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

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We thank Dr Wang J-G et al. for their interest in our study[1] and their letter[2].

We agree that nucleos(t)ide therapy (NUC) may modify the overall results in our study. The benefit of viral suppression and its time-dependent increasing impact has been nicely shown by Papatheodoridis et al. evidencing a HCC prevalence of 5.2% within the first 5 years of NUC, which declined to 1.4% within the 5-10 years with a yearly incidence of 1.22and 0.73%, respectively[3].

Our results confirms with others 1. the positive impact of viral suppression on the risk of HCC[4]; 2. the absence of a differential effect of Tenofovir or Entecavir on this risk in European or US studies contrarily to what was reported in Asian studies, and this remained true in NUC naïve as well as in NUC treated patients, whatever the underlying liver disease[3,5].
Finally, we also agree that HBsAg loss and anti-HBs seroconversion are associated with a higher reduction of HCC[6]. In our study of the Hepather cohort treated by Tenofovir or Entecavir[1], including 1800 HBsAg-positive patients, HBs Ag loss was recorded in only 51 patients (2.8%) and 13 of the 51 (25.4%) developed anti-HBs sero-conversion without significant difference between both analogues ($p = 0.15$ and $p = 0.94$, respectively). Two of these 13 sero-converters developed HCC before HBsAg loss. We do not expect that HBsAg sero-clearance could explain the similar efficacy between Tenofovir and Entecavir.

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