



HBeAg-Negative Chronic Hepatitis B 使用 Pegasys 治療經驗之分享

消化系內科
賴學洲



CHINA MEDICAL UNIVERSITY



長效型干擾素治療慢性B型肝炎E抗原陰性病患

PEGYLATED INTERFERON α -2A THERAPY FOR
HBEAG-NEGATIVE CHRONIC HEPATITIS B

賴學洲 彭成元 蘇文邦 莊伯恒 高榮達

中國醫藥大學附設醫院
內科部消化系

Background and Aims

目的及背景

- 長效型干擾素在治療慢性B型肝炎e抗原陰性病患，已證實為有效的治療方法。

(Patrick Marcellin, et al. N engl J Med 2004;351:1206-17)

(Piratvisuth T, et al. hepatol Int 2008;2:102-10)

(Patrick Marcellin, et al. Gastroentrology 2009)

- 在台灣治療的效果尚未釐清。
- 探討慢性 B型肝炎e抗原陰性患者，接受48週長效型干擾素治療及追蹤24週的療效評估。

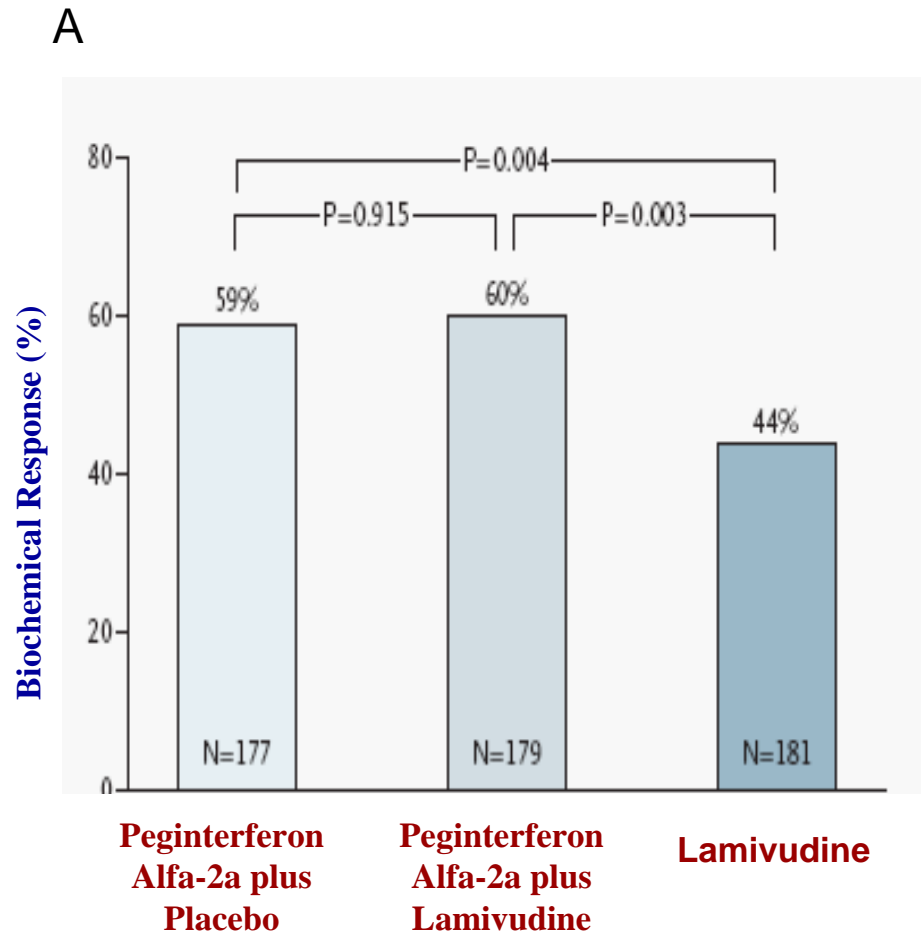
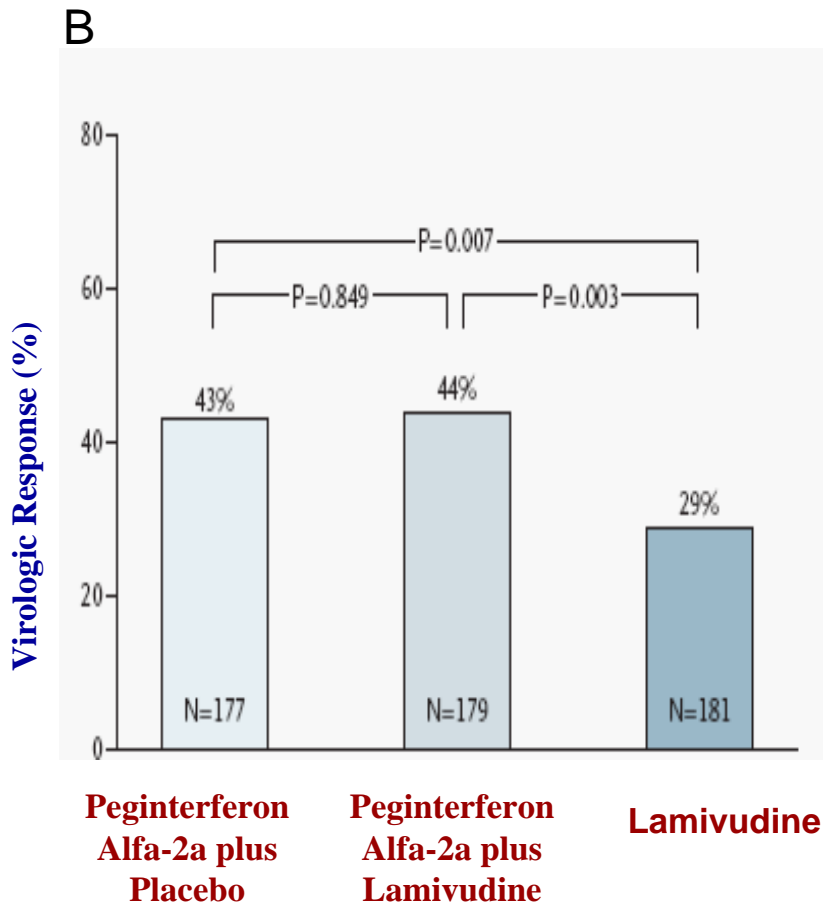


Figure 1. Rates of Biochemical Response (Panel A) and Virologic Response (Panel B) after 24 Weeks of Follow-up.

