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HEPATITIS B VIRUS (HBV) INFECTION IN BELGIUM: PRELIMINARY RESULTS OF THE BELGIAN ASSOCIATION FOR THE STUDY OF THE LIVER (BASL) REGISTRY OF HBSAG CHRONIC CARRIERS

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Introduction: The epidemiology of HBV infection has changed during past decades in the Western Europe but few data are available at a national level. **Aim:** to assess the epidemiologic characteristics of HBV infection in Belgium. **Patients and methods:** Belgian members of the BASL were asked to report all HBsAg-positive patients (pts) between March 01, 2008 and February 28, 2009. **Results:** 26 centres participated, including 1345 pts. The repartition between prevalent and incidental cases was 69% and 31%, respectively. Male/female ratio was 2/1. Median age was 40 years (95%CI: 39-42). 51% of the pts were Caucasians, 26% black Africans, 12% Asians and 11% of Maghreb origin. Risk factors for HBV infection were: transfusion (13%), intravenous drug use (9%), surgery (6%), sexual behaviour (38%), and familial transmission (34%). Only 21% of the pts were HBeAg-positive. Co-infection was observed in 86 pts (12% of tested pts): 25 (3.6%) with HDV, 26 (3.8%) with HCV, 29 (4.2%) with HIV, 2 (0.3%) with HDV-HCV and 4 (0.6%) with HCV-HIV. Liver biopsy was performed in 531 pts. Fibrosis repartition was: 16% F0, 24% F1, 24% F2, 19% F3 and 17% F4. Treatment was proposed to 527 pts. According to the restrictive Belgian legislation, 74% received lamivudine, 28% adefovir, 19% interferon, 17% Peg-interferon and 8% entecavir. According to viral load (VL) and ALT values, 477 pts were inactive carriers (group 1). 225 pts had HBeAg-positive hepatitis (group 2) and 367 HBeAg-negative hepatitis (group 3). 276 pts could not be classified. Compared to groups 2 and 3, group 1 pts had the same age (40 vs 42 years, NS), were less frequently HBeAg-positive (0 vs 38%, p<0.0001), were more frequently HBeAb-positive (99 vs 63%, p<0.0001), had a lower median VL [2 vs 3.696 log IU/ml, p<0.0001], had less frequently ALT >2N (0 vs 22%, p<0.0001) and underwent less frequently treatment (7 vs 77%, p<0.0001). Liver

biopsy was performed in 71 pts in group 1. F3-4 was observed in 25 pts. Compared to group 3, group 2 pts were younger (39 vs 44 years, p=0.002), were less frequently HBeAb-positive (5 vs 98%, p<0.0001), had a higher median VL (4.651 vs 3.344 log IU/ml, p<0.0001), had more frequently ALT >2N (28 vs 18%, p<0.0001) and underwent more frequently treatment (83 vs 74%, p=0.02). Liver biopsy was performed in 410 pts in groups 2 and 3. Frequency of F3-4 was similar (31 vs 39%, NS). **Conclusion:** In Belgium, nearly half of HBsAg-positive pts are inactive carriers and one third has HBeAg-negative chronic hepatitis. F3-4 is reported in 36% of HBsAg-positive pts who had a liver biopsy. Pts with HBeAg-positive chronic hepatitis are younger and have higher VL and ALT values than HBeAg-negative pts.

Disclosures:

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COMPLETE VIRAL SUPPRESSION (CVS) AND ALT NORMALIZATION ON ENTECAVIR (ETV) THERAPY IN PATIENTS WHO WERE PREVIOUSLY TREATED WITH ADEFOVIR (ADV): A MULTICENTER STUDY

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BACKGROUND/AIMS: Rapid CVS correlates with lower rate of resistance development. In-vitro and viral kinetics studies suggest that ETV is more potent against HBV than ADV. Currently, there is limited data on ETV use in patients who were previously treated with ADV. Our goal is to examine CVS (HBV DNA <60-100 IU/mL) and ALT normalization (<40 U/L) rates in patients who were switched ETV due to either suboptimal response or avoidance of future development of resistance with long-term ADV (29% at year 4 as previously reported). **METHODS:** We enrolled CHB patients with pretreatment HBV DNA ≥2000 IU/mL and prior ADV who have been switched to ETV at 5 GI clinics. Patients were divided into 2 groups: Group I - ADV partial responders (< 2-log reduction in HBV DNA at 6 months or no CVS at 12 months with ADV) and Group II - ADV responders (CVS with ADV but switched to ETV to avoid development of antiviral resistance). **Exclusion criteria:** co-infection with HDV, HCV or HIV, lamivudine resistance, recent/on-going immunosuppressive therapy. Only patients who have completed at least 6 months of ETV were analysed. **RESULTS:** We have screened 105 patients and excluded 15 due to lamivudine resistance (n=4), prior combination therapy (n=2), HDV co-infection (n=2), failure to meet inclusion criteria (n=4), and refusal to participate (n=3). A total of 90 patients have entered the study, 73 of whom have completed at least 6 months of ETV therapy and were analysed: 67 in Group I and 6 in Group II. Most patients (67%) were male in both groups. Group I (ADV Partial Responders) as compared to Group II (ADV Responders), were younger (44±12 vs. 50±14), more likely to have HBeAg+ (52% vs. 17%), had higher baseline HBV DNA [6.2 [2.3-9.4] vs. 5.4 [4.7-6.9]], and shorter median treatment duration with ADV [71 [15-394] vs. 144 [84-235] weeks]. Figure 1 described