BACKGROUND

- Despite acceptable on-treatment and end-of-treatment response rates, currently recommended therapies for HBeAg-negative chronic hepatitis B (CHB) are associated with post-treatment relapse and poor rates of sustained response.
- In a recent large, randomised study of patients with HBeAg-negative CHB, peginterferon alfa-2a (PEGASYS®), alone or in combination with lamivudine, provided significantly higher rates of sustained response 6 months after the end of treatment than lamivudine monotherapy.
- The long-term durability of response to PEGASYS in the treatment of HBeAg-negative CHB has not yet been established.

OBJECTIVE

- To assess responses to PEGASYS 12 months after the end of treatment in patients with HBeAg-negative CHB enrolled in a large, multinational Phase III trial.

METHODS

Initial study

- In the initial study, conducted in 54 study centres in 13 countries (principally in Asia and Europe), a total of 527 patients received either PEGASYS 180 µg once weekly plus daily placebo, PEGASYS plus lamivudine (100 mg daily) or lamivudine (100 mg daily) for 48 weeks.
- Patients were assessed 6 months after the end of treatment (study week 72). The co-primary efficacy outcomes were: (1) normalisation of ALT (≤1 x ULN) and suppression of HBV DNA to <2,000 copies/mL and (2) suppression of HBV DNA to <20,000 copies/mL. Secondary endpoints included suppression of HBV DNA to <400 copies/mL.

Long-term study

- All study centres involved in the initial study were offered participation in a 5-year, long-term observational study (LT-study) to assess the durability of response.
- Patients were assessed 12 months after the end of the initial study (study week 96).
- Efficacy outcomes were: normalisation of ALT (<1 x ULN) and suppression of HBV DNA to <2,000 copies/mL or <400 copies/mL.

RESULTS

- In total, 41 of 54 study centres (76%) elected to take part in the LT-study. Patients with available data at week 96

- **Overall results at weeks 72 and 96**
  - In all three treatment arms, biochemical and virological response rates required 12 months after the end of treatment were similar to those reported 6 months after the end of treatment (Figures 3a, 3b and 3c).
  - The percentage of patients with biochemical or virological response was higher with PEGASYS monotherapy and combination therapy than with lamivudine monotherapy both 6 months and 12 months after the end of treatment (weeks 72 and 96) (Figures 3a, 3b and 3c).

- **Long-term HBV DNA response in patients treated with PEGASYS monotherapy**

  - More patients in the PEGASYS-containing arms (63% and 62%) than in lamivudine monotherapy (46%) achieved HBV DNA levels below 400 copies/mL 12 months after the end of treatment (Figures 3a, 3b and 3c).

- **Long-term biochemical response in patients treated with PEGASYS monotherapy**

  - The percentage of patients with normalisation of ALT was 65% and 64% in the PEGASYS-containing arms and 47% in the lamivudine arm at 12 months after the end of treatment (Figures 3a, 3b and 3c).

SUMMARY & CONCLUSIONS

- In conclusion, a 48-week course of PEGASYS is able to induce high rates of biochemical and virological response 6 months after the end of treatment.
- Overall biochemical and virological response rates were similar at 12 months after the end of treatment to those reported at 6 months after the end of treatment.
- More than half of the patients (55%) had HBV DNA levels below 100,000 copies/mL for the majority of the 12 month follow-up period and 10% of the patients had HBV DNA permanently suppressed below 400 copies/mL.
- In conclusion, a 48-week course of PEGASYS is able to induce high rates of biochemical and virological response that are sustained 1 year after the end of treatment.

REFERENCES

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DISCLOSURE INFORMATION

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