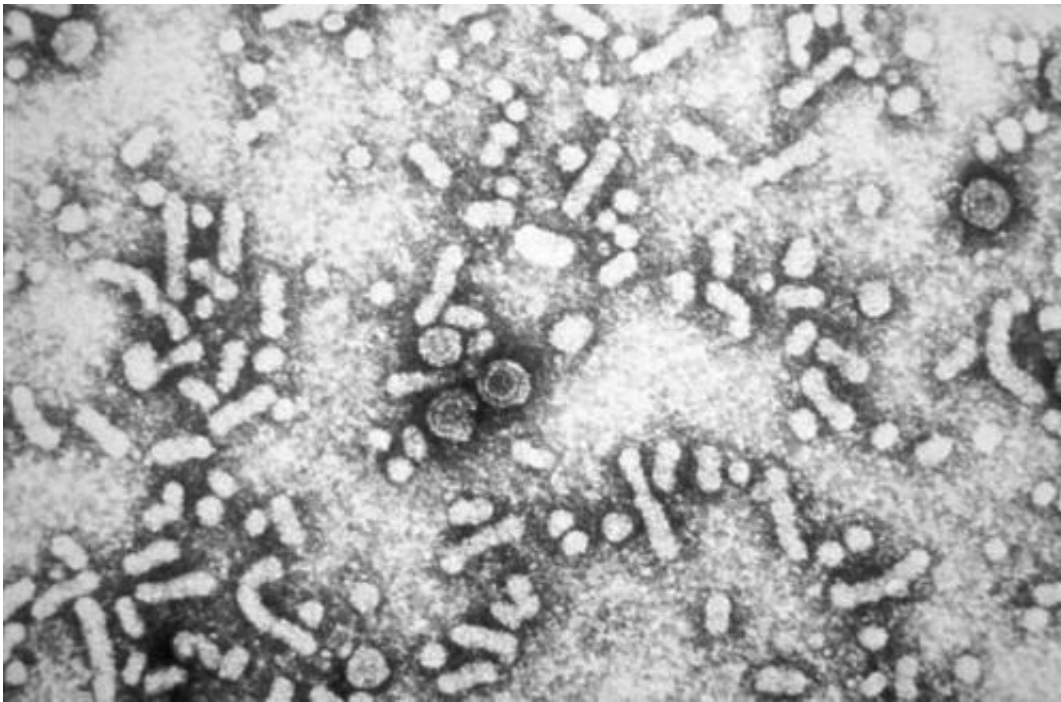


New EASL clinical practice guidelines on the management of hepatitis B virus

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Electron micrograph of hepatitis B virus. Credit: Centers for Disease Control and Prevention

The European Association for the Study of the Liver (EASL) today published their revised Clinical Practice Guidelines (CPGs) on the management of Hepatitis B virus (HBV) infection. The CPGs, which will also be presented in a session at The International Liver Congress 2017 in Amsterdam, The Netherlands, are designed to help physicians and healthcare providers optimise the management of patients with

either acute or chronic HBV.

The new EASL HBV CPGs are the first international guidelines to include the new antiviral drug tenofovir alafenamide (TAF), as well as the latest scientific evidence on stopping antiviral therapy in distinct patient populations on long-term treatment.

HBV infection remains a global public health burden with changing epidemiology due to several factors including vaccination policies and migration. All patients with chronic HBV are at increased risk of progression to cirrhosis and hepatocellular carcinoma (HCC), depending on host and viral factors. The main goal of therapy is to improve survival and quality of life by preventing disease progression, and consequently HCC development. The induction of long-term suppression of HBV replication represents the main endpoint of current treatment strategies, while loss of HBsAg (a surface antigen of HBV which indicates current infection) is an optimal endpoint.

"Hepatitis B virus infections are major health threats that affect about 240 million individuals worldwide. The updated EASL guidelines integrate the latest scientific advances on diagnosis and therapy of Hepatitis B, thereby providing clear guidance to clinicians and patients for the management of this potentially life-threatening disease," said Prof Frank Tacke, member of the Clinical Practice Guideline panel and EASL Governing Board Member.

Based on an extensive systematic review of the most current literature by a panel of leading global experts, the updated HBV CPGs provide:

- New definitions of disease phases that will better guide clinicians on treatment indications
- Expanded indications for initiating treatment in order to prevent mother-to-child transmission, based on the latest scientific

evidence

- Clear cut recommendations for special patient populations (e.g., children, extrahepatic disease manifestations, prevention of HBV re-activation)
- Practical rules for response-guided therapy in [patients](#) receiving pegylated interferon for HBV

The guidelines will be published in the official journal of EASL, the *Journal of Hepatology* (Vol. 67 Issue. 2, August 2017) and presented during a session at The International Liver Congress™ 2017 on Thursday, 20 April 2017, from 12:30 - 13:15, in Hall 5.

Provided by European Association for the Study of the Liver

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