



Antiviral therapy is not enough to prevent hepatocellular carcinoma development in patients with chronic hepatitis B

Cho JY, Paik YH, Sohn W, et al. Patients with chronic hepatitis B treated with oral antiviral therapy retain a higher risk for HCC compared with patients with inactive stage disease. Gut 2014; Mar 10. doi: 10.1136/gutjnl-2013-306409. [Epub ahead of print]

The study of Cho et al. (1) will be published in one of the upcoming issue of Gut. They compared the risk of hepatocellular carcinoma among patients with inactive HBsAg carriers (1014 patients) and antiviral initiated naïve chronic active hepatitis (757 HBeAg positive and 621 HBeAg negative patients). Mean follow-up period was 42 months for both groups. Among the antiviral using group the incidence of HCC development was 7.7% (106 patients), whereas it was 1.1% (11 patients) for inactive HBsAg carriers.

When antiviral using group was further divided into 2 subgroups as antiviral responders and incomplete responders, the incidence was higher among the latter group.

In the present study, Cho et al. (1) highlight the increased risk of HCC development in chronic active hepatitis patients though strict antiviral usage. However, as

a limitation, the patients did not have liver biopsy at the beginning. Hence we can not know whether the patients who developed HCC had lower or higher grade of fibrosis.

Another significant finding in that study is the importance of having undetectable or lower serum HBV DNA levels during the treatment periods.

This study further strengthens the importance of surveillance of all patients with chronic hepatitis B. However it does not adequately describe the details of surveillance strategy.

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1. Cho JY, Paik YH, Sohn W, et al. Gut 2014. Doi: 1136/gutjnl-2013-306409.