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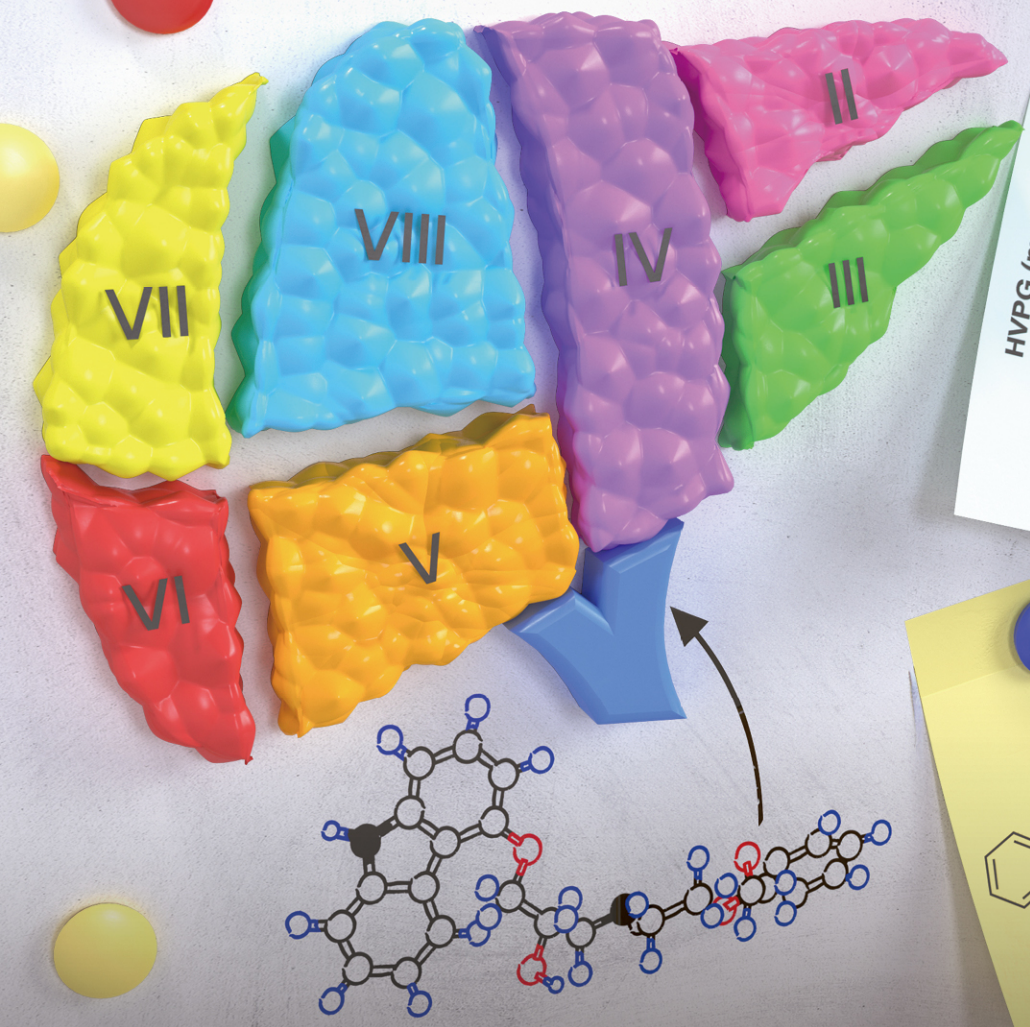

