

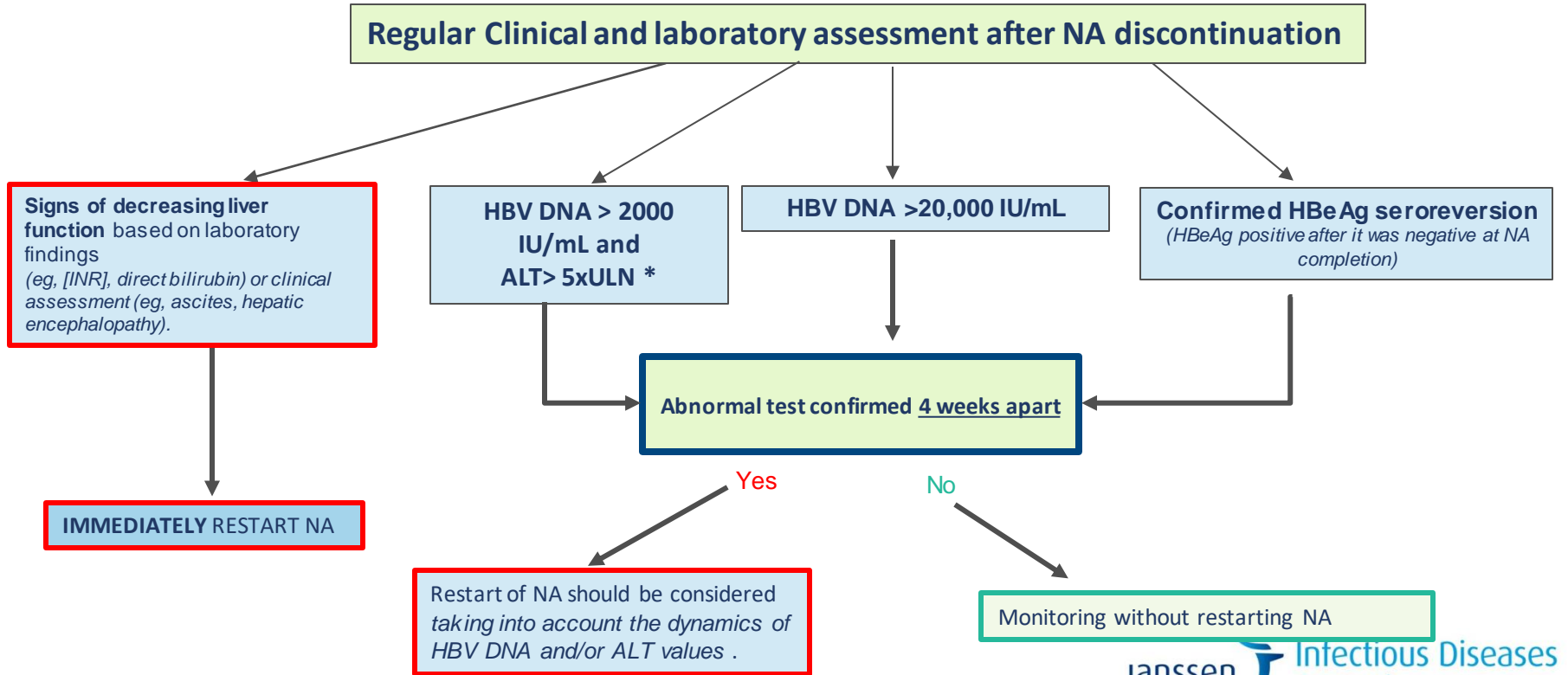
# Considerations for stopping NA in HBV finite treatment

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# Considerations related to stopping NA in Finite Treatment Duration Studies for Chronic HBV

- **EASL/AASLD current guidelines** – are they still relevant for new approaches?
  - HBeAg loss in HBeAg+ patients
  - Prolonged NA suppression in HBeAg- patients
- If using HBsAg lowering strategies, is there a **target HBsAg** level that should be reached prior to stopping?
  - Would this be different for direct acting HBsAg lowering agents vs immunomodulators?
- Incorporate a **consolidation phase**? For a low HBsAg level, or HBsAg / HBeAg loss?
- Need for **additional biomarkers** to identify patients with higher chance of FC?
- Expect HBV **DNA rebound after NA stop** to contribute to the ultimate response?
- Could criteria be influenced by **patient's characteristics** (age, race)

# NA re-treatment criteria



\* At anytime an ALT flare ( $\geq 3xULN$  and  $\geq 3xNadir$ ) will trigger weekly visits until stabilization