

Tenofovir AF vs Tenofovir DF in HBeAg-Negative Study 108

Tenofovir AF vs Tenofovir DF for HBeAg-Negative Study 108: Design

- **Background**

- Randomized double-blind placebo-controlled non-inferiority trial of tenofovir alafenamide (TAF) versus tenofovir disoproxil fumarate (TDF) in HBeAg-negative adults with chronic hepatitis B

- **Subjects (n = 426)**

- Age ≥ 18 years
- Chronic HBeAg-negative
- HBV DNA level $> 20,000$ IU/mL
- ALT > 60 IU/L in men, > 38 IU/L in women; ALT $< 10 \times$ ULN for both

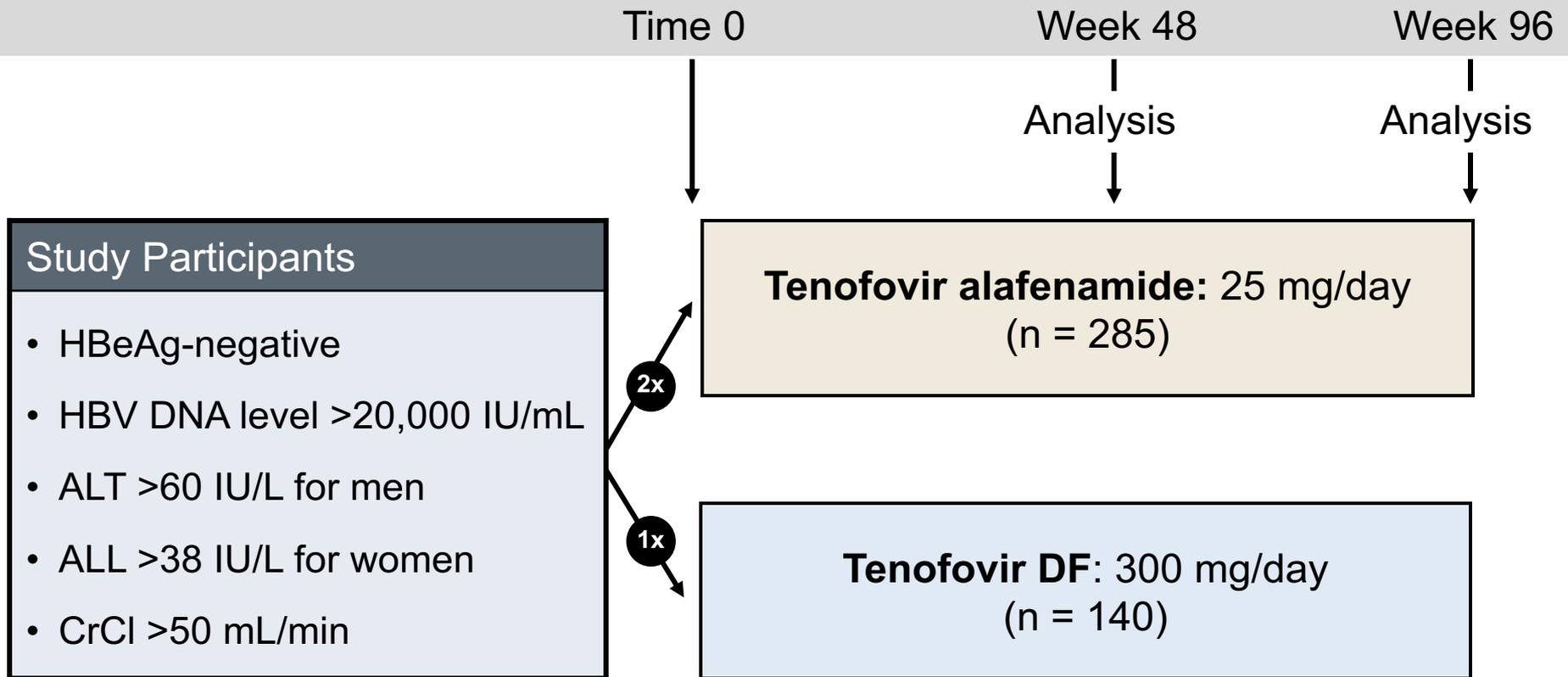
- **Regimen**

- Tenofovir AF: 25 mg once daily with matching placebo
- Tenofovir DF: 300 mg once daily with matching placebo

