

Calendar of Events

2007

Sept. 16-20

International HBV Meeting 2007

Coordinated by Hepatitis B Foundation
Co-chairs: Drs. Michalak and Levrero
Sala dello Stenditoio, Rome, Italy
www.HBVmeeting.org

Nov. 2-6

58th Annual AASLD Meeting

American Association for the
Study of Liver Diseases
John B. Hynes Convention Center,
Boston, MA
www.aasld.org

Dec. 9-13

HepDART 2007

Co-Chairs: Drs. Schinazi and Rice
Westin Maui, Maui, Hawaii
www.informedhorizons.com/hepdart2007

NEWS FLASH!

National Institutes of Health
First HBV Consensus Conference

Fall 2008

Look on page 11 for details!

Check our website for online copies of
B Informed and all back issues

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3805 Old Easton Road
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B Informed

Changing the Way Science Thinks About Hepatitis

Dr. Francis V. Chisari Honored for Outstanding Contributions

The Hepatitis B Foundation (HBF) held its annual *Crystal Ball Gala* on Saturday, April 28, 2007, at the new Pennsylvania Biotechnology Center, which it created to expand and accelerate its research mission. A capacity crowd of 200 guests sparkled at the foundation's signature fundraising event, which raised more than \$50,000. The gala is highlighted by an awards presentation to an outstanding individual who has advanced the mission of the foundation.

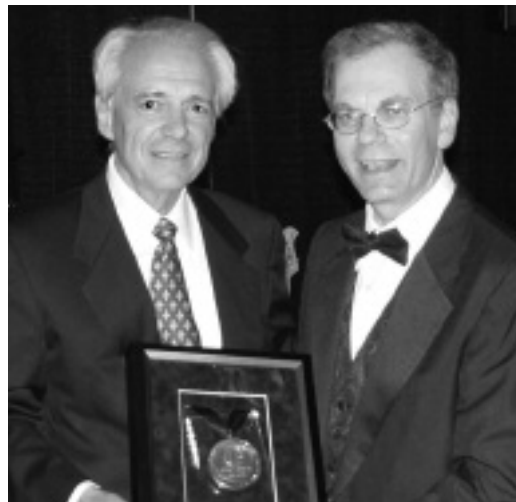
This year, the HBF's prestigious *Distinguished Scientist Award* was presented to **Francis V. Chisari, M.D.**, professor and head of the Division of Experimental Pathology in the Department of Molecular and Experimental Medicine at The Scripps Research Institute in La Jolla, CA. He was honored in recognition of his extraordinary

contributions to advancing the science and medicine of hepatitis B. His seminal work in the immunopathology of hepatitis B has been key to the understanding of this serious liver disease.

"The Hepatitis B Foundation is proud to recognize the accomplishments and commitment of Dr. Chisari whose work has changed the way science thinks about hepatitis. Those of us concerned about hepatitis B owe a great debt of gratitude to his work since he has been a part of every major advance in the understanding of the immunopathology of hepatitis B since the 1980s," said Timothy M. Block, Ph.D., president of the Hepatitis B Foundation.

Hearing of Dr. Chisari's remarkable contributions to hepatitis B research, the guests were moved to give a standing ovation. Upon accepting the award, Dr. Chisari charmed the audience with a personal story about how he changed his plan from wanting to be the next "Dr. Marcus Welby" to discovering a passion for biomedical research instead. Without a doubt, the hepatitis B community at large is very grateful for his change of heart!

"I am humbled and appreciative of being honored by the foundation and will return to my research with renewed energy to live up to this award," Dr. Chisari said movingly. "The Hepatitis B Foundation is making a big impact in the world, and now I understand that its success is due to the strong community of friends and supporters who are here tonight. Thank you for caring."



Dr. Francis Chisari (left) received the *Distinguished Scientist Award* in recognition of his extraordinary contributions to hepatitis B research from Dr. Timothy Block, HBF president.

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Cause for a Cure

The Hepatitis B Foundation is a national non-profit organization dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide through research, education and patient advocacy.

Learn more about Dr. Chisari on page 8.



From the Editor's Desk

Joan M. Block, Co-Founder

An Anniversary to Remember

This year marks the 12th anniversary of May Hepatitis Awareness Month, which is something the Hepatitis B Foundation is happy to celebrate. It is a good time to reflect on how far we've come these past 12 years, both from an organizational and disease awareness perspective.

In 1995, the Hepatitis B Foundation moved from the co-founders' kitchen offices to a "real" office with one full-time staff person. We launched our website www.hepb.org that literally opened the world's doors to us! We also hosted the first Princeton Workshop, an unprecedented gathering of the nation's thought leaders from academe, industry and government to focus exclusively on hepatitis B therapeutics.