(Patrick Marcellin, et al. N engl J Med 2004;351:1206-17)

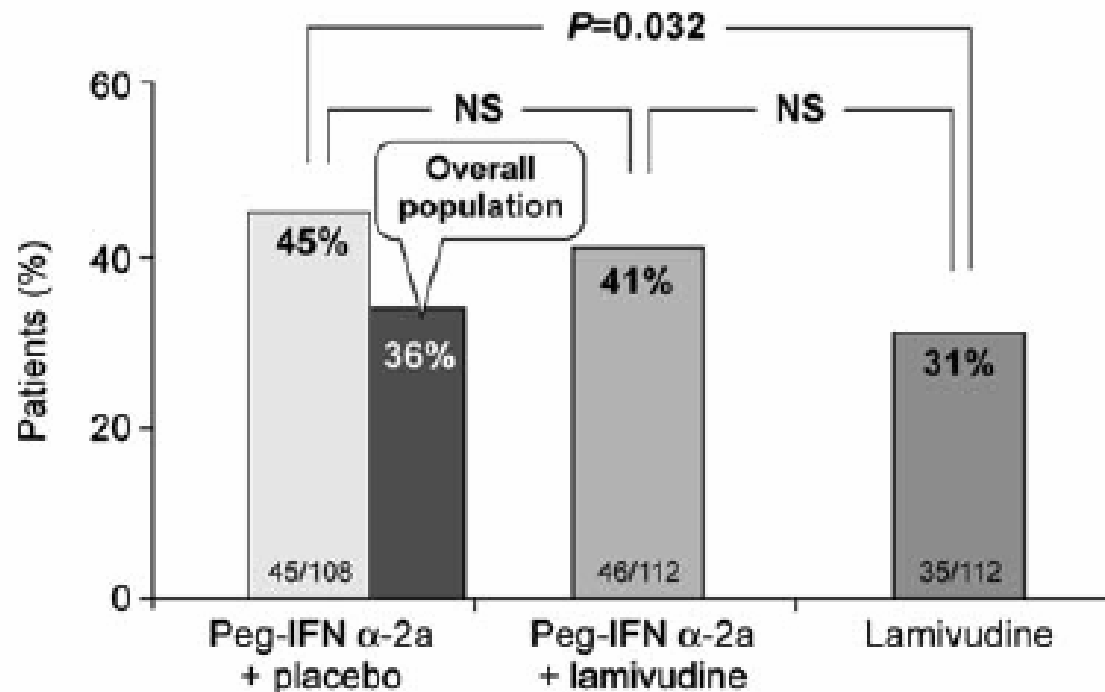


Fig. 5 Asian patients with HBeAg-negative CHB: Combined response at 24 weeks posttreatment (intention-to-treat population). A significantly higher percentage of patients administered peginterferon alfa-2a experienced a combined response of ALT normalization and HBV DNA $<20,000$ copies/ml than did patients given lamivudine