- **Study End-Point**

- HBV DNA level < 29 IU/mL at week 48

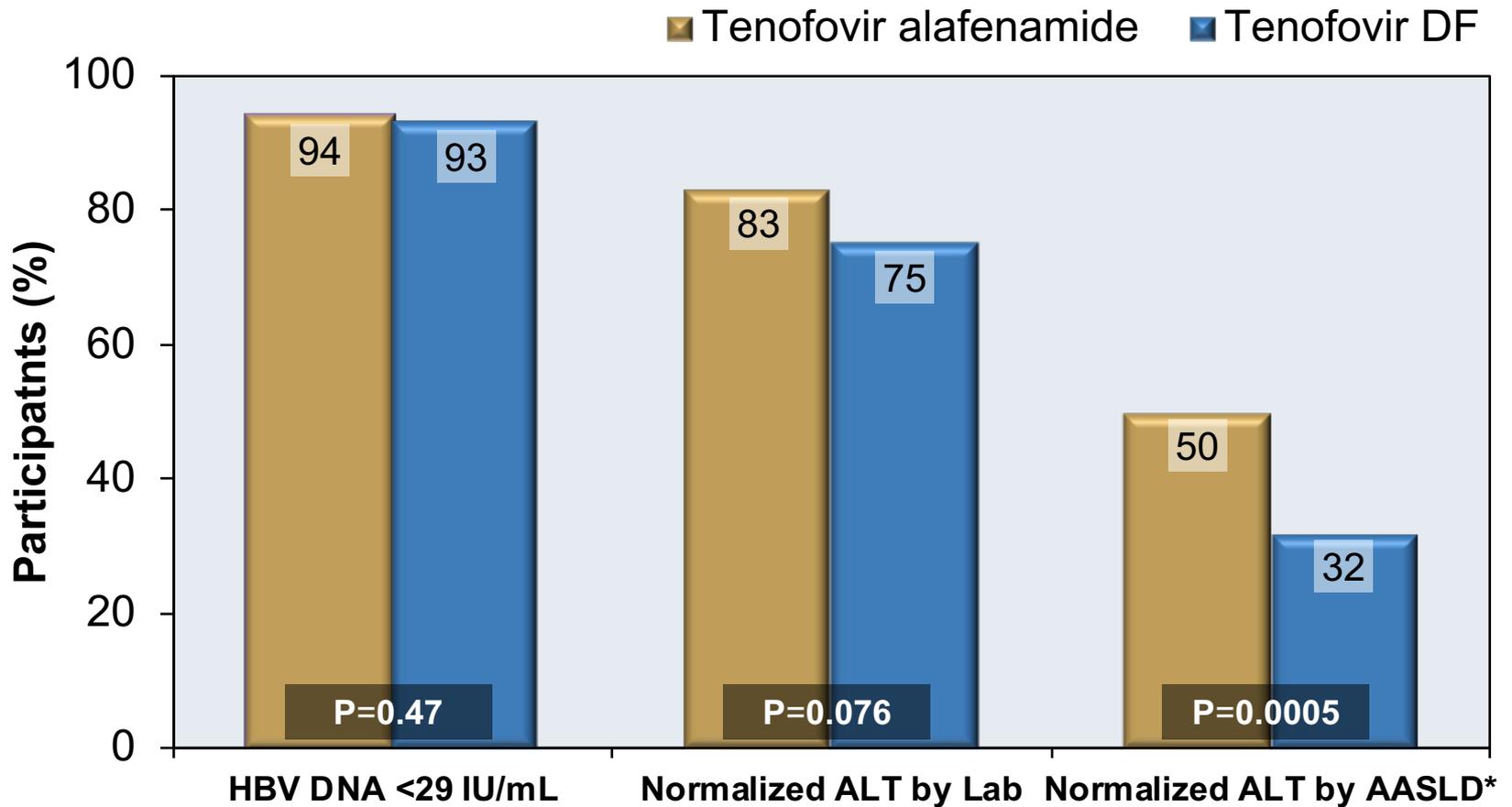
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Tenofovir AF vs Tenofovir DF for HBeAg-Negative Study 108: Baseline Characteristics

Baseline Characteristic	Tenofovir AF (n = 285)	Tenofovir DF (n = 140)
Age, mean (\pm SD), years	45 (12)	48 (10)
Male, no. (%)	173 (61)	86 (61)
Race, no. (%)		
Asian	205 (72)	101 (72)
White	71 (25)	35 (25)
Black	5 (2)	3 (2)
Other	4 (2)	1 (1)
ALT > ULN by central lab, no. (%)	236 (83)	121 (86)
HBV DNA, log ₁₀ IU/mL (\pm SD)	5.7 (1.3)	5.8 (1.3)
FibroTest score \geq 0.75, no. (%)	31/280 (11)	20/139 (14)
Previous nucleos(t)ide therapy, no. (%)	60 (21)	31 (22)
Previous interferon therapy, no. (%)	29 (10)	19 (14)

