QUESTION 35 Hep B & immunosuppression

A 35-year-old male has the following hepatitis B virus (HBV) profile with normal liver biochemistry:
- hepatitis B surface antigen (HBsAg) +
- hepatitis B e antigen (HBeAg) -

He develops lymphoma requiring chemotherapy (CHOP: cyclophosphamide, doxorubicin, vincristine and prednisone).

With regard to his HBV status, which of the following is the most appropriate strategy?
A. Monitor liver enzymes during and after treatment.
B. Prophylactic anti-viral therapy.
C. Monitor e-antigen status during therapy.
D. No specific management necessary.
E. Modify chemotherapy regimen.

Risk of HBV reactivation is greatest upon withdrawal of treatment
Risk – 20-50% among HBsAg +ve carriers

Risk factors for HBV reactivation with chemotherapy

1. HBsAg +ve particularly those who are HBeAg +ve or have high levels of HBV DNA
2. Male gender
3. Use of corticosteroids

Preemptive therapy
Best studied in setting of chemotherapy

If HBsAg +ve,
- regardless of HBeAg and HBV DNA
- Initiate lamivudine at least 1 – 2 weeks prior to starting chemotherapy
- Tx maintained for at least 6 mths after withdrawal of chemotherapy
- Longer duration of tx may be necessary in pt who had high serum HBV DNA prior to tx

Recovered HBV infection (Anti HBsAb +ve, Anti HBcAb IgG +ve, Anti HBeAb +ve)
- Benefit is less clear
- Reasonable to monitor pt closely
- Initiate tx when serum HBV DNA level becomes detectable or when hepatitis flare diagnosed

Other immunosuppressive therapies
- Infliximab for Crohn’s and RA
- Long term steroid therapy
  - No direct data from which to derive recommendations
  - Prophylaxis should be considered in HBsAg +ve pt receiving anti-TNF therapy + long term immunosuppressive tx

Answer: B Prophylactic anti viral therapy