

To news editor  
For immediate release

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### **The Chinese University of Hong Kong recommends a new combination treatment for Chinese Chronic Hepatitis B patients**

Chronic hepatitis B virus infection is the commonest cause of liver cirrhosis and liver cancer in Hong Kong. Patients with hepatitis B e antigens may have very active liver disease, high viral load and a higher risk of liver-related complications. Doctors often treat these patients with powerful antiviral drugs but drug resistant viral mutants may emerge with prolonged treatment. To help prevent resistance and improve outcomes, doctors sometimes combine interferon with antiviral drugs. Few studies have assessed the benefits and harms of these combination therapies for chronic hepatitis B in Asian patients. The Chinese University of Hong Kong conducted a study in the Prince of Wales Hospital to see whether combining pegylated interferon- $\alpha$ 2b with lamivudine reduces the amount of hepatitis B virus in the body and liver inflammation more than lamivudine alone from 2000 to 2003.

One hundred Chinese adults with chronic hepatitis B who had positive hepatitis B e antigen and elevated liver enzymes (an alanine transaminase level 1.3 to 5 times the upper limit of normal) were recruited. They were randomly assigned to receive pegylated interferon- $\alpha$ 2b for 32 weeks plus lamivudine for 52 weeks or lamivudine alone for 52 weeks. In the first group, pegylated interferon was started 8 weeks before the lamivudine was started.

At the end of treatment, patients receiving combination therapy more often had virologic response, i.e. HBeAg seroconversion and HBV DNA suppression (60% vs. 28%); had more than 10 times reduction of HBV DNA; and less often had lamivudine-resistant mutants (21% vs. 40%) as compared to those on lamivudine alone. The rate of sustained virologic response 6 months after stopping treatment was still higher (36%) for the combination treatment group than the lamivudine alone group (14%). Adverse effects, such as transient influenza-like symptoms and local erythematous reactions, were more common with combination therapy. The amount of HBV DNA in the liver at the end of treatment was measured in 47 patients (27 patients in combination group and 20 patients in lamivudine group). The study confirmed that sustained virological response is accompanied by clearance of virus from the liver. The Chinese University of Hong Kong therefore recommends that combining pegylated interferon with lamivudine may be considered as the first line treatment of chronic hepatitis B.

Full article can be seen in "A Randomized, Controlled Trial of Combination Therapy for Chronic Hepatitis B: Comparing Pegylated Interferon- $\alpha$ 2b and Lamivudine with Lamivudine Alone" by HLY Chan, NWY Leung, AY Hui, VWS Wong, CT Liew, AML Chim, FKL Chan, LCT Hung, YT Lee, JSL Tam, CWK Lam, and JJY Sung. *Annals of Internal Medicine* 2005 Feb 15;142(4):240-50.