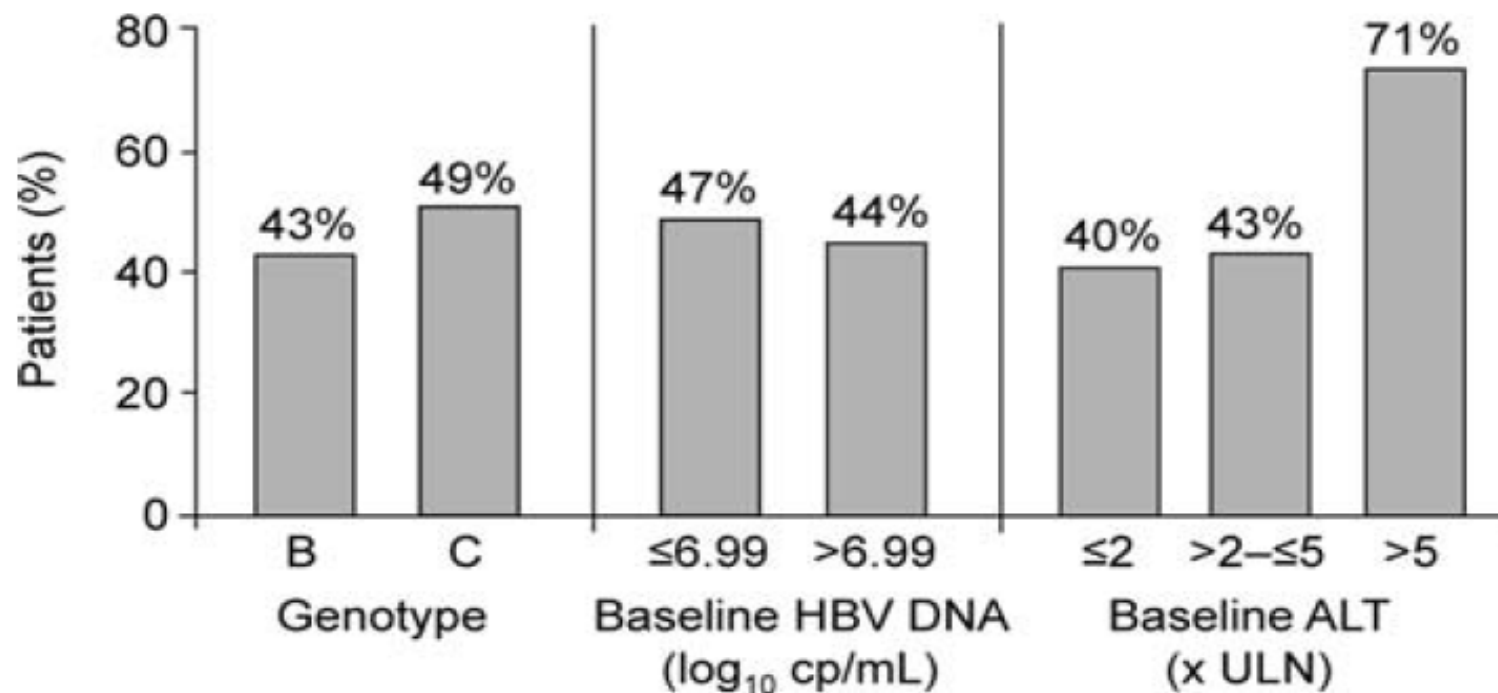


Fig. 6 Asian patients with HBeAg-negative CHB: Effect of viral and host factors on combined response (intention-to-treat population) to peginterferon alfa-2a (Peg-IFN- α -2a) monotherapy. The combined response (ALT normalization and HBV DNA <20,000 copies/ml) rate at 24 weeks posttreatment with Peg-IFN- α -2a was slightly higher for genotype C than genotype B. Baseline HBV DNA levels had no influence on combined response. However, the combined response was markedly higher in patients with baseline ALT >5 \times ULN than lower levels of baseline ALT

Table 1. Characteristics of patients in the initial study* and in the long-term follow-up study

	Peginterferon alfa 2a		Peginterferon alfa 2a + Lamivudine		Lamivudine	
	Initial study	LT study	Initial study	LT study	Initial study	LT study
	n=177	N=116	n=179	N=114	n=181	n=85
Age (yr; mean / median)	40 / 41	40 / 41	41 / 40	40 / 39	40 / 40	39 / 39
Gender (female / male) in %	15 / 85	16 / 84	18 / 82	18 / 82	14 / 86	13 / 87
Race						
Caucasian	37%	25%	36%	30%	38%	32%
Oriental	61%	73%	63%	71%	62%	68%
Other	2%	2%	1%	0%	0%	0%
Weight (kg, mean)	71.0	69.8	69.7	68.7	70.6	72.0
HBV Genotype A	6%	6%	6%	7%	4%	6%
B	24%	28%	23%	29%	27%	33%
C	36%	43%	39%	40%	32%	34%
D	31%	20%	30%	21%	35%	26%
Other (E, H, B/C, D/G)	3%	3%	3%	3%	2%	1%
HBV DNA at before treatment start (log ₁₀ cp/mL)	7.1	7.1	7.3	7.2	7.2	6.9
mean/ median / range	7.0 2.3–12.0	7.0 2.3–12.0	7.2 2.7–12.0	7.0 3.1–12.0	7.0 2.8–12.0	6.8 3.5–12.0
ALT before treatment start (IU/L)	94.4	86.5	90.8	88.2	105.7	85.1
mean/ median / range	61.5 10.2–508	60.4 10.2–454	64.2 11.3–514	63.1 16.5–514	71.6 9.8–1051	87.2 18.0–643
Presence of bridging fibrosis or cirrhosis before treatment start n/ (%)	54 (31%)	33 (28%)	40 (22%)	22 (20%)	53 (29%)	16 (19%)
Use of lamivudine / NAs prior study treatment n/ (%)	7 (4%)	5 (4%)	15 (8%)	9 (8%)	9 (5%)	3 (4%)

Table 2. Patient disposition and overview of response at end of treatment, 6 months post treatment and 1, 2 and 3 years post treatment

Response Parameter	Initial study (48 weeks of treatment and 24 weeks of follow up)								
	PegIFN α -2a (n=177)			PegIFN α -2a + lamivudine (n=179)			Lamivudine (n=181)		
	n	%		n	%		n	%	
End of treatment									
ALT <1 x ULN	67	38		87	49		132	73	
HBV DNA \leq 20,000 cp/mL	144	81		164	92		154	85	
HBV DNA \leq 400 cp/mL	112	63		156	87		113	73	
6-months post treatment									
ALT <1 x ULN	105	59		107	60		80	44	
HBV DNA \leq 20,000 cp/mL	76	43		79	44		53	29	
HBV DNA \leq 400 cp/mL	34	19		35	20		12	7	
HBsAg loss	7	5		5	3		0	0	
Entered long term follow-up study									
	n	% Follow up study population (n=116)	% Initial study population (n=177)	n	% Follow up study population (n=114)	% Initial study population (n=179)	n	% Follow-up study population (n=85)	% Initial study population (n=181)
1 year post-treatment									
ALT <1 x ULN	58	50	33	51	45	28	28	33	15
HBV DNA \leq 10,000 cp/mL	35	30	20	35	31	20	17	20	9
HBV DNA \leq 400 cp/mL	17	15	10	14	12	8	6	7	3
HBsAg loss	4	3	2	5	4*	3	0	0	0
2 years post-treatment									
ALT <1 x ULN	37	32	21	32	28*	18	17	20	9
HBV DNA \leq 10,000 cp/mL	32	28	18	24	21	13	10	12	6
HBV DNA \leq 400 cp/mL	18	16	10	13	11	7	3	4	2
HBsAg loss	7	6	4	6	5*	3	0	0	0
3 years post-treatment									
ALT <1 x ULN	36	31*	20 **	35	31*	20**	15	18	8
HBV DNA \leq 10,000 cp/mL	32	28#	18##	28	25#	16##	13	15	7
HBV DNA \leq 400 cp/mL	21	18 \pm	12 $\pm\pm$	15	13 \pm	8 $\pm\pm$	5	6	3
HBsAg loss	9	8 η	5 $\eta\eta$	9	8 η	5 $\eta\eta$	0	0	0

Materials and Methods

方法

- 自民國九十三年十一月至九十八年三月間，在中國醫藥大學附設醫院共收治50位慢性B型肝炎e抗原陰性患者進入本研究(男性40位、女性10位、平均年齡 44 ± 12)。病患接受長效型干擾素每週一次皮下注射共治療48週，結束後追蹤24週。在治療前偵測病人血清中的病毒量、病毒基因型、肝生檢及肝功能檢查，並於治療第12週、24週、48週及72週分別偵測病人血清中的病毒量。
- HBV DNA 以 COBAS AMPLICOR HBV MONITOR (Roche) 檢測。
- HBV genotype 以 Mizokami 之 RFLP method 檢測。
- 合併反應(combined response) 的定義為治療結束後第六月血清中ALT值正常且HBV DNA $\leq 10^4$ copies/ ml。

