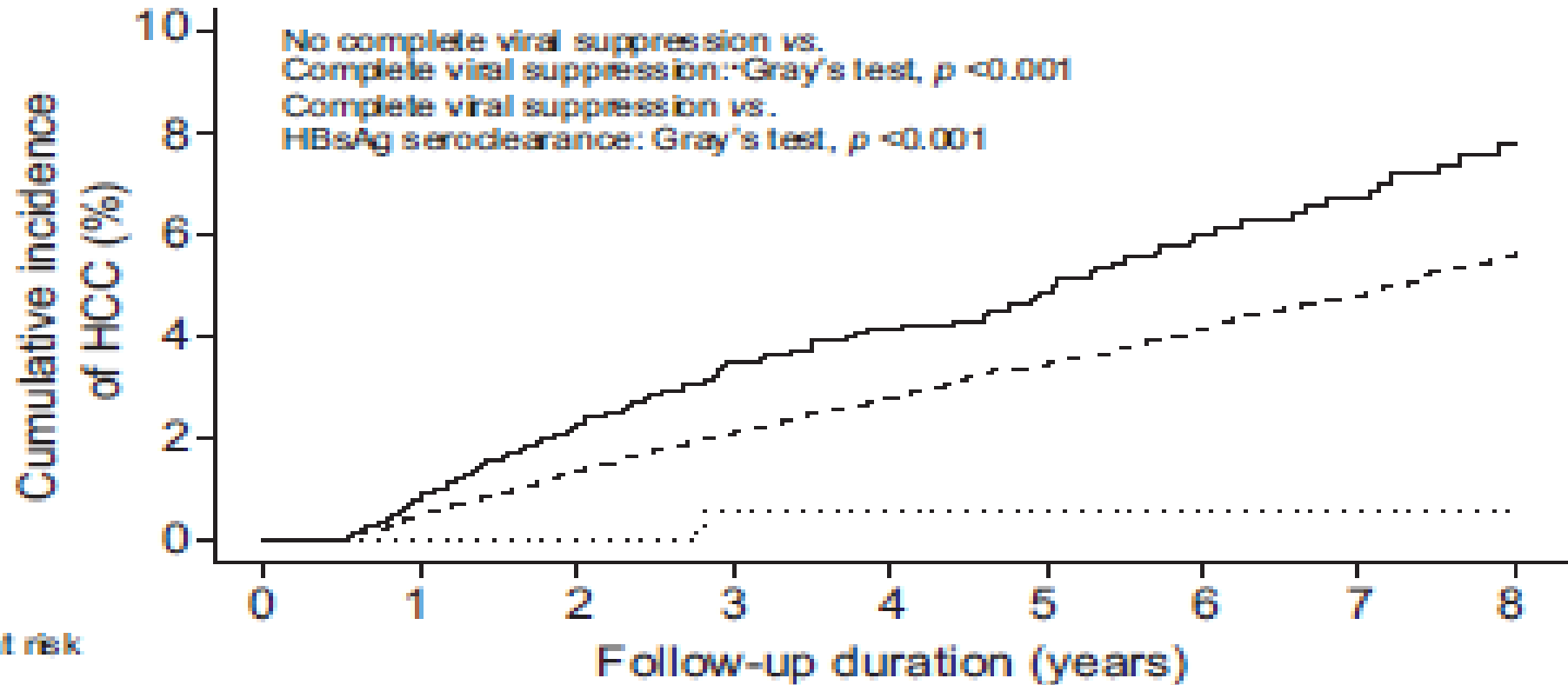
➤ **No HBV cure**

- Treatment only in patients with active liver disease (chronic hepatitis B)
- Residual HCC risk
- Rare HBsAg clearance
- High relapse rates after treatment discontinuation

➤ **Persistent HBsAg positivity**

- Physical, emotional, professional, social impact
- Stress, stigma, discrimination

HBsAg seroclearance further reduces HCC risk after complete viral suppression with NAs



Number at risk

No complete viral suppression	2,764	2,715	2,003	1,555	1,221	996	741	542	385
Complete viral suppression	17,123	17,010	15,053	12,680	10,429	8,402	6,248	4,353	2,891
HBsAg seroclearance	376	376	354	318	274	231	182	126	80

Anticipated positive effects of (functional) HBV cure

➤ HBsAg clearance

- Finite treatment duration
- Reduction (almost elimination) of HCC risk
- Expanding treatment indications
- Favorable effects on any HBV impact, stress, stigma, discrimination
- Decreasing HBV underdiagnosis rates
- Decreasing barriers to treatment