Table 8 Multiple logistic regression for factors associated with HBV DNA rebound within 24 weeks after discontinuation of NA treatment in those patients whose ALT levels had normalized at the end of NA treatment

Factors[a]	ALT relapsed ($n = 6$)	ALT non-relapsed ($n = 19$)	Univariate P value[b]	Multiple logistic regression[c]	
				P value	OR (95 % CI)
Gender (M:F)	5:1	12:7	0.073 (chi-square test)	0.073	
HBV genotype (B:C:ND)	0:6:0	2:16:1	0.584 (chi-square test)		
Before treatment					
Age (years)[d]	41 (31–59)	46 (29–66)	0.545		
Platelet ($\times 10^4/\mu L$)[d]	20.3 (9.6–28.0)	14.7 (9.6–27.5)	0.484		
ALT (IU/L)[d]	161 (62–309)	118 (22–780)	0.750		
HBsAg (IU/mL)[d]	3,573 (462–1,354,400)	2,485 (66–0.109)	0.201		
HBeAg (+:−)	5:1	5:14	0.023 (chi-square test)	0.707	
HBcrAg (log U/mL)[d]	7.1 (6.5–7.8)	5.3 (3.4–7.9)	0.264		
HBV DNA (log copies/mL)[d]	9.1 (6.8–10.0)	8.1 (3.5–9.6)	0.252		
HBV DNA + RNA titers (log copies/mL)	8.3 (6.1–9.7)	7.5 (3.4–9.2)	0.477		
DR ratio	−0.5 (−1.4 to 0.0)	−0.4 (−1.4 to 0.5)	0.503		
After 3 months of treatment					
HBV DNA (log copies/mL)[d]	3.7 (2.4–6.9)	3.7 (2.2–4.8)	0.503		
HBV DNA + RNA titers (log copies/mL)	3.7 (2.4–6.9)	4.2 (2.2–6.3)	0.041	0.413	
DR ratio	1.4 (−0.2 to 1.9)	0.7 (−0.9 to 1.9)	0.111		
End of treatment					
HBsAg (IU/mL)[d]	2,978 (481–16,301)	812 (<1.1–11,600)	0.127		
HBeAg (+:−)	5:1	3:16	0.006 (chi-square test)	0.009	26.667 (2.242–317.147)
HBcrAg (log U/mL)[d]	4.1 (3.6–5.8)	3.7 (3.0–6.6)	0.406		
HBV DNA (log copies/mL)[d]	3.3 (2.2–6.3)	3.4 (2.2–6.1)	0.632		
HBV DNA + RNA titers (log copies/mL)	4.1 (3.2–7.1)	3.6 (2.2–5.7)	0.064	0.444	
DR ratio	0.6 (−1.0 to 2.8)	0.2 (−0.8 to 1.5)	0.340		
Sequential therapy (+:−)	3:3	13:6	0.630 (chi-square test)		
Duration of treatment (weeks)[d]	59 (25–221)	51 (24–304)	0.702		

[a] Unless indicated otherwise, the values are given as the number (n) of patients

[b] Univariate analysis was performed with Mann-Whitney U test unless indicated otherwise·

[c] Multiple logistic regression analysis was performed using variables that were at least marginally significant ($P < 0.10$) in the univariate analysis

[d] Median (range)

3 months of treatment was only marginally associated with the safe discontinuation of NA therapy without ALT rebound ($P = 0.050$, OR 8.032, 95 % CI 0.997–64.683). These results suggest that ALT rebound in HBeAg-positive patients might be associated with HBV replication activity during the NA treatment.