At the same time, the CDC recommendation for universal infant HBV vaccination was being implemented across the country. And lamivudine – the first oral drug for HBV – was causing a wave of anticipation as it entered the final stages of

testing before being approved by the FDA three years later.

Call it coincidence or synergy, but as the Hepatitis B Foundation was beginning to make an impact at the national and international level, there were also substantial advances being made in the prevention and treatment of hepatitis B.

Needless to say, all of this activity in 1995 was incredibly exciting for those of us who had started out in the "dark days" of hepatitis B – before awareness, before universal vaccination, and before treatment was even a possibility.

As we celebrate the 12th anniversary of May Hepatitis Awareness Month, it's satisfying to see the progress that has been made in just over a decade as reflected by the activities that are reported in this issue of *B Informed*. We're not done yet, however we've made it this far, so I'm confident we will be able to go the distance.



HEPATITIS B FOUNDATION

3805 Old Easton Road
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We are a national non-profit organization dedicated to finding a cure and improving the quality of life for those affected by hepatitis B worldwide.

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In the News

Nucleonics Receives FDA Clearance to Begin Phase 1 Trial of New eiRNA Therapy for HBV

On May 2, 2007 – Nucleonics received FDA approval for its phase I human clinical trials for an investigational "eiRNA" therapy (NUC B1000), an "expressed interfering RNA"-based antiviral, for chronic hepatitis B. According to Nucleonics, "Proteins and enzymes are essential such that many, if not all, diseases are accompanied by abnormal gene function that results in either abnormal proteins being made or normal proteins being made either in the wrong cell or at the wrong time. Many diseases could be treated or cured by finding a way to eliminate a specific abnormal RNA molecule made within the diseased or infected cell." Its eiRNA therapy offers a unique opportunity to address unmet clinical needs for HBV: effectiveness against all HBV genotypes and viral escape mutants because of its multi-target design; down-regulation of multiple HBV antigens as well as inhibition of viral replication; and compatibility with existing HBV therapies. For more information, visit www.nucleonicsinc.com.

Viral Load is a Good Long Term Predictor of Mortality in Chronic Hepatitis B

Alison Evans, Sc.D., Director of Public Health Research, Hepatitis B Foundation and Assistant Professor, Drexel University School of Public Health

In a paper published in the August 2006 edition of the *American Journal of Gastroenterology*, Dr. Gang Chen and colleagues reported on the long-term significance of HBV viral load for chronic HBV carriers. In a prospective study with 11 years of follow-up conducted in Haimen City, China, the investigators tested for quantitative HBV viral load in blood samples collected in the early 1990s.

Blood samples were taken during mass screening efforts in this high-risk area of China. Adults between the ages of 25 and 65 were screened for the virus by hepatitis B surface antigen (HBsAg) tests, and the population was then followed for 11 years. Deaths from primary liver cancer or hepatocellular carcinoma (HCC), chronic liver disease (CLD), and other causes were recorded.

Approximately 15,000 HBsAg-positive samples were chosen for viral load testing by real-time PCR, a technique that was not available at the time the subjects entered the study. In the years following study entry, there were 447 deaths from all causes in this group, 231 from HCC, 85 from CLD, and 131 from non-liver-related causes.

Based upon viral load at study entry, there was a significant increase in risk of HCC as viral load increased. Compared to subjects with no detected serum viral load, subjects with positive but low viral load (between 1.6×10^3 and 9.9×10^4 viral particles/mL) had a 70% increase in risk for HCC. Subjects with a high viral load ($>10^5$ viral particles/mL) had a risk of HCC that was 11 times higher than subjects with undetected viral load.

For CLD deaths, the increase in risk was similar: 50% in the lower viral load category, and 15-fold in the higher viral load group. In contrast, there was no significant increase in the risk of death from non-liver-related causes. In 2003,

1,683 surviving HBsAg-positive members of the original group were invited to return for additional blood testing. In this group, the severity of their liver

viral load was still a strong indicator of their future risk of HCC and CLD.

Interestingly, the usefulness of the viral load measurement as a predictor



Dr. Alison Evans and Dr. Gang Chen, HBF Public Health Scientist and Drexel University Research Associate, at the Haimen Center for Disease Control and Prevention in China.

disease in 2003 was strongly associated with the viral load level detectable in the serum samples collected when they originally entered the study 11 years earlier.

This study has important implications for our understanding of the natural history of chronic HBV infections. Because the subjects in the study were identified via mass screening in a high-risk population, most of them were unaware of their HBV infection status or their risk of liver disease, and this represents a very different type of population than that usually presented in clinical studies, where subjects have often sought medical care because of known liver disease.