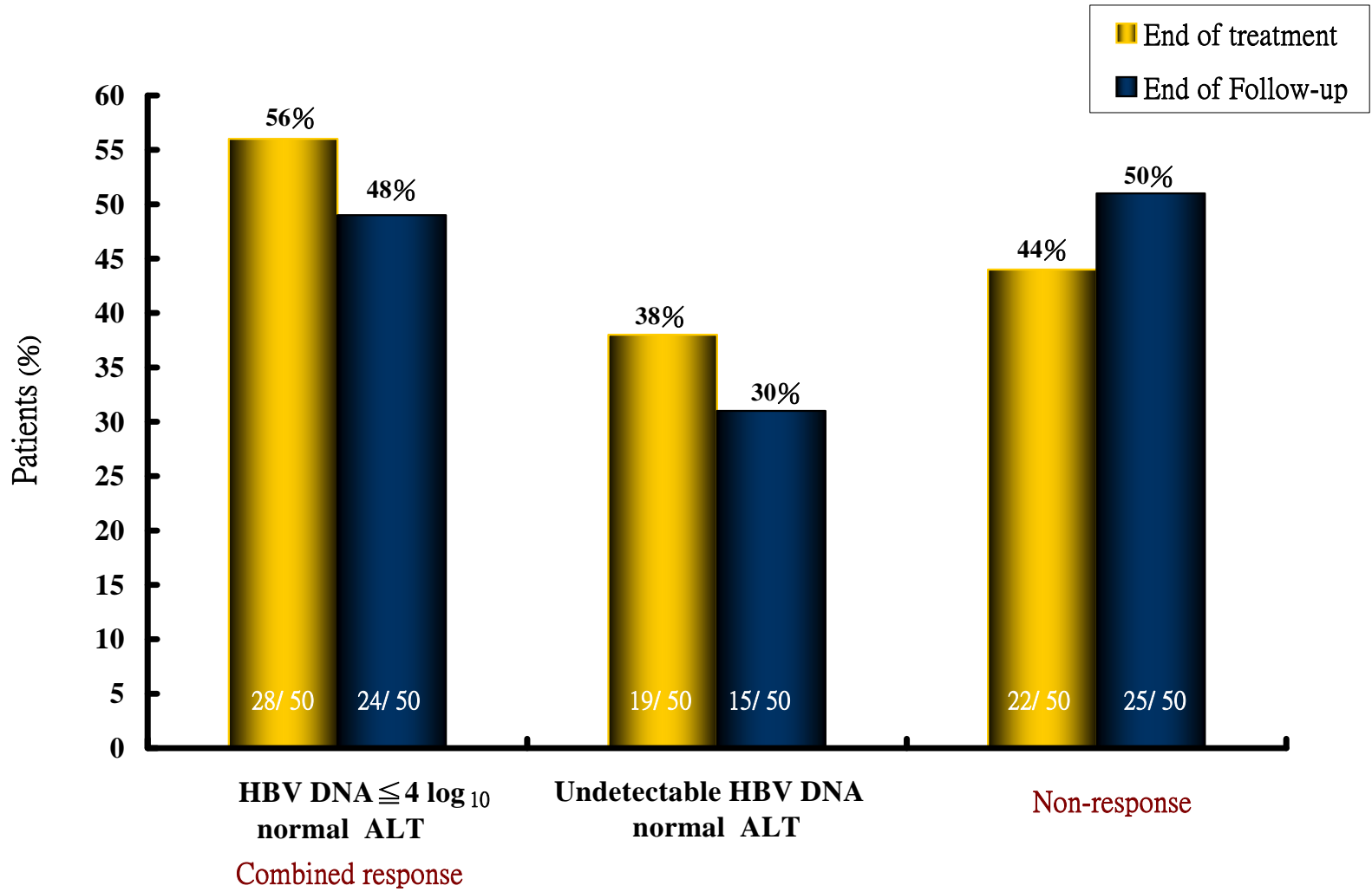
Results

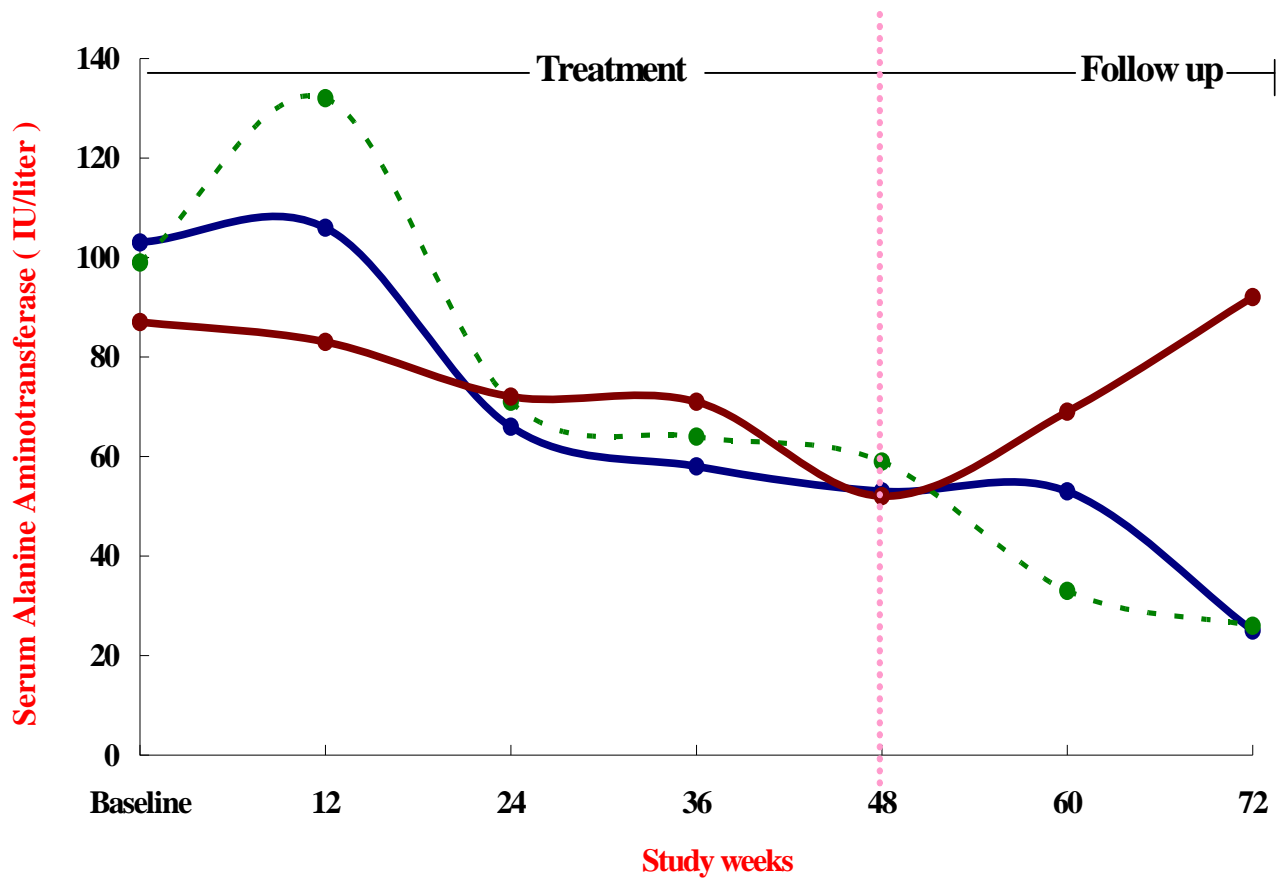
結果

Table 1. Baseline and Demographic Characteristics of the Patients

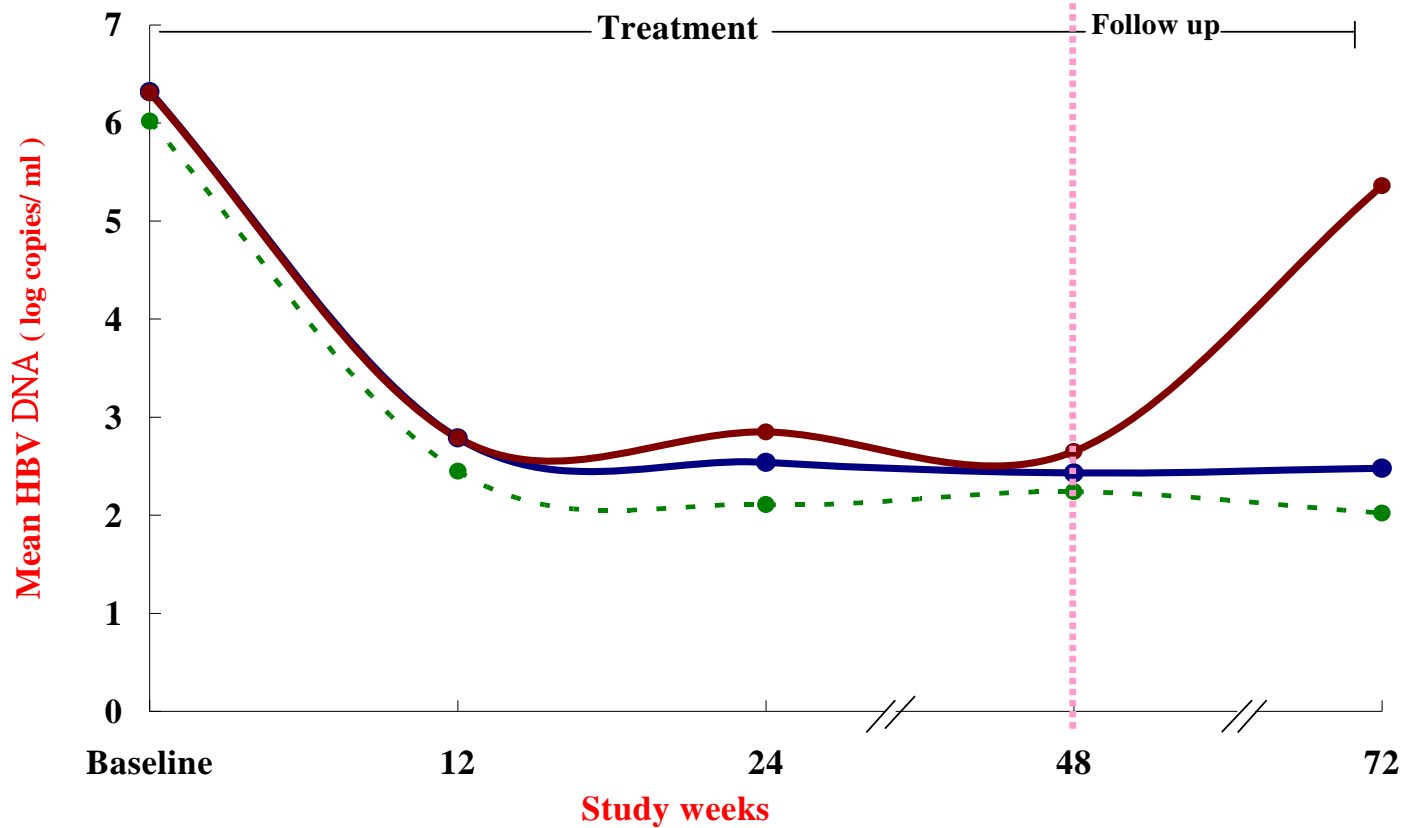
No. of patients	50
Age, years	
Mean \pm SD	44 \pm 12
Range	22 ~ 67
Gender, male:female	40:10:00
Serum ALT, IU/L	
Mean \pm SD	97.6 \pm 63.35
Range	21 ~ 284
Serum AFP, ng/ml	
Mean \pm SD	11.89 \pm 22
Range	1.52 ~ 133
HBeAg negative, n(%)	50 (100)
Anti-HBe positive, n(%)	49 (98)
Anti-HCV positive, n(%)	0 (0)
Baseline HBV DNA (log₁₀ copies/ml)	
Mean \pm SD	6.28 \pm 1.97
Range	2.49 ~ 10.16
HBV genotype, B: C	40:10:00
METAVIR score	
Fibrosis 1/ 2/ 3/ 4	9/ 24/ 13/ 3 ND*1
Inflammatory Activity 1/ 2/ 3	24/ 18/ 7 ND*1