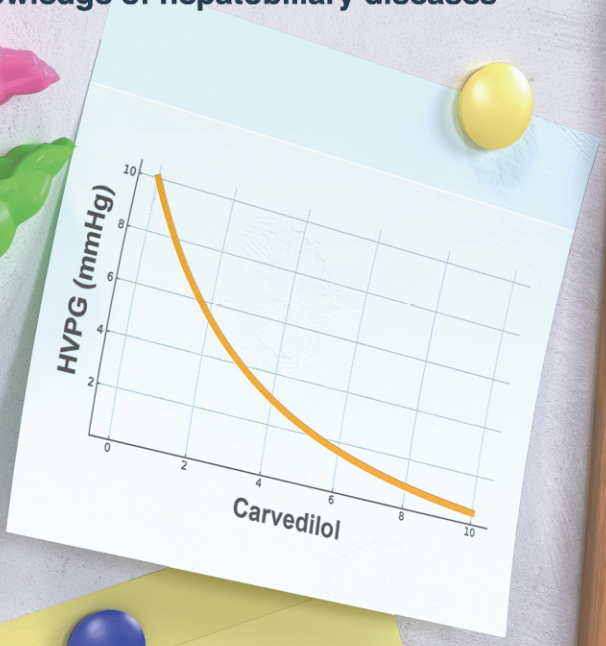

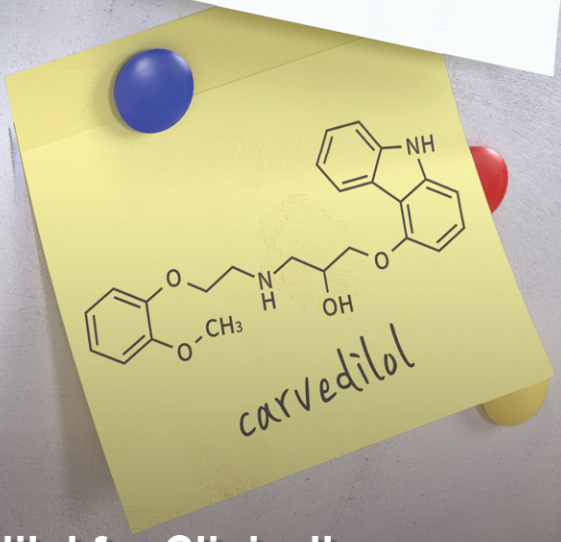

Non-invasive Model guiding Carvedilol for Clinically Significant Portal HTN

Intrapatient variability of tacrolimus on CKD in LT
HCV self-testing and disease burden reduction
MASLD and microbiota
Bariatric surgery for metabolic cirrhosis

KASL

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Clinical and Molecular Hepatology 2025;31:e117-e118

Reply to correspondence

Reply to correspondence on "Risk assessment of hepatitis B virus-related hepatocellular carcinoma development using vibration-controlled transient elastography: Systematic review and meta-analysis"

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Keywords: Transient elastography; Liver stiffness; Chronic hepatitis B; Hepatocellular carcinoma; Non-invasive tests

Dear Editor,

We would like to extend our appreciation to Jin et al. for their considerate response to our editorial on their systematic review and meta-analysis.[1,2]

We appreciate their recognition of the limitations we highlighted regarding the generalizability of their findings and the potential influence of antiviral therapy.

Indeed, their work provides valuable insights into the use of transient elastography (TE) as a non-invasive tool for stratifying the risk of hepatocellular carcinoma (HCC) in patients with chronic hepatitis B (CHB), particularly in regions with high prevalence of hepatitis B virus (HBV).[3]

Moving forward, we strongly agree with the Authors that multinational studies would be crucial in enhancing the global applicability of their findings. Particularly, including populations from regions with varying HBV epidemiology and different access to antiviral therapies could offer a wider perspective on the role of TE in predicting HCC in different settings.[4-8] Furthermore, considering the different phases of CHB, including prolonged antiviral therapy and the HBeAg status, as part of future studies, could help improve models for risk stratification.[1]

Additionally, as we emphasized in our editorial, the relatively low sensitivity of TE suggests that, while it is surely a useful tool,[7,9] it will need to be combined with other biomarkers and/or clinical parameters (such as age, platelets count, and HBV-DNA levels), to offer a more accurate risk assessment[1]. Combining TE with other non-invasive tests, such as FIB-4 or APRI, could potentially provide a more comprehensive evaluation of the fibrosis stage and HCC risk, enabling tailored patient management. Therefore, we believe that new prediction models using TE in combination with biomarkers and clinical parameters could help to define the risk of HCC development in this patient population.

In conclusion, we believe that TE, when incorporated in HCC risk prediction models, could have the potential to

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significantly improve HCC surveillance strategies in CHB patients. We look forward to future research in this area to further advance our understanding and management of HBV-related liver disease.

Authors' contribution

Both authors equally contributed to this correspondence, reviewed the content and approved the final version.

Conflicts of Interest

The authors have no conflicts to disclose.

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Abbreviations:

CHB, chronic hepatitis B; HBV, hepatitis B virus; HCC, hepatocellular carcinoma; TE, transient elastography

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