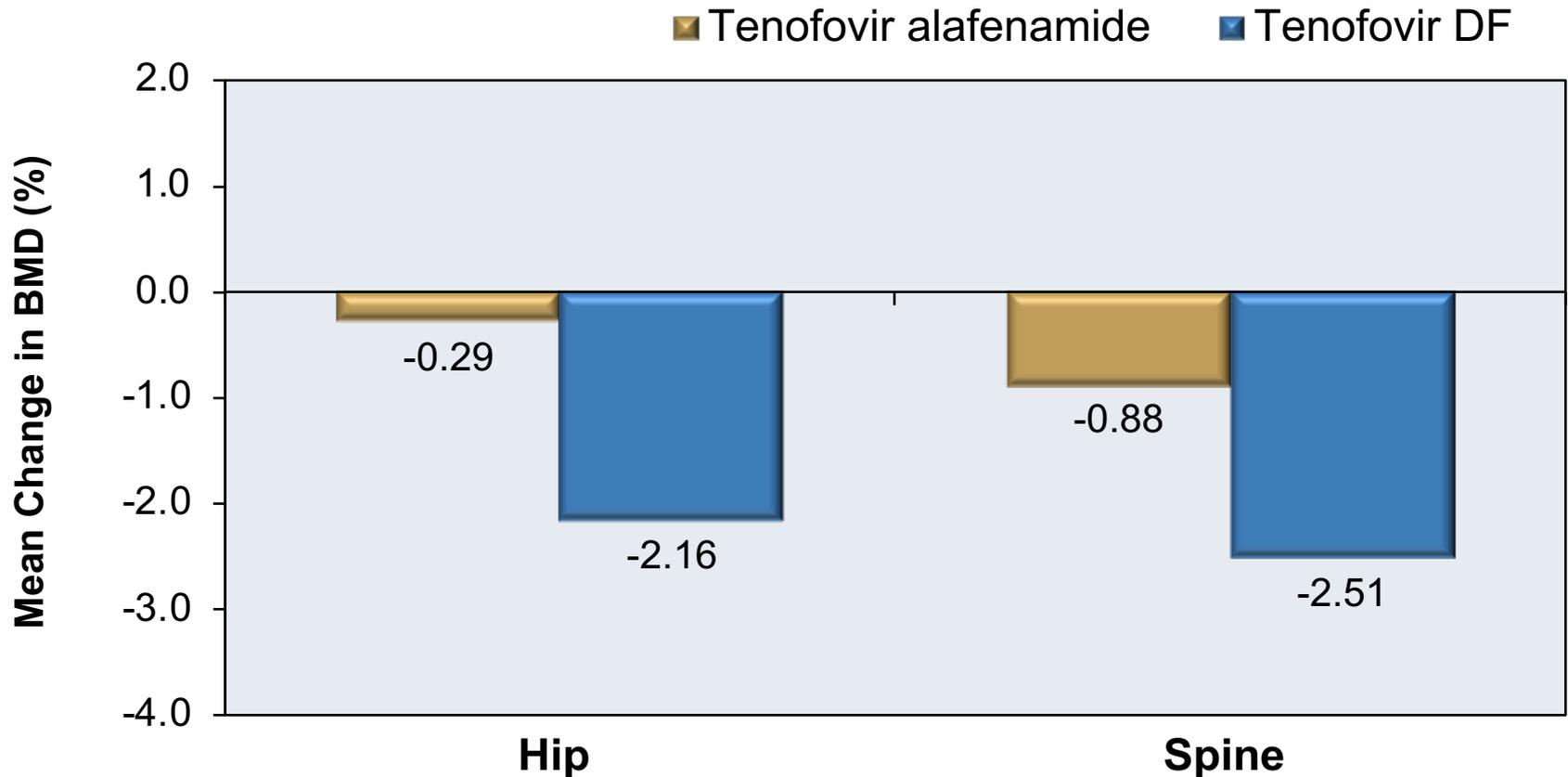
Tenofovir AF vs Tenofovir DF for HBeAg-Negative Study 108: Results at Week 48



