Editorial: similar risk of hepatocellular carcinoma in chronic hepatitis B patients treated with tenofovir or entecavir-new clues from Europe. Authors' reply.

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In their Editorial Lampertico and Papatheodoridis wisely conclude that the controversy of whether Tenofovir reduces the risk of hepatocellular carcinoma to a greater extent than does Entecavir treatment continues, leaving open the possibility that Tenofovir should be the preferred agent in a subset of patients (1). From our data, we cannot exclude such a proposition. However, in our comprehensive investigation, an analysis of the effect in numerous subgroups (including in cirrhotic, non-cirrhotic, experienced or naïve patients, compensated cirrhotics or cirrhotics with prior complications including HCC or non-carcinoma complications) did not show evidence of any significant difference between these antiviral therapies. (2). We believe that the recently published systematic review and meta-analysis, including 119,053 patients, adds credible supplementary confirmation of the absence of any major clinically significant difference between these two antiviral drugs: the 8 studies matched by propensity score report a 5-year cumulative incidence of hepatocellular carcinoma of 3.44% for Entecavir and 3.39% for Tenofovir. In their analysis the authors suggest that "treatment should be guided by patient tolerability and affordability rather than whether one drug is more effective than the other" and we completely agree with this conclusion.

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