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**Letter: tenofovir may be superior to entecavir for  
treatment-naïve chronic hepatitis B patients-authors'  
reply.**

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► **To cite this version:**

Stanislas Pol, Clovis Lusivika Nzinga, Fabrice Carrat. Letter: tenofovir may be superior to entecavir for treatment-naïve chronic hepatitis B patients-authors' reply.. *Alimentary Pharmacology & Therapeutics (Suppl)*, 2021, 53 (9), pp.1050. 10.1111/apt.16340 . hal-03777108

**HAL Id: hal-03777108**

**<https://hal.sorbonne-universite.fr/hal-03777108v1>**

Submitted on 14 Sep 2022

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3 **Letter: tenofovir may be superior to entecavir for treatment-naïve chronic hepatitis B**  
4 **patients – authors' reply**  
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8 We thank Dr Wang J-G et al. for their interest in our study<sup>1</sup> and their letter<sup>2</sup>.  
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12 We agree that nucleos(t)ide therapy (NUC) may modify the overall results in our study. The  
13 benefit of viral suppression and its time-dependent increasing impact has been nicely shown  
14 by Papatheodoridis et al. evidencing a HCC prevalence of 5.2% within the first 5 years of  
15 NUC, which declined to 1.4% within the 5-10 years with a yearly incidence of 1.22 and 0.73%,  
16 respectively<sup>3</sup>.  
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23 Our results confirms with others 1. the positive impact of viral suppression on the risk of  
24 HCC<sup>4</sup>; 2. the absence of a differential effect of Tenofovir or Entecavir on this risk in European  
25 or US studies contrarily to what was reported in Asian studies, and this remained true in NUC  
26 naïve as well as in NUC treated patients, whatever the underlying liver disease<sup>3,5</sup>.  
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29 Finally, we also agree that HBsAg loss and anti-HBs seroconversion are associated with a  
30 higher reduction of HCC<sup>6</sup>. In our study of the Hepather cohort treated by Tenofovir or  
31 Entecavir<sup>1</sup>, including 1800 HBsAg-positive patients, HBs Ag loss was recorded in only 51  
32 patients (2.8%) and 13 of the 51 (25.4%) developed anti-HBs sero-conversion without  
33 significant difference between both analogues ( $p = 0.15$  and  $p = 0.94$ , respectively). Two of  
34 these 13 sero-converters developed HCC before HBsAg loss. We do not expect that HBsAg  
35 sero-clearance could explain the similar efficacy between Tenofovir and Entecavir.  
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15 The authors' declarations of personal and financial interests are unchanged from those in  
16 the original article<sup>1</sup>.

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