

中文題目：結合治療中 Fibrosis-4 index 及甲型胎兒蛋白數值在慢性 B 型肝炎肝硬化病人接受貝樂克治療臨床預後的預測

英文題目：A combination of the on-treatment FIB-4 index and alpha-fetoprotein levels predicts clinical outcomes in cirrhotic patients with chronic hepatitis B receiving entecavir therapy

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Background & Aims: This study investigates the incidences and predictors of developing hepatocellular carcinoma (HCC), cirrhotic events, and mortality in cirrhotic patients receiving entecavir (ETV) therapy.

Methods: We enrolled 481 nucleos(t)ide analogue-naïve chronic hepatitis B (CHB) patients who had compensated cirrhosis upon entry and had received ETV monotherapy for >12 months.

Results: The 8-year cumulative incidences of developing HCC, cirrhotic events, and liver-related mortality were 26.5%, 8.62%, and 10.03%, respectively. Multivariate analysis revealed that diabetic mellitus, fibrosis-4 (FIB-4), and alpha-fetoprotein (AFP) levels at 12 months of treatment were independent factors of HCC. Furthermore, FIB-4 and AFP levels at 12 months of treatment were also independent factors of cirrhotic events and mortality. FIB-4 cutoff values of 3, 3, and 5 as well as AFP cutoffs of 5, 5, and 9 ng/mL at 12 months of treatment were optimal for predicting HCC, cirrhotic events, and mortality during ETV therapy, respectively. The FIB-4 and AFP levels at 12 months of treatment were used to assess the combined risk of developing clinical outcomes. The 8-year incidences of HCC, cirrhotic events, and liver-related mortality in the subgroups with low FIB-4 and AFP levels at 12 months of treatment were only 5.95%, 1.03%, and 2.43%, respectively. Diabetic mellitus was an independent predictor of developing HCC and mortality.

Conclusion: The combination of FIB-4 and AFP levels at 12 months of treatment is a useful marker for predicting the development of HCC, cirrhotic events, and mortality in compensated cirrhotic patients with CHB who are receiving ETV therapy.