

BULEVIRTIDE FOR PATIENTS WITH CHRONIC HEPATITIS D (CHD) IN ITALY: A MULTICENTER PROSPECTIVE NATIONWIDE REAL-LIFE STUDY (D-SHIELD)

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Introduction/Summary

Bulevirtide (BLV) is the only approved drug for patients with chronic hepatitis Delta (CHD) in EU. In Italy this drug has been available since May 2023, but no studies so far have addressed the demographic, virological and clinical features of patients treated with BLV as well as they response to treatment.

Study Design

Consecutive HDV patients with chronic hepatitis Delta (CHD) starting BLV 2 mg/day as monotherapy or in combination with pegIFNα were included in a multicenter real-life Italian study (D-SHIELD).

Methods

- Patients' characteristics before and during BLV treatment were collected
- Virological, biochemical, clinical features were assessed.

Results

Baseline Variables	Overall (n=315)
Age, years	54 (28-82)
Males	177 (56%)
BMI, Kg/m ²	24 (17-39)
European origin	302 (96%)
Receiving NUC therapy	304 (97%)
Previous IFN	149 (47%)
Cirrhosis	245 (78%)
CPT-B	14 (6%)
Esophageal varices	91 (29%)
History of HCC	27 (9%)
Active HCC	18 (67%)
History of ascites	26 (8%)
Ascites ongoing	13 (50%)
Variceal hemorrhage	8 (3%)
Anti HCV+	36 (11%)
HCV RNA +	0 (0%)
Anti HIV +	22 (7%)
HIV RNA +	2 (9%)
LSM, kPa	13.3 (3.6-68.1)
PLT, 10 ³ /mm ³	118 (14-377)
ALT, U/I	75 (16-1,074)
GGT, U/I	53 (10-707)
Albumin, g/dl	4.0 (2.9-5.6)
Creatinine, mg/dl	0.8 (0.4-2.2)
qHBsAg, Log IU/ml	3.7 (0.6-4.7)
HBeAg negative	282 (90%)
HBV DNA detectable	32 (10%)
HDV RNA, Log IU/ml	5.3 (1.5-8.2)

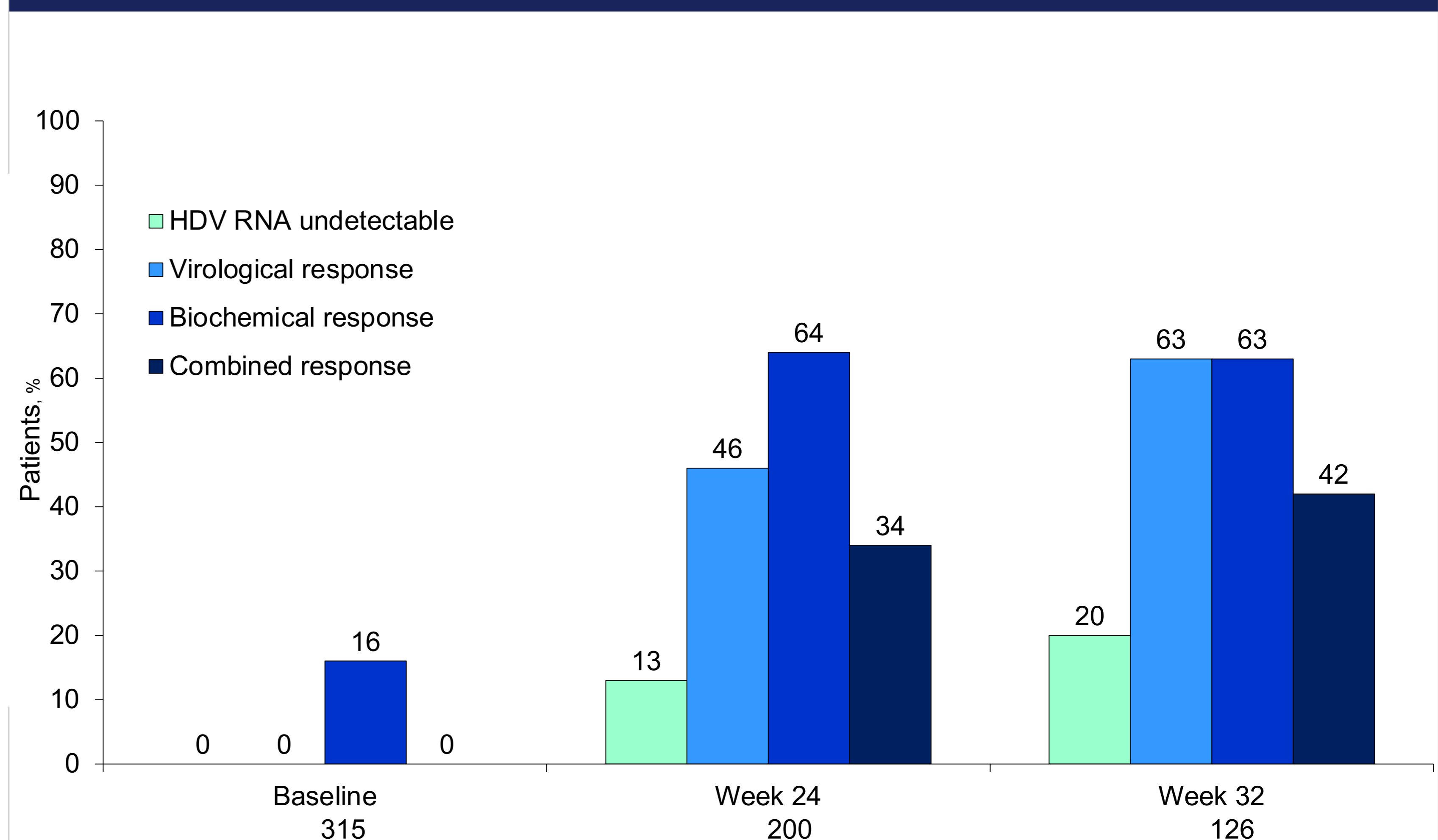
Values are expressed as number (percentage) or median (IQR);

