Background Hepatitis B virus (HBV) relapse is a practical issue after nucleos(t)ide analogue (NA) therapy discontinuation in chronic hepatitis B (CHB). However a prospective multi-centre study remains lacking. The aim of this study was to prospectively investigate virological and clinical outcomes after NA therapy.

Methods CHB patients, who discontinued tenofovir disoproxil fumarate (TDF) or entecavir (ETV) therapy based on the NA treatment status, were included. Serum HBV DNA and quantitative hepatitis B surface antigen (qHBsAg) levels were measured every 3 months. The cumulative incidences of virological (VR) and clinical relapse (CR) in 2 years were estimated. A longer study period is essential for investigating long-term outcomes.

Conclusions Inactive hepatitis develops significantly fewer HCCs compared to HBcAg-negative CHB patients treated with NUCs with similar biochemical and virologic profile. In the NUC era, inactive hepatitis could be still evaluated as stable enough in the area where genotype C is dominant.