Most of the Haimen City subjects were free of symptoms of liver disease at the time they entered the study, and antiviral medications were not generally available in this region during the time of follow-up. But in this population, HBV

of future HCC or CLD death did not seem to wane over time, i.e. the risk at 2-3 years after study entry was similar to risk after 9-10 years once other factors such as age and sex were accounted for statistically.

Viral load in HBV carriers has been used for some time as a clinical marker of disease progression and response to antiviral therapy. This study demonstrates its utility as an indicator of long-term prognosis and as an important potential target for reduction of risk, even in apparently otherwise healthy persons chronically infected with HBV.

Note: For a reprint of the full journal article "Past HBV Viral Load as Predictor of Mortality and Morbidity from HCC and Chronic Liver Disease in a Prospective Study" (Gang and Evans), please contact editor@hepb.org.

FAMILY/DRUG NAME	MECHANISM	COMPANY	WEBSITE	STATUS, USA
INTERFERONS Mimic naturally occurring infection-fighting immune substances produced in the body				
Intron A (Interferon alfa-2b)	Immunomodulator	Schering-Plough, Madison, NJ	www.schering.com	FDA Approved 1991
Pegasys (PegInterferon alfa-2a)	Immunomodulator	Roche, Switzerland	www.roche.com	FDA Approved 2005
NUCLEOSIDE ANALOGUES Interfere with the viral DNA polymerase enzyme used for hepatitis B virus reproduction				
Epivir-HBV (Lamivudine)	Inhibits viral DNA polymerase	GlaxoSmithKline, Phila., PA	www.gsk.com	FDA Approved 1998
Hepsera (Adefovir Dipivoxil)	Inhibits viral DNA polymerase	Gilead Sciences, Foster City, CA	www.gilead.com	FDA Approved 2002
Baraclude (Entecavir)	Inhibits viral DNA polymerase	Bristol-Myers Squibb, Princeton, NJ	www.bms.com	FDA Approved 2005
Tyzeka (Telbivudine)	Inhibits viral DNA polymerase	Idenix, Cambridge, MA	www.idenix.com	FDA Approved 2006
Emtricitabine (FTC)	Inhibits viral DNA polymerase	Gilead Sciences, Foster City, CA	www.gilead.com	Phase III
Clevudine (L-FMAU) (Levovir in Korea)	Inhibits viral DNA polymerase	Pharmasset, Princeton, NJ Bukwang, South Korea Eiasai, Japan	www.pharmasset.com	Phase III U.S. Approved in S. Korea (Nov. 2006)
Viread (Tenofovir)	Inhibits viral DNA polymerase	Gilead Sciences, Foster City, CA	www.gilead.com	Phase III
Valtorcitabine (monoval LdC)	Inhibits viral DNA polymerase	Idenix, Cambridge, MA	www.idenix.com	Phase II
Amdoxovir (DAPD)	Inhibits viral DNA polymerase	RFS Pharma LLC, Tucker, GA	www.RFSpharma.com	Phase II
ANA 380 (LB80380)	Inhibits viral DNA polymerase	Anadys, San Diego, CA	www.anadyspharma.com	Phase II
Pradefovir (Remofovir)	Inhibits viral DNA polymerase	Schering-Plough, Madison, NJ	www.schering.com	Phase II
Racivir (RCV)	Inhibits viral DNA polymerase	Pharmasset, Princeton, NJ	www.pharmasset.com	Phase II
NON-NUCLEOSIDE ANTI-VIRALS				
NOV-205 (Bam 205)	"Small Molecule"	Novelos, Newton, MA	http://novelos.com	Approved in Russia
HepeX-B (XTL-001)	Human monoclonal antibodies	XTL Biopharm, and Cubist Pharm, Cambridge, MA	www.xtlbio.com www.cubist.com	Phase II/III Orphan drug approval in US for liver cancer
Alinia (Nitazoxanide)	Small Molecule	Romark Labs, Tampa, FL	www.romark.com	Phase II Egypt
UT 231 - B *Discovered by HBF scientists	Small Molecule	United Therapeutics Silver Spring, MD	www.unither.com	Preclinical HBV (Phase II HCV)
Bay 41-4109	Inhibits viral nucleocapsid	Bayer AG, Germany	www.bayer.com	Preclinical
NON-INTERFERON IMMUNE ENHANCERS Boost T-cell infection-fighting immune cells and the body's natural interferon production				
EHT899	Oral Viral Protein	Enzo Biochem, NY, NY	www.enzobio.com	Phase II, Israel
Zadaxin (Thymosin alpha-1)	Immune Stimulator	SciClone, San Mateo, CA	www.sciclone.com	Orphan drug approval in US for liver cancer
Hi-8 HBV	Therapeutic HBV Vaccine	Oxxon, U.K.	www.oxti.com/	Phase II
HepX (eiRNA Technology)	Expressed Interfering RNA	Nucleonics, Horsham, PA	www.nucleonicsinc.com	Phase I
HBV Core Antigen Vaccine	Therapeutic HBV Vaccine	Emergent Europe, U.K.	www.ebse.com	Phase I
HepaVaxx B	Therapeutic HBV Vaccine	ViRexx, Canada	www.virexx.com	Phase I
SpecifEx-HepB	Immunological Cell Transfer	Chromos, Burnaby, BC	www.chromos.com	Preclinical / Phase I
POST-EXPOSURE AND/OR POST-LIVER TRANSPLANT TREATMENT				
HyperHEP S/D	HBV immunoglobulin	Talecris, RTP, NC	www.talecris.com	FDA Approved 1977
Nabi-HB	HBV immunoglobulin	Nabi, Boca Raton, FL	www.nabi.com	FDA Approved 1999
Hepa Gam B	HBV immunoglobulin	Cangene, Ontario, Canada	www.cangene.com	FDA Approved 2006