BLV: Bulevirtide; BMI, Body Mass Index; NUC, Nucleos(t)ide Analogue; IFN, Interferon, CPT: Child-Pugh Turcotte; HCC: Hepatocellular Carcinoma; LSM, Liver Stiffness Measurement; PLT, platelets; ALT: Alanine Aminotransferase; GGT, Gamma Glutamyl Transferase; qHBsAg, quantitative Hepatitis B surface Antigen; HBeAg, Hepatitis B e Antigen

Results (Continued)

- 315 patients with CHD from 27 centers were enrolled in this ongoing study.
- 99% received BLV 2 mg/day monotherapy: median age 54 (28-82) years, 56% men, 96% of European origin, 78% with cirrhosis, 7% HIV-coinfected. Among patients with cirrhosis, 29% had varices, 9% had a history of HCC (active in 67%), 8% had a history of ascites (50% persistent), 3% with previous varices hemorrhage, 6% had decompensated (CPT-B) cirrhosis (Table 1).
- At BLV start, median ALT were 75 (16-1,074) U/L, liver stiffness measurement (LSM) 13.3 (3.6-68.1) kPa, platelets 118 (14-377) 10³/mm³, 97% patients were on NUC therapy, 90% HBeAg negative. Median HDV RNA was 5.3 (1.5-8.2) log IU/mL and HBsAg 3.7 (0.6-4.7) log IU/mL

Figure 1. Virological, biochemical and combined responses during BLV



Virological response: ≥2 log decline from baseline or HDV RNA TND/<LOD; **Biochemical response:** ALT <40 U/L; **Combined response:** virological and biochemical response

- As of June 2024, 126 patients have reached week 32 of treatment. ALT and HDV RNA levels significantly declined: ALT from 75 (16-1,074) at baseline to 37 (11-173) at week 24 and 36 (12-213) U/L at week 32 and HDV RNA from 5.3 (1.5-8.2) to 3.3 (0.3-7.0) and 2.7 (0.2-7.2) Log IU/mL, respectively (p<0.0001) (Figure 1).
- Virological, biochemical and combined response were achieved by 46%, 64% and 34% of patients at week 24 of treatment, respectively.
- At week 32, these responses were achieved by 63%, 63% and 42% of patients, respectively.
- Among patients not achieving a virological response, 58% and 50% achieved a partial virological response (HDV RNA decline >1 but <2 Log IU/mL, compared to baseline) at week 24 and 32, respectively.
- Moreover, 13% and 20% of patients achieved HDV RNA undetectable at week 24 and 32, respectively.

Conclusion

- D-SHIELD is the largest single country study on BLV treatment for CHD in Europe. Almost all Italian patients started BLV as monotherapy. Virological, biochemical and combined response rates at week 32 compare favorably with previous small retrospective studies.

References

- Wedemeyer H, Aleman S, Brunetto MR, Blank A, Andreone P, Bogomolov P, et al. A Phase 3, Randomized Trial of Bulevirtide in Chronic Hepatitis D. N Engl J Med. 2023 Jul 6;389(1):22-32