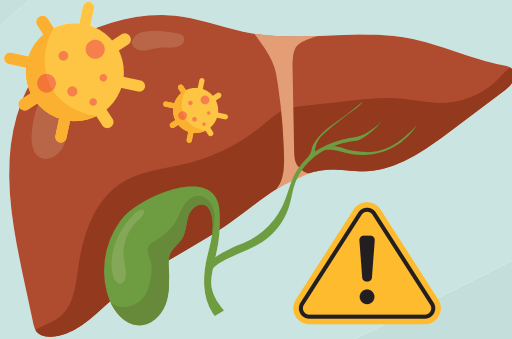


# Updated AASLD Guidelines for Chronic Hepatitis B Treatment

## Evidence-based guidance for clinical management



Chronic hepatitis B (CHB) is a progressive liver disease that can lead to cirrhosis and liver cancer

This updated guideline focuses on six primary questions that healthcare providers frequently encounter in everyday practice



What is the optimal antiviral strategy for HBsAg-positive pregnant individuals with HBV DNA >200,000 IU/mL to prevent mother-to-child transmission of HBV?



### AASLD recommendation

- Initiate tenofovir disoproxil fumarate (TDF) therapy at gestational weeks 28–32 **Old**
- Initiate TDF or tenofovir alafenamide (TAF) at gestational week 28 **New**

Strength of recommendation: strong

Focus: preventing vertical transmission



Should antiviral therapy be provided to persons who are HBsAg-positive with viremia, that do not meet disease-specific treatment indications, to reduce transmission in high-risk scenarios?



### AASLD recommendation

- No treatment recommendation **Old**
- A shared decision-making approach regarding antiviral treatment **New**

Shared decision-making includes consideration of both the clinical evidence and the patient's personal values, goals, and preferences

Strength of recommendation: conditional

Focus: preventing horizontal transmission



Should individuals in the immune-tolerant phase\* start antiviral therapy vs. observation?



\*Persons who are HBeAg-positive, HBV DNA >10,000,000 IU/mL, and normal ALT

## AASLD recommendation

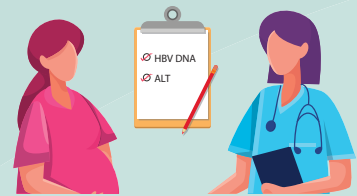
- Recommended against antiviral therapy **Old**
- Suggests antiviral therapy for persons >40 years of age or persons with significant liver inflammation/fibrosis; shared decision-making approach in persons <40 years of age **New**

Strength of recommendation: conditional

Focus: preventing complications for persons in the immune-tolerant phase



Should HBsAg-positive, HBeAg-negative individuals without cirrhosis and in the indeterminate phase\* start antiviral therapy vs. observation?



\*Persons with ALT and HBV DNA levels that do not meet the thresholds for immune-active phase and are outside the thresholds defining immune-tolerant or inactive CHB

## AASLD recommendation

- Monitor and initiate treatment if the patient transitions to an immune-active phase or treat if staging indicates  $\geq F2$  or  $\geq A3$  **Old**
  - Suggests antiviral therapy using a shared decision-making approach and re-evaluate decision at each follow-up visit if treatment not initiated **New**
- Shared decision-making includes consideration of both the clinical evidence and the patient's personal values, goals, and preferences

Strength of recommendation: conditional

Focus: preventing complications for persons in the HBeAg-negative indeterminate phase



Should HBsAg-positive individuals without cirrhosis who have been on nucleos(t)ide analogue (NA) therapy for at least 3 years and who are HBeAg-negative with undetectable HBV DNA remain on or discontinue therapy?



## AASLD recommendation

- If HBeAg-positive at start, stop after seroconversion and 1 year of consolidation; if HBeAg-negative, continue indefinitely unless a strong reason to stop **Old**
- Suggests not stopping NA therapy until HBsAg loss **New**

Strength of recommendation: conditional



Should individuals with chronic HBV without cirrhosis who cleared HBsAg and HBsAg-positive persons with HCV, HDV, and/or HIV co-infection receive surveillance for hepatocellular carcinoma (HCC)?