NATIONAL HEPATITIS AWARENESS MONTH

May 2007 marked the 12th anniversary of *National Hepatitis Awareness Month*, which is an important milestone in the effort to raise awareness about the 5 million Americans suffering from chronic hepatitis B and C. The Hepatitis B Foundation and its partners sponsored events during the month to raise awareness about hepatitis B in particular as a vital *national* health priority. For more information, please be sure to visit our website at www.hepb.org/advocacy.



Draws Positive Media Attention Coincides with National Hepatitis B Awareness Week

The Hepatitis B Foundation, in partnership with Bristol-Myers Squibb Company, launched the 4th annual *AIM for the B: Awareness, Involvement and Mobilization for Chronic Hepatitis B* campaign during *Hepatitis B Awareness Week* May 7-11, 2007. This national program is designed to elevate awareness of chronic hepatitis B as a serious health issue in the U.S. and emphasize the importance of disease management, especially among Asian Americans who are disproportionately affected by the disease. This year, *AIM for the B* was taken to four cities where there is a high

incidence of chronic hepatitis B: Honolulu, San Francisco, Los Angeles and New York City. Through patient and physician testimonies, **Molli Conti**, HBF executive director, and **Joan Block**, HBF co-founder and senior advisor, moderated discussions to engage the media in learning more about why hepatitis B is an urgent health concern.

Aim for the B is gaining momentum, and each year there is not only greater media interest in hepatitis B, but the HBF is gaining recognition as a valuable, trusted resource.

No Better Time to Visit the Foundation



U.S. Congressman Patrick Murphy (PA) visited the Hepatitis B Foundation on May 21 to tour its impressive research facilities and meet with the scientists and outreach professionals who are advancing its mission. "May is National Hepatitis Awareness Month, so what better time to visit the foundation to see where the cure for hepatitis is going to come from?" said Congressman Murphy.

Congressional Briefing on Asian and Pacific Islander Health

In honor of May as Hepatitis Awareness Month and Asian Pacific American Heritage Month, **Congressmen Mike Honda (CA)** and **Charles Dent (PA)** hosted a congressional briefing in Washington, D.C., on May 11, 2007 to highlight major health issues in the Asian-American community that featured chronic hepatitis B and liver cancer. **Dr. Timothy Block**, HBF president, provided expert testimony about hepatitis B and advocated for increased federal funding of the NIH and CDC to advance their hepatitis B research and education programs.



Did you miss our
Annual Report?

Read it online @
www.hepb.org

Making Noise in the Library!

HBF Co-Sponsors Historic Library of Congress Symposium on HIV and HBV

The venerable U.S. Library of Congress hosted a first in its history: a symposium on *Combating HIV and Hepatitis B* held in Washington, D.C., on May 10, 2007. It was organized by **Dr. Raymond Dwek**, professor, the University of Oxford, and HBF senior scientific advisor. Dr. Dwek is currently on sabbatical as the *2007 Kluge Fellow* of the Library of Congress.

The Hepatitis B Foundation was proud to co-sponsor this historic symposium in recognition of *National Hepatitis B Awareness Week*, which addressed the challenges in HIV vaccine development and the possibility of the eradication of hepatitis B. The event was free and open to the public, and webcast live to more than 30,000 listeners.

