

Background

Liver transplant is the treatment of choice for patients with liver failure secondary to chronic hepatitis B viral (HBV) infection. Oral antiviral therapy in liver transplant recipients with a history of HBV is associated with significant improvement in liver function and overall survival. This study evaluates how oral antiviral agents impact renal function in this patient population.

Methods

We studied 79 patients who received a liver transplant for hepatitis B and were placed on alloral antiviral therapy at a single-institution tertiary care center. A retrospective chart review was conducted to obtain laboratory data. Univariate and two-sided t tests were performed.

Results

Overall, there was a significant (p<0.05) increase in mean serum creatinine (Cr) by 0.3 mL/min in our patient population when comparing posttransplant lab values collected prior to starting alloral therapy with lab values collected at the last follow-up.

For recipients on oral therapy who were never on the anti-viral drug, tenofovir alafenamide, the average increase in serum Cr was 0.55 mL/min (p<0.05). For those on tenofovir alafenamide, there was no significant change in Cr values.

Long-term outcomes with oral therapy in liver transplant recipients with hepatitis B Dana Song¹ and Sammy Saab² ¹ David Geffen School of Medicine, UCLA ² Department of Medicine, UCLA

Table 1. Mean changes in laboratory results (n=79)

Parameter	Laboratory values, mean (± SD)			
	Pre-HBIG withdrawal	Last follow-up	Difference	P value
SCr (mL/min)	1.31 ± 0.51	1.64 ± 1.52	+0.34	.023
GFR (mL/min/1.73 m ²)	60.3 ± 21.0	60.3 ± 24.0	-0.02	.994
Albumin (g/dL)	4.44 ± 0.38	4.20 ± 0.57	-0.25	.0004
Total bilirubin (mg/dL)	0.73 ± 0.46	1.49 ± 6.18	+0.76	.269
AST (IU/L)	25.0 ± 15.6	48.9 ± 129.8	+23.96	.098
ALT (IU/L)	26.7 ± 26.0	34.3 ± 76.3	+7.61	.375

Table 2. Mean changes in laboratory results for patients never on tenofovir alafenamide (n=47)

Parameter	Laboratory values, mean (±SD)	y values, mean (±SD)	
	Pre-HBIG withdrawal	Last follow-up	P value
SCr (mL/min)	1.28 ± 0.49	1.83 ± 1.92	.038
GFR (mL/min/1.73 m ²)	60.9 ± 22.2	63.4 ± 27.4	.483
AST (IU/L)	27.4 ± 19.4	68.9 ± 166.0	.985
ALT (IU/L)	31.3 ± 32.4	45.5 ± 97.5	.375
Mean time = 1538 ± 1120 d			

Table 3. Mean changes in laboratory results for patients on tenofovir alafenamide (n=32)

Parameter	Laboratory value	Laboratory values, mean (± SD)	
	Pre-TAF	Last laboratory on TAF	P value
SCr (mL/min)	1.38 ± 0.50	1.35 ± 0.40	.573
GFR (mL/min/1.73 m ²)	55.5 ± 17.1	55.9 ± 17.9	.792
AST (IU/L)	19.9 ± 5.9	26.3 ± 38.3	.296
ALT (IU/L)	18.2 ± 9.0	21.8 ± 26.1	.304

Mean time on TAF = 308 ± 159 d

Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; dL, deciliter; GFR, glomerular filtration rate; g, gram; HBIG, hepatitis B immune globulin; IU/L, international units/ liter; mg, milligram; min, minute; mL, milliliter; SCr, serum creatinine; SD, standard deviation.

Table 4. Mean outcomes in patient population (n=79)

Ch	ara	cte	ris	tic
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Adverse	events

(n = 79)

Same

Better

Worse

of tenofovir alafenamide (n = 32)

Same

Better

Worse

Same

Better

Worse

(n = 79)

Increase > 0.3

tenofovir alafenamide (n = 32)

Increase > 0.3

Increase in SCr 0.3 from HBIG withdrawal to last follow-up for patients never on tenofovir alafenamide (n = 47)

Increase > 0.3

Oral antiviral agents generally worsen renal function in liver transplant recipients with a history of hepatitis B. However, tenofovir alafenamide appears to have less of an impact on renal function compared to other oral antiviral agents.



Number (%) Change in CKD stage from HBIG withdrawal to last follow-up 47 (59.5%) 14 (17.7%) 18 (22.8%) Change in CKD stage from before tenofovir alafenamide to end 26 (81.3%) 4 (12.5%) 2 (6.3%) Change in CKD stage from HBIG withdrawal to last follow-up for patients never on tenofovir alafenamide (n = 47) 28 (59.6%) 8 (17.0%) 11 (23.4%) Increase in SCr 0.3 from HBIG withdrawal to last follow-up 14 (17.7%) Increase in SCr 0.3 from before tenofovir alafenamide to end of 2 (6.3%)

9 (19.5%)

Conclusions