To analyze the cumulative ALT rebound rate in HBeAg-positive chronic hepatitis B patients, the 16 subjects were divided into two groups based on HBV DNA + RNA levels. The cut-off value of HBV DNA + RNA after 3 months of treatment (4.8 log copies/mL) was determined by inspection of the ROC curve (sensitivity 0.833, specificity: 0.889, positive predictive value 0.833, negative predictive value 0.889). Six subjects who achieved <5.0 log copies/mL of HBV DNA + RNA levels after 3 months of treatment were assigned to group A and the remaining

Table 9 Univariate analysis for factors associated with HBV DNA rebound within 24 weeks after discontinuation of NA treatment in the patients in whom ALT levels did not normalize at the end of NA treatment

Factors	ALT relapsed ($n = 7$)	ALT non-relapsed ($n = 4$)	Univariate P value
Gender (M:F)	6:1	4:0	1.000[b]
HBV genotype (B:C:ND)	0:6:1	0:3:1	1.000[b]
Before treatment			
Age (years)[a]	36 (25–56)	50 (30–64)	0.218
Platelet ($\times 10^4/\mu L$)[a]	17.0 (13.1–27.5)	16.1 (15.6–16.5)	0.770
ALT (IU/L)[a]	101 (37–303)	148 (114–270)	0.571
HBsAg (IU/mL)[a]	11,113 (1,180–40,967)	1,384 (406–7,016)	0.197
HBeAg (+: −)	5:2	1:3	0.242[b]
HBcrAg (log U/mL)[a]	5.9 (5.5–8.8)	6.7 (5.0–7.7)	1.000
HBV DNA (log copies/mL)[a]	7.1 (5.0–10.1)	6.7 (5.7–9.7)	0.635
HBV DNA + RNA titers (log copies/mL)	6.9 (5.1–10.0)	6.3 (5.0–9.7)	0.571
DR ratio	−0.1 (−0.2–0.9)	−0.4 (−0.7–0.0)	0.279
After 3 months of treatment			
HBV DNA (log copies/mL)[a]	5.1 (3.8–7.3)	4.2 (2.2–4.4)	0.052
HBV DNA + RNA titers (log copies/mL)	5.7 (3.9–8.2)	4.4 (2.9–6.2)	0.185
DR ratio	0.6 (−0.2–2.7)	0.1 (−0.1–0.6)	0.255
End of treatment			
HBsAg (IU/mL)[a]	4,317 (2,306–11,607)	5,209 (85–5,711)	0.915
HBeAg (+: −)	5:2	1:3	0.242[b]
HBcrAg (log U/mL)[a]	5.4 (3.6–8.2)	5.6 (4.9–5.9)	1.000
HBV DNA (log copies/mL)[a]	4.4 (2.2–9.2)	2.2 (2.2–7.1)	0.178
HBV DNA + RNA titers (log copies/mL)	4.9 (3.1–8.7)	3.0 (2.2–6.5)	0.131
DR ratio	−0.1 (−0.5–2.7)	0.1 (−0.6–1.6)	0.850
Sequential therapy (+: −)	6;1	4:0	1.000[b]
Duration of treatment (weeks)[a]	24 (24–36)	44 (24–110)	0.091

ND not determined, *DR ratio* HBV DNA + RNA titers/HBV DNA

[a] Median (range) univariate analysis was performed with Mann-Whitney *U* test

[b] Chi-square test

ten subjects were assigned to group B. The cumulative ALT rebound rate of group A was significantly lower than that of group B at 24 and 48 weeks after the discontinuation of therapy ($P = 0.008$, $P = 0.024$, respectively, Fig. 5).

Prediction of ALT rebound after discontinuation of therapy using two extracted factors

To predict successful discontinuation of therapy, we analyzed cumulative ALT rebound by using HBV DNA plus RNA levels at 3 months of NA treatment and existence of HBeAg at the end of treatment. Fourteen subjects who achieved both <4.8 log copies/mL of HBV DNA + RNA levels after 3 months of treatment and negative HBeAg at the end of treatment were assigned to group A and the remaining 22 subjects were assigned to group B. The cumulative ALT rebound rate of group A was significantly lower than that of group B among all observation periods ($P = 0.046$, Fig. 6).