*Using normal ranges of ≤ 30 U/L for men and ≤ 19 U/L for women

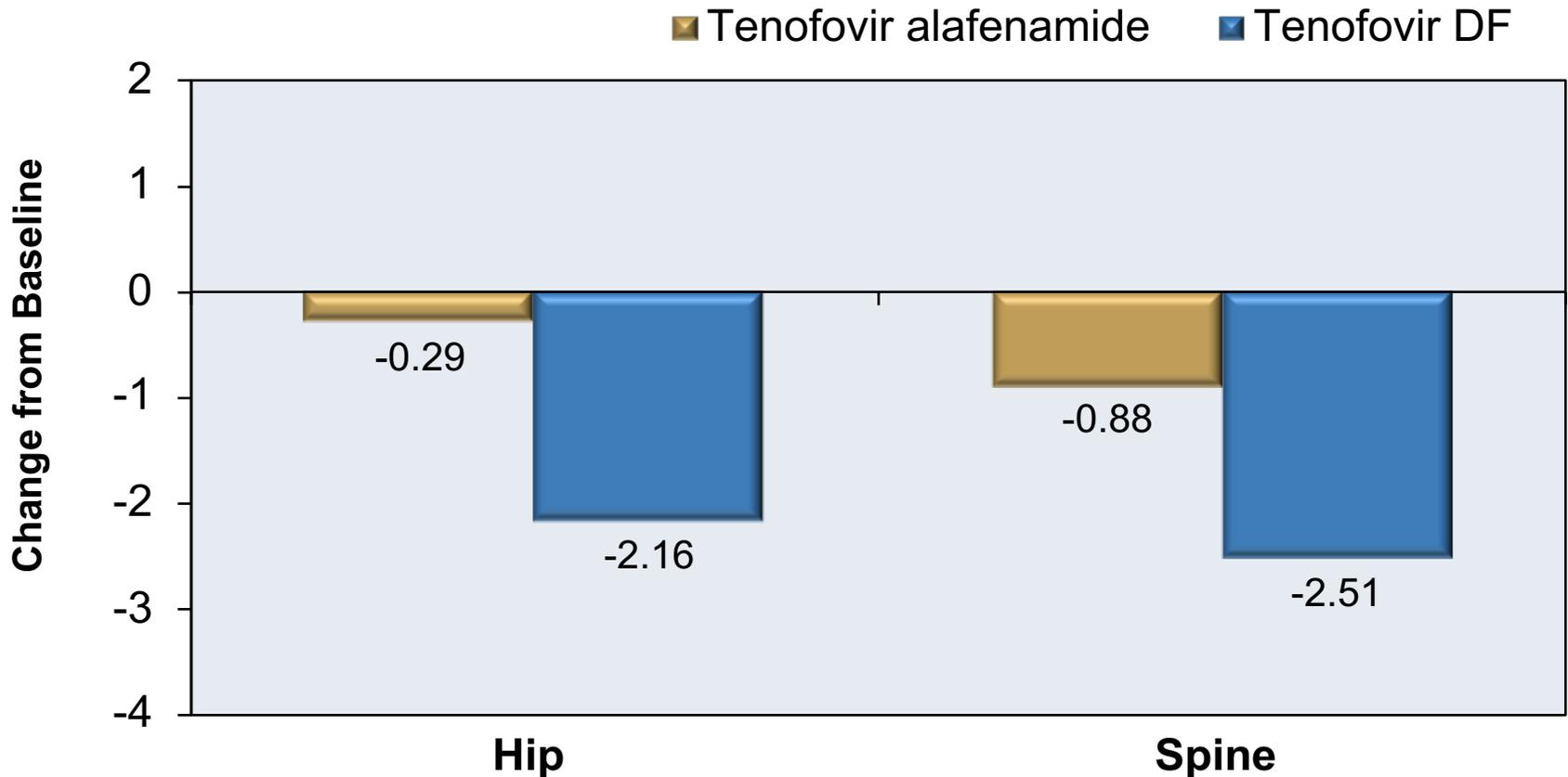
Tenofovir AF vs Tenofovir DF for HBeAg-Negative Study 108: Adverse Effects

Week 48 Changes in Bone Mineral Density (BMD)



Tenofovir AF vs Tenofovir DF for HBeAg-Negative Study 108: Adverse Effects

Week 48 Changes in Bone Mineral Density (BMD)



Tenofovir AF vs Tenofovir DF for HBeAg-Negative Study 108: Results

Interpretation: “In patients with HBeAg-negative chronic HBV, the efficacy of tenofovir alafenamide was non-inferior to that of tenofovir disoproxil fumarate, and had improved bone and renal effects. Longer term follow-up is needed to better understand the clinical impact of these changes.”