Efficacy and Safety of Entecavir Versus Adefovir in Chronic Hepatitis B Patients with Evidence of Hepatic Decompensation

Yun-Fan Li¹, Maria Raptopoulou-Gigi², Hugo Cheinquer¹, Shiv Kumar Sarin³, Tawesak Tanwandee⁴, Nancy Leung⁵, Robert P. Myers⁶, Robert S. Brown Jr⁷, Mitchell Shiffman⁸, Jolanta Bialkowska⁹, Shiji Tang², Elizabeth Cooney¹⁰

¹Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Taoyuan, Taiwan, ROC; ²Institute of Medical Genetics, Internal Medicine Department, University Hospital, University of Utrecht, Utrecht, The Netherlands; ³Virology Research Center, University of Malaya, Kuala Lumpur, Malaysia; ⁴Department of Medicine, Khon Kaen University, Khon Kaen, Thailand; ⁵Department of Gastroenterology and Hepatology, The Chinese University of Hong Kong, Hong Kong, China; ⁶Liver Unit, University of Calgary, Alberta, Canada; ⁷Center for Liver Disease and Transplantation, Columbia University Medical Center, New York, USA; ⁸Liver Unit, Medical University, Luebeck, Poland; ⁹Research and Development, Bristol-Myers Squibb Company, Wallingford, USA

Introduction
• Decompensated cirrhosis is one of the major sequela of longstanding hepatitis B virus (HBV) infection. At 5 years, survival of patients with decompensated cirrhosis was 14%, compared to 84% for patients with compensated cirrhosis.
• Suppression of viral replication with antiviral therapy has been shown to result in clinical improvement and increased survival.
• Interferons are contraindicated in this patient population.

Methods
• Randomized (1:1 open-label) Phase 2B study in CHB patients with evidence of hepatic decompensation.
• ETV (10 mg/day) versus ADV (10 mg/day) treatment until the last visit for patients treated with ETV: 3.9 (2.9, 4.9) months, 46% (44%) 15.7 (12.0, 18.4) months, 46% (44%), respectively.

Results
- Of 195 randomized patients, 191 were treated:
  - Two patients randomized to ADV were treated with ETV
  - 135 patients completed 24 weeks of treatment (ETV, n=80; ADV, n=55)
  - 135 patients completed 48 weeks of treatment (ETV, n=75; ADV, n=60)

Safety (cumulative analyses)
- Adverse events (AE, serious AE, discontinuations due to AE, HCC, ALT flares, death)
- Randomized, as treated (clinical analyses, treated patients, analyzed at treated).

Summary of Results
- ETV 1-Oing was superior to ADV 10 mg for the primary endpoint of HBV DNA change from baseline to Week 48.
- A greater proportion of ETV- versus ADV-treated patients achieved HBV DNA <300 copies/mL at Weeks 24 and 48.
- ETV provided clinical benefit in this setting, as shown by change in CTB and MELD scores, and normalization of markers of hepatitis fibrosis through Week 48.

Conclusions
- Both therapies were well-tolerated and the safety experience in each of the two treatment groups was similar to that observed in prior studies.

References