Discussion

Since the introduction of NAs, chronic hepatitis B progression has been drastically suppressed. NAs strongly suppress HBV replication in human hepatocytes and rapidly decrease serum HBV DNA titers to undetectable levels [30–33]. However, even if HBV DNA is continuously maintained at undetectable levels, it is difficult to

Table 10 Multiple logistic regression for factors associated with ALT rebound within 24 weeks after discontinuation of NA therapy in HBeAg-positive patients ($n = 16$)

Factors[a]	ALT relapsed ($N = 10$)	ALT non-relapsed ($N = 6$)	Univariate P value[b]	Multiple logistic regression[c]	
				P value	OR (95 % CI)
Gender (M:F)	5:5	3:3	0.696 (chi-square test)		
HBV genotype (B:C)	0:10	0:6	1.000 (chi-square test)		
Before treatment					
Age (years)[d]	35 (25–56)	38 (29–47)	0.957		
Platelets ($\times 10^4/\mu L$)[d]	20.3 (9.6–28.0)	17.3 (14.5–27.5)	0.768		
ALT (IU/L)[d]	148 (37–309)	155 (46–270)	0.958		
HBsAg (IU/mL)[d]	11,113 (462–1,354,400)	6,283 (66–10,109)	0.662		
HBcrAg (log U/mL)[d]	7.1 (5.5–8.8)	7.4 (5.2–7.7)	0.714		
HBV DNA (log copies/mL)[d]	9.1 (6.5–10.1)	8.8 (3.8–9.7)	0.792		
HBV DNA + RNA titers (log copies/mL)	8.3 (6.1–10.0)	8.6 (3.4–9.7)	0.958		
DR ratio	−0.2 (−1.4 to 0.9)	−0.3 (−0.7 to 0.0)	0.776		
After 3 months of treatment					
HBV DNA (log copies/mL)[d]	5.0 (3.5–7.3)	4.1 (2.2–4.4)	0.056	0.897	
HBV DNA + RNA titers (log copies/mL)	5.8 (4.8–8.2)	4.7 (3.7–6.3)	0.011	0.050	8.032 (0.997–64.683)
DR ratio	1.1 (−0.2 to 2.7)	1.1 (−0.6 to 1.9)	0.792		
End of treatment					
HBsAg (IU/mL)[d]	4,736 (823–16,301)	3,523 (48–11,600)	0.529		
HBeAg (+:−)	10:0	4:2	0.125 (chi-square test)		
HBcrAg (log U/mL)[d]	5.6 (4.1–8.2)	5.3 (4.0–6.6)	0.310		
HBV DNA (log copies/mL)[d]	4.4 (2.2–9.2)	3.7 (2.1–6.1)	0.220		
HBV DNA + RNA titers (log copies/mL)	4.9 (3.7–8.7)	3.9 (3.4–5.7)	0.093	0.543	
DR ratio	0.5 (−1.0 to 2.8)	0.2 (−0.8 to 1.6)	0.635		
Sequential therapy (+:−)	7:3	4:2	0.654 (chi-square test)		
Duration of treatment (weeks)[d]	29 (24– 221)	119 (24–175)	0.169		

[a] Unless indicated otherwise, the values are given as the number (n) of patients

[b] Univariate analysis was performed with Mann-Whitney U test unless indicated otherwise

[c] Multiple logistic regression analysis was performed using variables that were at least marginally significant ($P < 0.10$) in the univariate analysis

[d] Median (range)

completely eliminate HBV from the liver. The goal of NA therapy is therefore to reduce the HBV DNA titer and to induce an inactive state of hepatitis, but, as a result, it is necessary that NA therapy should be continued for a long period of time. As it is well known that long-term treatment with NAs increases the incidence of HBV drug resistance [14], we propose that patients who maintain an inactive state of hepatitis with NA therapy may be able to discontinue the NA therapy to prevent the appearance of drug-resistant strains. However, as shown in Fig. 1, in our patient cohort, hepatitis was re-activated after discontinuation of the therapy in more than 70 % of the patients who discontinued the NA therapy. Therefore, in this study, we analyzed predictive factors for the safe discontinuation of NA therapy.