ND*: no data available

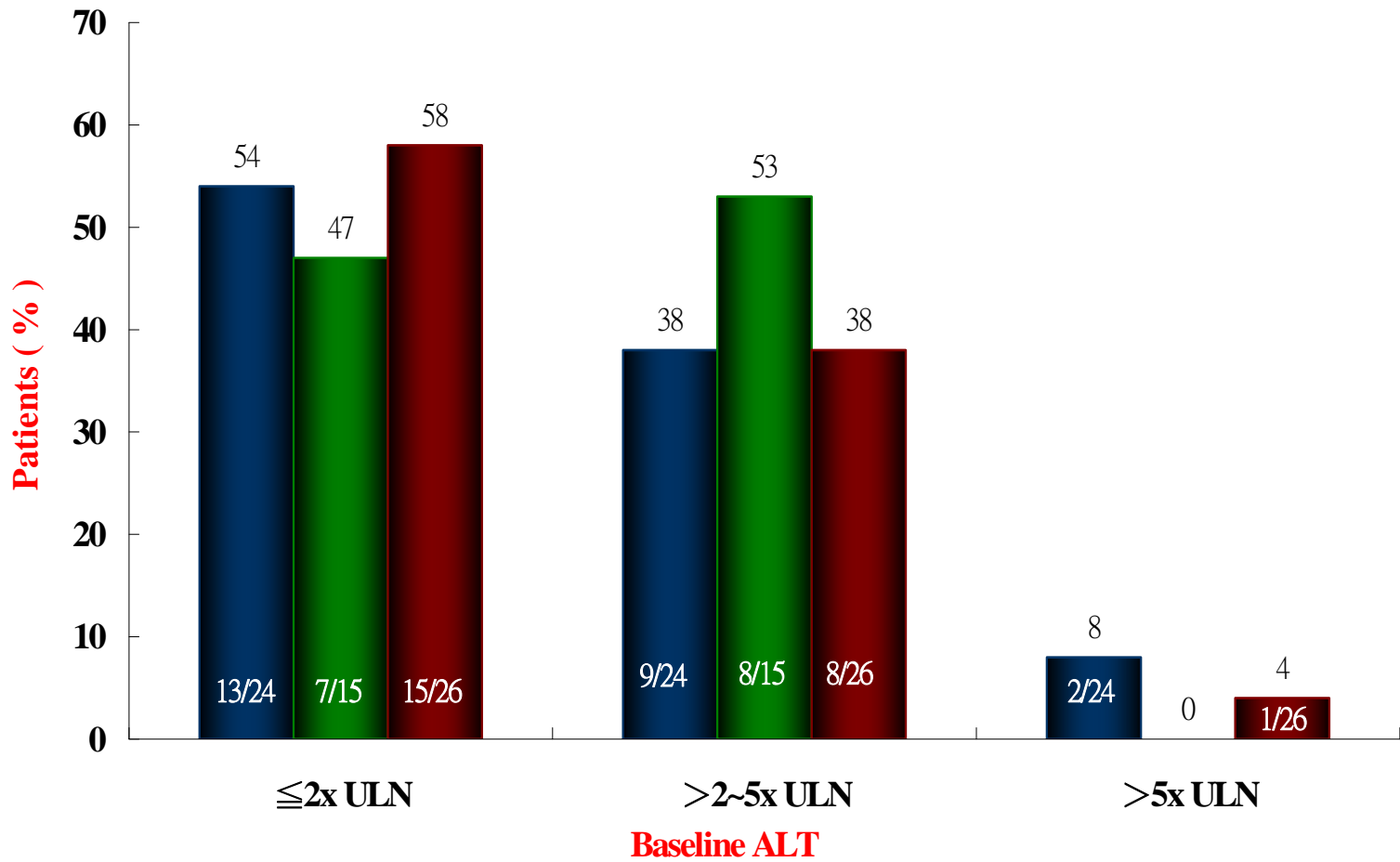




- Combined response : HBV DNA \leq 4 log, normal ALT
- - Undetectable HBV DNA, normal ALT
- Non-response



- Combined response : HBV DNA ≤ 4 log, normal ALT
- - ● - - Undetectable HBV DNA, normal ALT
- Non-response



■ Combined response : HBV DNA \leq 4 log, normal ALT

■ Undetectable HBV DNA, normal ALT

■ Non-response

Table 2. Pre-treatment and on-treatment characteristics in patients with combined response or non-combined response

Characteristic	combined response* n = 24 (48%)	non-combined response n = 26 (52%)	P value
Age (years)	46.46 ± 12.49 (49.0)	42.31 ± 11.33 (42.0)	0.331
Gender			0.7278
Male	83%	77%	
Female	17%	23%	
Body weight (kg)	67.82 ± 9.38 (68.85)	69.78 ± 14.19 (69.0)	0.87
BMI (kg/m ²)	23.9 ± 2.93 (24.2)	24.64 ± 3.38 (24.15)	0.736
METAVIR score			
Stage of fibrosis	2.21 ± 0.83 (2.0)	2.2 ± 0.82 (2.0)	0.872
1~2	15 (62%)	18 (69%)	
3~4	9 (38%)	7 (31%)	
Inflammatory activity	1.79 ± 0.83 (2.0)	1.52 ± 0.59 (1.0)	0.302
0~1	11 (46%)	13 (50%)	
2~3	13 (54%)	12 (46%)	
Baseline ALT	103.25 ± 68.85 (79.0)	92.38 ± 58.7 (74.5)	0.021
> 5xULN	8%	4%	
> 2~5xULN	38%	38%	
≤ 2xULN	54%	58%	
Peak ALT level weeks 0~48 (IU/L)	185.29 ± 125.37 (176.0)	192.12 ± 144.44 (151.5)	0.931

