Abstracts

Influence of Hepatic Steatosis on the Treatment Outcomes of Entecavir and Tenofovir in Patients with Chronic Hepatitis B

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Background The influence of hepatic steatosis (HS) on chronic hepatitis B (CHB) is not well-known. We evaluated the influence of HS, assessed using controlled attenuation parameter (CAP) of transient elastography (TE), on the treatment outcomes in CHB patients who initiated antiviral therapy (AVT).

Methods Among 1,658 CHB patients who initiated AVT using entecavir or tenofovir between 2007 and 2016, 334 patients with available TE results at the time of initiating AVT were recruited. The cutoff CAP value for the diagnosis of HS was 238 dB/m.

Results Of the study population, 146 (43.7%) patients had HS. During the follow-up period (median 38.6 months), 303 (90.7%) and 25 (7.5%) patients experienced complete virological response (CVR) (HBV DNA p=0.380). However, lower CAP value was independently associated with the higher probability of CVR achievement (hazard ratio [HR]=0.989; p=0.004) and HBeAg loss among HBeAg positive patients (HR=0.989; p=0.031). The cumulative incidence of HBeAg loss among HBeAg positive patients was significantly higher in patients without HS than that of patients with HS (p=0.022, log-rank test).

Conclusions The HS was not correlated with HCC development in patients who initiated AVT using entecavir and tenofovir. However, HS was negatively correlated with the risk of CVR achievement and HBeAg loss among HBeAg positive patients.

Risk Assessment in Patients Treated with TACE Due to Recurred Hepatocellular Carcinoma after Curative Resection

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Background The hepatoma arterial-embolization prognostic (HAP) score and its several modifications predict survival outcomes in patients with hepatocellular carcinoma (HCC) treated with trans-arterial chemoembolization (TACE). We investigated whether HAP-based risk score is applicable in patients treated with TACE due to recurrent HCC after curative resection.

Methods A total of 448 patients with HCC who underwent curative resection between 2003 and 2015 were enrolled. Cox regression analyses and area under the curves (AUC) were used to identify risk factors and to calculate the predictive performance of risk scores, respectively.

Results The median age of the study population (378 men, 70 female) was 59.4 years. The median time from resection to recurrence was 17.7 (interquartile range, 7.3–37.1) months. Multivariate analysis indicated that alpha-fetoprotein >400 ng/mL (hazard ratio [HR]=2.367; 95% confidence interval [CI] 1.603–3.495), and serum albumin <3.6 g/dL (HR=2.072; 95% CI 1.449–2.964), tumour number ≥2 (HR=1.813; 95% CI 1.362–2.415), tumour size >7 cm (HR=0.971; 95% CI 0.416–2.269), segmental portal vein invasion (HR=2.695, 95% CI, 1.620–4.485), and time from resection to recurrence <2 years (HR=1.630, 95% CI 1.287–2.066) were the independent predictors for survival (all p<0.05). The AUC to predict survival at 3 and 5 years was 0.799 and 0.735, respectively, which were significantly higher than those of other HAP-based models (all p<0.05).

Conclusions The HAP-based risk models significantly predicted survival in patients treated with TACE due to recurred HCC after curative resection. However, HAP postop showed superior performance in this cohort.