After discontinuation of NA therapy, serum HBV DNA titers increased in 91.7 % of our patients within 48 weeks (Fig. 1a). In the multivariate logistic regression, the HBV

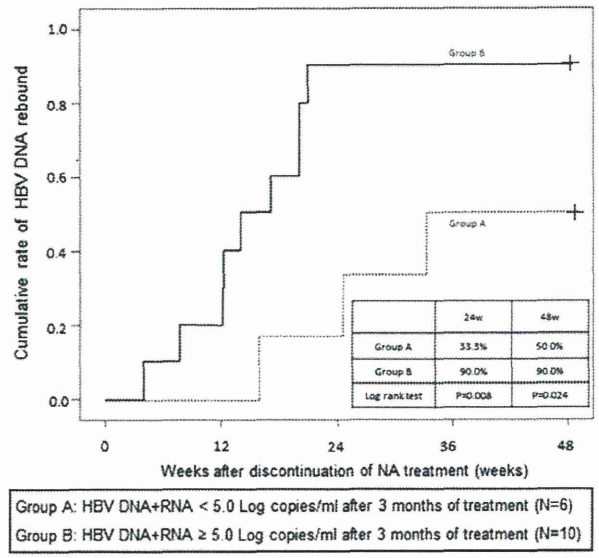

Fig. 5 Cumulative rate of ALT rebound after discontinuation of NA treatment in HBeAg-positive chronic hepatitis B patients. Six patients whose HBV DNA + RNA titers reached <5.0 log copies/mL after 3 months of treatment were assigned to group A; the other ten patients, whose HBV DNA + RNA titers were ≥5.0 log copies/mL after 3 months of treatment, were assigned to group B. The cumulative ALT rebound rate in HBeAg-positive chronic hepatitis B patients was analyzed using the Kaplan–Meier method

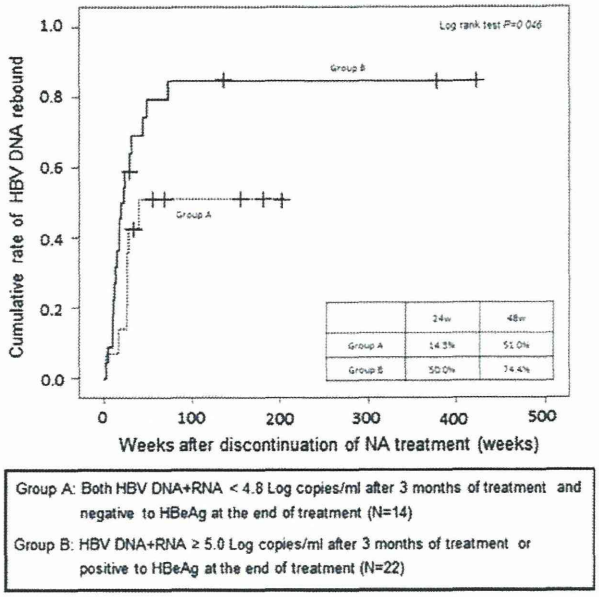

Fig. 6 Cumulative rate of ALT rebound after discontinuation of NA treatment by using combined criteria. The subjects were divided using combined criteria. Fourteen patients whose HBV DNA + RNA titers reached <5.0 log copies/mL after 3 months of treatment and who were HBeAg negative at the end of NA treatment were assigned to group A; the other 22 patients were assigned to group B. The cumulative ALT rebound rate in HBeAg-positive chronic hepatitis B patients was analyzed using the Kaplan–Meier method

DNA + RNA titer after 3 months of treatment was found to be significantly associated with HBV DNA rebound ($P = 0.043$, OR = 9.474; Table 2). Two other factors, HBV DNA titer after 3 months of treatment and HBsAg titer at the end of treatment, were marginally associated with HBV DNA rebound ($P = 0.074$, $P = 0.070$, respectively). After 3 months of NA treatment, HBV DNA titers decreased in both the HBV DNA relapse and non-relapse groups, but HBV DNA + RNA levels in the relapse group remained high. NA therapy suppressed the production of mature HBV particles in both groups, but in the HBV DNA relapse group, high HBV replication activity was likely maintained during the treatment, and immature HBV particles associated with HBV RNA genomes were continuously produced and accumulated in hepatocytes. After discontinuation of the treatment, these accumulated immature HBV particles may have been maturated and been released from the hepatocytes. Thus, rebound of HBV DNA titers occurred rapidly after the discontinuation of NA therapy.