Table 2. Pre-treatment and on-treatment characteristics in patients with combined response or non-combined response

Characteristic	combined response* n = 24 (48%)	non-combined response n = 26 (52%)	P vaue
Baseline HBV DNA (log ₁₀ copies/ml)	6.32 ± 2.27 (6.96)	6.31 ± 1.43 (6.16)	0.63
HBV DNA at week 12 (log ₁₀ copies/ml)	2.79 ± 1.25(2.0)	2.79 ± 1.19 (2.0)	1.00
< 312 copies/ml	54%	58%	
> 312~10000 copies/ml	25%	27%	
HBV DNA at week 24 (log ₁₀ copies/ml)	2.54 ± 1.12(2.0)	2.85 ± 1.52 (2.0)	0.421
< 312 copies/ml	71%	65%	
> 312~10000 copies/ml	17%	12%	
HBV DNA at end of treatment (log ₁₀ copies/ml)	2.43 ± 0.97 (2.0)	2.65 ± 1.06 (2.33)	0.076
< 312 copies/ml	79%	48%	
> 312~10000 copies/ml	13%	31%	
HBV genotype			0.294
B	21 (88%)	19 (73%)	
C	3 (12%)	7 (27%)	

*Combined response : both ALT normlisation and an HBV DNA level of < 10₄ copies/ ml

^a Data are presented by mean ± standard deviation (median) by Wilcoxon Sign Rank test

^b Data are presented by number (percent) analyzed between combined response and non-combined response group by Fisher's Exact test

Table 3. Logistic regression analysis on pre-treatment factors and sustained combined respons

Pre-treatment factor	Comparison	Odds ratio (95%CI)	pValue
Age	<50 vs \geq50	0.113 (0.01~1.249)	0.0753
Sex	female vs male	1.732 (0.108~27.783)	0.6981
BMI	1 kg/ m² decrease	1.318 (0.94~1.847)	0.109
Baseline HBV DNA	1 log₁₀ unit (copies/ ml) decrease	1.689 (0.748~3.812)	0.207
Genotype	B vs C	0.251 (0.011~5.546)	0.3811

multivariate logistic regression

Discussion

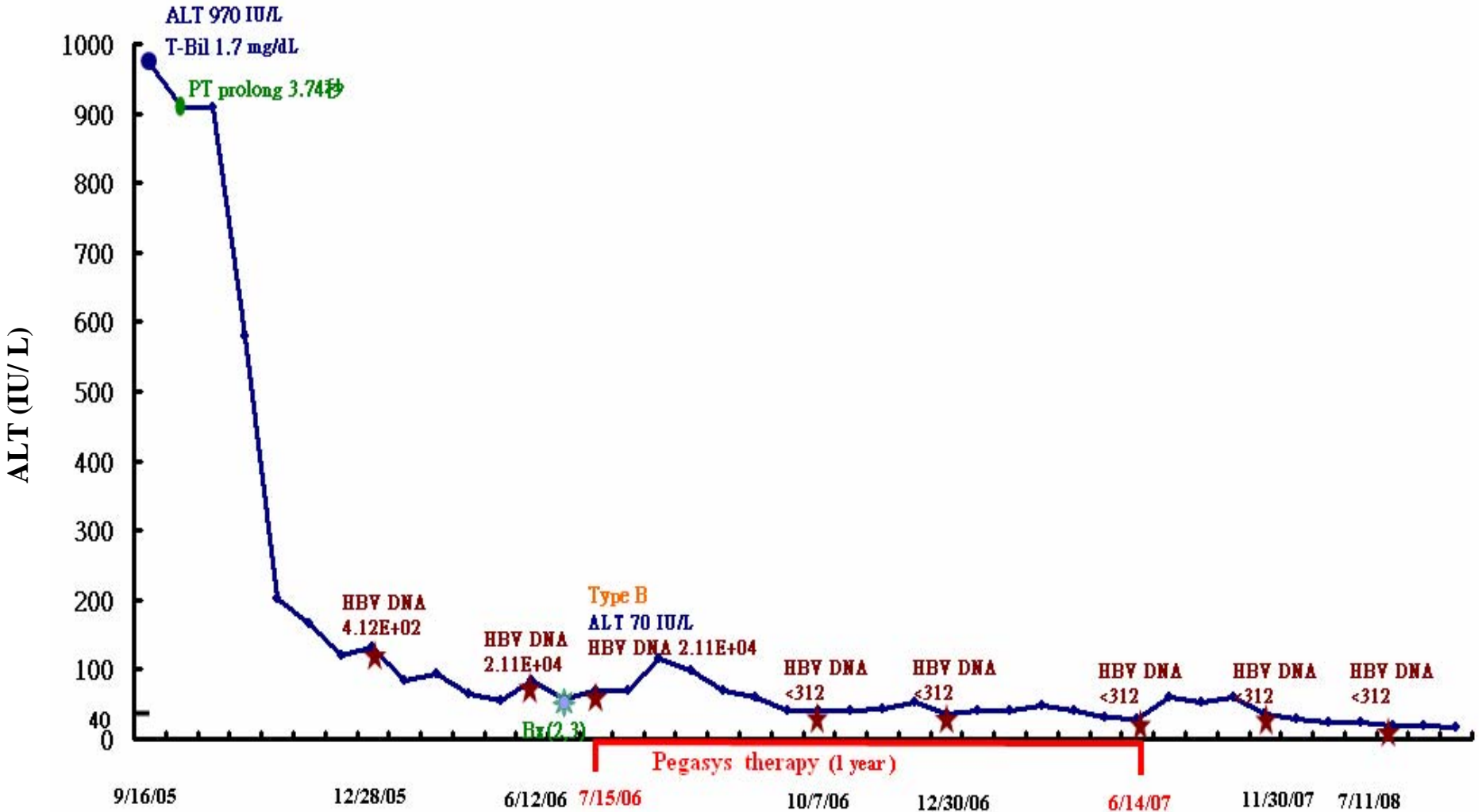
- 本研究顯示長效型干擾素治療台灣慢性B型肝炎e抗原陰性患者，產生合併反應者為48%，正常ALT合併 undetectable HBV DNA為30%，證實此為有效治療方法。
- 治療起始ALT高者，有較佳的合併反應。
- 研究結果比文獻報告佳，可能是HBV DNA 較低及Genotype B 較多。
- 本研究並沒有觀察到延遲性的合併反應，對於長效型干擾素治療後的效果，更長時間的觀察與追蹤是必需的。