## AASLD recommendation

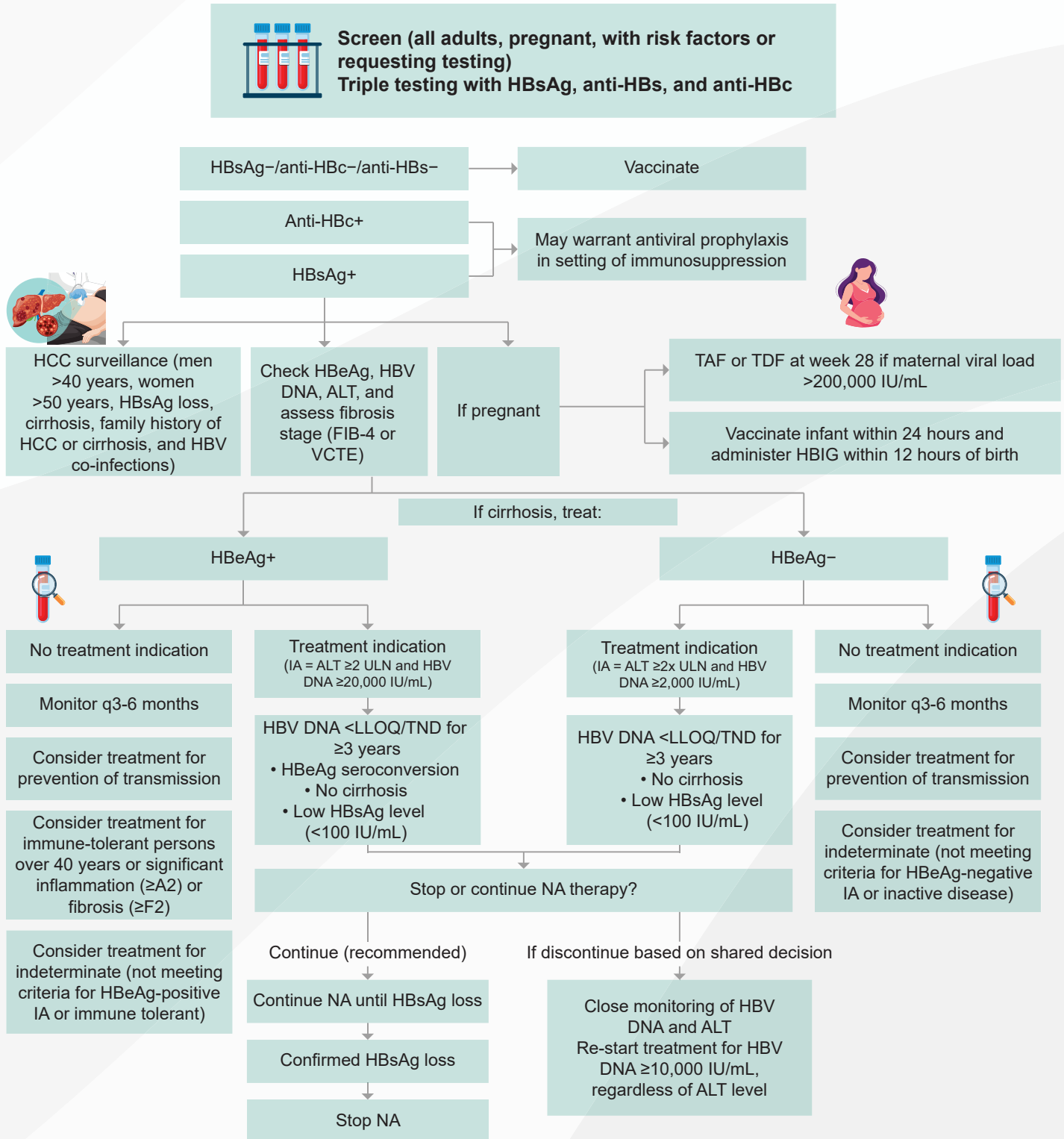
- No recommendation **Old**
  - Continue HCC surveillance in persons who achieved HBsAg loss if they have cirrhosis or a family history of HCC. Continue surveillance in men who experienced HBsAg loss after age 40, and women who experienced HBsAg loss after age 50 **New**
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- Surveillance in adults recommended **Old**
  - For adult persons with HBV-HDV co-infection, conduct HCC surveillance regardless of cirrhosis status. In children, surveillance decision should be individualized due to the risk of HCC being unknown in this population **New**
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- No recommendation **Old**
  - For persons with HBV-HIV co-infection, conduct HCC surveillance in men  $\geq 18$  years of age and women  $\geq 40$  years of age **New**
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- No recommendation **Old**
  - Treat persons with HBV-HCV co-infection for HCV and conduct HCC surveillance as per criteria for HBV mono-infection **New**

Strength of recommendation: conditional

Focus: early detection of liver cancer

# AASLD-recommended algorithm for CHB management

A stepwise guide to screening, treatment decisions, and long-term surveillance based on updated AASLD 2025 guidelines



## Abbreviations

HBV: hepatitis B virus; HCV: hepatitis C virus; HDV: hepatitis D virus; HIV: human immunodeficiency virus; ALT: alanine aminotransferase; VCTE: vibration-controlled transient elastography; FIB-4: fibrosis-4 index; LLOQ: lower limit of quantification; TND: target not detected; HBIG: hepatitis B immune globulin; HBsAg: hepatitis B surface antigen; HBeAg: hepatitis B e antigen; ULN: upper limit of normal

The updated guidelines provide recommendations for healthcare professionals and policymakers to optimize the care of persons with CHB infections