Although the presence of HBeAg before treatment, HBV DNA and DNA + RNA titers after 3 months of treatment, and the presence of HBeAg, HBsAg titer, and HBV DNA + RNA titer at the end of treatment were all significantly associated with ALT rebound in the univariate analysis, only the presence of HBeAg at the end of treatment was identified as an independent predictive factor for ALT rebound following multivariate analysis (Table 4). HBeAg is commonly strongly associated with the activity of HBV replication, and HBV DNA levels are high in HBeAg-positive HBV carriers. Thus, HBe seroconversion usually indicates suppression of HBV activity, and the absence of HBeAg is thought to indicate the inactivation of HBV replication.

ALT rebound following the discontinuation of NA therapy was not observed in six of the 16 patients (37.5 %) who were HBeAg-positive at the end of treatment. After examining predictive factors for ALT rebound in these HBeAg-positive patients, only the HBV DNA + RNA titer after 3 months of treatment was identified as an independent predictive factor for ALT rebound in HBeAg-positive patients (Table 6). Although the presence of HBeAg indicates high activities of HBV replication and hepatitis, it is expected to be difficult to discontinue NA therapy without ALT rebound in these patients. However, these results indicate that HBV replication activities vary greatly among individuals and suggest that it might be possible to predict future replication activity based on HBV DNA + RNA titers after 3 months of treatment.

A limitation of this study is the small sample size; as such, selection bias might have affected the internal validity of the study. As it is not common to discontinue

NA therapy in Japan, we were only able to examine 36 subjects in our study. Because HBV-related markers such as HBsAg, HBcrAg, and HBV DNA + RNA titers varied widely among individuals, HBeAg an HBV DNA + RNA titers were only marginally associated with HBV DNA or ALT rebound after the discontinuation of NA therapy. In a previous study, Matsumoto et al. [34] analyzed predictive factors for the safe discontinuation of NA therapy in 126 clinical HBeAg-negative subjects from 12 clinical centers. These authors reported that HBsAg and HBcrAg titers at the end of treatment were predictive factors for the safe discontinuation of therapy. In our study, we also found that the absence of HBeAg at the end of treatment was important for the safe discontinuation of NA therapy, but we found no association between safety and HBsAg or HBcrAg titers. However, while HBsAg and HBcrAg are known to be associated with HBV replication activity, our results involving HBeAg and HBV DNA + RNA titers as important factors for safe discontinuation appear to be consistent.

In our study, the duration of NA therapy was quite short (mean duration was 36 weeks). Similar results might be observed if the NA therapy was extended, but it might be difficult to depress the potential of infected HBV replication with long-term NA therapy. HBsAg titers represent HBV replication in human hepatocytes, and it is difficult to decrease HBsAg levels by NA therapy. Thus, HBV DNA + RNA levels might be an important factor for predicting the HBV DNA or ALT rebounds.

As it may be difficult to discontinue therapy in patients with advanced liver fibrosis, our study subjects were selected based on liver spare capacities. As shown in Fig. 1, ALT rebound is likely to occur in most patients following the discontinuation of NA therapy, and severe hepatitis could occur in some patients. Thus, if the liver spare capacity were low, NA therapy would not be discontinued; the patients in this study were selected solely based on clinical aspects, which may have influenced our interpretation of the results.

In conclusion, HBV replication activity was found to be an important predictor of safe discontinuation of NA therapy. These findings suggest that monitoring of serum HBV DNA + RNA levels would be a useful method for predicting the re-activation of chronic hepatitis B following discontinuation of NA therapy.

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Conflict of interest None to declare.

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