Abstract IDDF2019-ABS-0306 Figure 1

IDDF2019-ABS-0333 OPTIMAL DRUG ADMINISTRATION MANNER WOULD RESCUE PARTIAL VIROLOGICAL RESPONSE IN CHRONIC HEPATITIS B PATIENTS WITH ENTECAVIR OR TENOFOVIR TREATMENT

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Background Entecavir (ETV) and Tenofovir (TDF) are recommended as the first-line antiviral oral drugs in chronic hepatitis B (CHB) patients owing to their excellent antiviral efficacy and high barrier to resistance. But not all CHB patients could obtain complete virological response (CVR) and part of them just achieved partial virological response (PVR) after 24-week ETV/TDF therapies, and the exact mechanisms remain unclear. This study aims to investigate factors associated with PVR and whether the manner of drug administration affects the antiviral efficacy of ETV/TDF therapy.

Methods This was a retrospective study performed in 518 patients. All patients were divided into CVR or PVR group according to their virological response following 24-week therapy. Demographic and clinical characteristics were compared between patients with CVR and PVR. Factors associated with PVR to ETV/TDF monotherapy were calculated. Patients with PVR were further grouped owing to whether adjusting the manner of ETV/TDF administration and therapeutic responses, including virological response, biochemical response and serological response, were evaluated.

Results Total of 518 ETV/TDF-treated naive patients were enrolled, including 229 (44.21%) patients with CVR and 289 (55.79%) patients with PVR after 6-month ETV/TDF therapies. Suboptimal way of drug administration (HR 77.511, $P = 0.000$), positive-HBeAg (HR 3.191, $P = 0.000$) and ETV treatment (HR 2.537, $P = 0.001$) were identified as independent risk factors for patients with PVR. Among patients with

PVR, 213 patients were in the adjusted group and 76 were in the unadjusted group, respectively. The baseline serum HBV DNA levels in the adjusted group were significantly higher than those in the unadjusted group (3.49 ± 0.61 vs 3.21 ± 0.50 log₁₀ IU/mL, $P = 0.000$). The rates of CVR (78.9% [168/213] vs 31.6% [24/76], $P < 0.001$) and ALT normalization (88.7% [189/213] vs 68.4% [52/76], $P < 0.001$) in adjusted group were both higher than those in unadjusted group following prolonged 6-month therapy.

Conclusions The manner of drug administration is an important factor influencing efficacy to ETV/TDF therapies, and optimal drug administration manner can help to increase antiviral efficacy and rescue patients with PVR.

IDDF2019-ABS-0335 DISTRIBUTION AND FACTORS ASSOCIATED WITH SERUM HBV PREGENOMIC RNA LEVELS IN CHRONIC HEPATITIS B PATIENTS

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Background The present study aimed to study the correlations of serum HBV pgRNA with serum HBsAg and HBcrAg, and further investigate the possible influencing factors of serum HBV pgRNA levels in a large cohort of Chinese CHB patients.

Methods This was a retrospective cohort study consisting of 204 outpatients who visited our hepatitis clinic between January 2009 and December 2010. Serum levels of HBV pgRNA, HBsAg and HBcrAg were quantitatively measured in frozen blood samples.

Results In this cohort, the median serum HBV pgRNA level was 4.12 log₁₀ copies/mL and 29.4% (60/204) of them had serum HBV pgRNA under low limit of detection (LLD) (<500 copies/mL); and the percentage of patients with serum HBV