Individuals with hepatitis B virus (HBV) are less likely to develop hepatocellular carcinoma (HCC, the most common form of liver cancer) if they take Baraclude (entecavir), Healio reports. However, the risk of liver cancer persists and careful monitoring is vital.

Publishing their findings in the American Journal of Gastroenterology, researchers conducted a real-world study of 841 people with hep B who were enrolled in the ENUMERATE trial of Baraclude at 26 clinical sites.

To fashion a virtual comparison group, the researchers used the Risk Estimation for Hepatocellular Carcinoma in Chronic Hepatitis B (REACH-B) model, which estimates expected liver cancer incidence based on clinical variables.

The paper’s final analysis included 841 people. Sixty-five percent were male, 84 percent were Asian, 63 percent were hepatitis B e antigen positive and 9.4 percent had cirrhosis. The median age was 47.

During a median follow-up of four years, 17 people (2.6 percent) developed liver cancer, including eight out of 61 (13.1 percent) of those with cirrhosis and nine out of 585 (1.5 percent) of those without cirrhosis. Compared with those who did not have liver cancer, those who did were older—a median 53 years old versus 47 years old—and had a higher rate of cirrhosis, 47.1 percent versus 8.4 percent.

Among those without cirrhosis, the liver cancer rate four years into the study was 63 percent lower than the REACH-B model predicted. At the maximum follow-up time of 8.2 years, liver cancer rates were 43 percent lower than expected.

The researchers concluded, “Based on the REACH-B model, long-term [Baraclude] therapy was associated with a lower-than-predicted HCC incidence. However, the risk of HCC persisted, and careful HCC surveillance remains warranted despite the antiviral treatment.”

To read the Healio article, click here.

To read the study abstract, click here.