Case Presentation

- 31 years old female
- Hepatitis B carrier, HBeAg positive (previous)
- Chronic hepatitis B with acute exacerbation

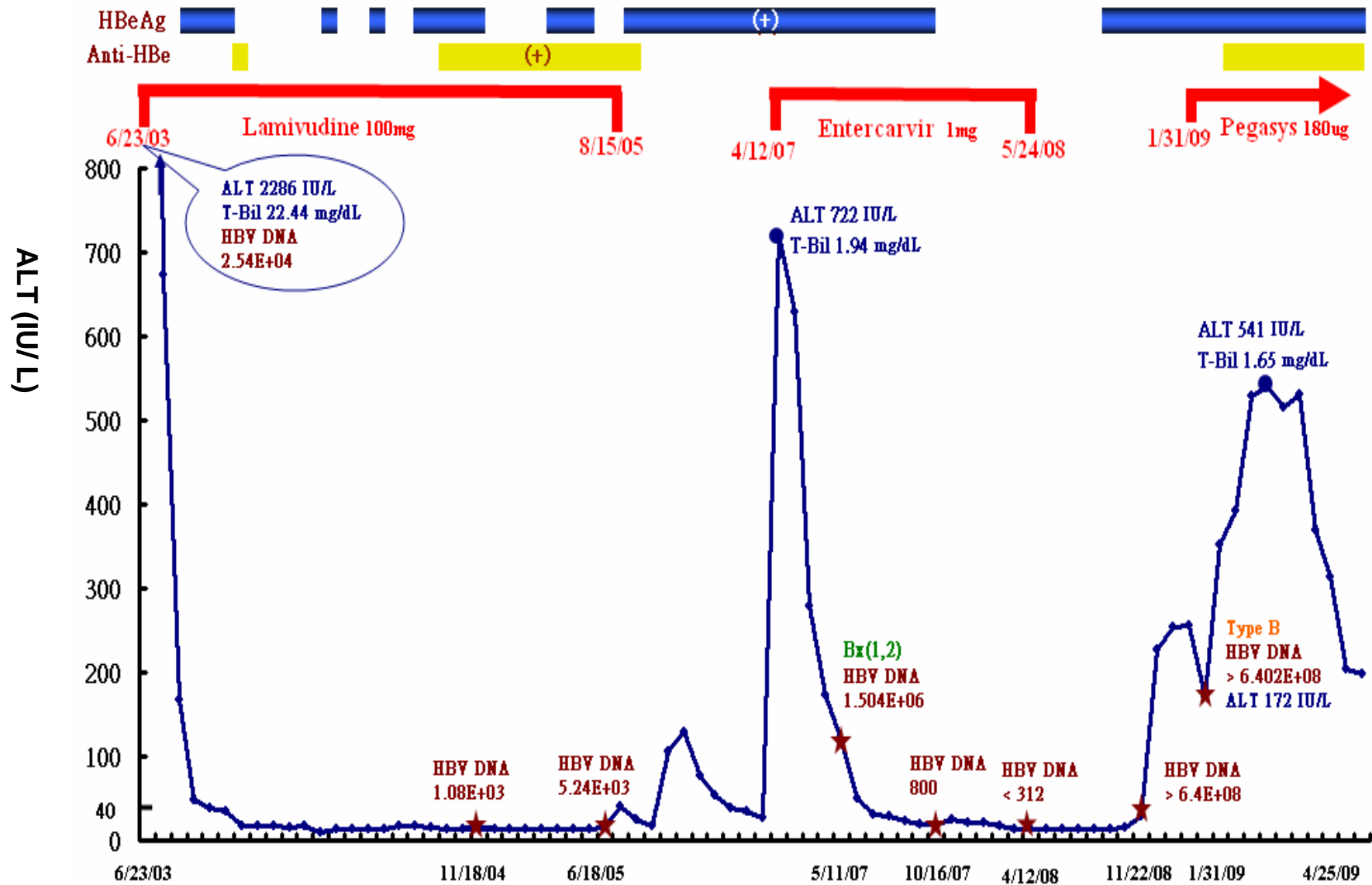
HBeAg(-)

Anti-HBe(+)



Case Presentation

- 31 years old male
- Hepatitis B carrier. HBeAg-positive
- Chronic hepatitis B with acute exacerbation



**HBeAg (+) 健保給付PEGASYS,
Interferon 6個月或Lamivudine, ETV, LdT
12- 18個月**

**HBeAg (-) 健保給付PEGASYS,
Interferon 12個月或Lamivudine, ETV, LdT
12- 18個月**

各療程治療結束後PEGASYS,
interferon 停藥12個月或 LAM, ETV, LdT停藥 3個月

**96-10-1公告
97.8.1健保新制**

復發

HBsAg (+) >6 個月及HBeAg (+) >3 個月

HBsAg (+) >6 個月及HBeAg (-) >3 個月

ALT \geq 5 X

2X \leq ALT < 5 X

**ALT \geq 2X
(半年內2次，每次間隔3個月)**

Liver Biopsy HBcAg(+)

Liver Biopsy HBcAg(+)

**HBeAg (+) 健保給付
Pegasis, Interferon 6個月
(無肝功能代償不全)**

**HBeAg (-) 健保給付
Pegasis, Interferon 12個月
(無肝功能代償不全)**



Thanks for your attention



CHINA MEDICAL UNIVERSITY