Despite the remarkable advances in hepatitis B – discovery of the virus, reliable blood test, safe vaccine and promising treatments – there are still 400 million people worldwide who remain chronically infected with hepatitis B, and as many as 100 million of these individuals will die from serious liver disease without intervention. The Hepatitis B Foundation believes the time is right to talk about the eradication of this disease to the significant advances in science and medicine.

Experts from the HBF who spoke about the opportunities and challenges in achieving this goal, and offered specific recommendations, included **Dr. Timothy Block**, HBF president and professor, Drexel University College of

Medicine; **Nobel laureate Dr. Baruch Blumberg**, HBF Distinguished Scholar and senior member, Fox Chase Cancer Center; and **Dr. Alison Evans**, HBF director of Public Health Research and associate professor, Drexel University School of Public Health. In addition, **Dr. John Ward**, chief, Division of Viral Hepatitis at the Centers for Disease Control, gave a special presentation about the public health burden of hepatitis B.



HBF co-sponsors historic Library of Congress symposium on HIV and HBV in Washington, D.C. on May 10, 2007.

(Standing L to R): Dr. Dwek, Dr. Block, Dr. Ward, Dr. Coleman.

(Sitting L to R): Dr. Blumberg, Dr. Thomas, Dr. Evans, and Ms. Conti

Library of Congress Symposium Highlights

The Library of Congress symposium on HIV and HBV was sponsored by the Kluge Center with support from the Dana Foundation and in partnership with the Hepatitis B Foundation and the International AIDS Vaccine Initiative.

To view the live webcast, visit the Library of Congress at www.loc.gov/today/cyberlc.

HBV Vaccine – The hepatitis B vaccine is safe and effective. However, it requires several injections and escape mutants that become resistant to the vaccine seem likely.

Recommendation: Develop new vaccines that (a) do not require injection, and (b) provide immunity against potential vaccine escape mutants.

Epidemiology – The number of chronic HBV infections in the U.S. are underestimated by as many as 1 million individuals. *Recommendation: Obtain more accurate information of the true number of infected individuals in the U.S. to ensure adequate screening and management efforts.*

Co-infections – Individuals with HIV are much more likely to develop chronic HBV infection following exposure to HBV than are individuals without HIV infection. In the U.S., co-infection rates are 5-10%. In Asia and Africa, co-infection rates are 20-30%.

Recommendation: Gain a better understanding as to why there is accelerated disease in co-infected individuals to help develop clearer guidelines for the care of co-infected patients.



Professor Raymond Dwek, HBF scientific advisor and University of Oxford professor, organized the historic Library of Congress symposium.

NEW! Entecavir Plus Tenofovir Combination Therapy vs. Entecavir Monotherapy

Evaluate the effectiveness of entecavir plus tenofovir combination therapy compared with entecavir monotherapy in patients who have not been treated for HBV.

Contact Clinical.Trials@bms.com.

NEW! Combination Telbivudine Plus Adefovir vs. Adefovir Alone

Compare combination of telbivudine with adefovir dipivoxil versus adefovir dipivoxil used alone.

Contact [Kristin Kleber](mailto:kristin.kleber@idenix.com), 617-995-9800 or kleber.kristin@idenix.com.

NEW! Combination Telbivudine Plus Peg-Interferon vs. Peg-Interferon Alone

Evaluate combination of telbivudine and peginterferon alpha-2a in comparison to peginterferon alpha-2a monotherapy in HBeAg+ patients who have not been treated for HBV.

Contact Novartis 862-778-8300.

Entecavir in Blacks/African Americans and Hispanics with HBV

Develop observational clinical experience with the use of entecavir in patients who are either of Black/African-American race or of Hispanic ethnicity.

Contact the BMS Call Center at 1-866-892-1BMS, Ext. 406.

Entecavir: An Early Access Program

A study to provide entecavir to subjects with chronic HBV who have failed or who have demonstrated intolerance of marketed therapies, and for those in whom use of these agents is contraindicated and have no other available treatment options.

Contact the BMS Call Center at 1-866-892-1BMS, ext. 127.

Comparison of Telbivudine (LdT) and Lamivudine in Decompensated HBV and Cirrhosis

Comparison study of telbivudine (LdT) and lamivudine (3TC). Principal Investigator is Dr. Ray Kim, Mayo Clinic, Rochester, MN. Contact [Sharleen Cartney](mailto:Sharleen.Cartney) at 507-266-8493.

Study Comparing Tenofovir (TDF), Emtricitabine/TDF, & Entecavir in Decompensated HBV

To evaluate and compare the safety and tolerability of three oral antivirals in the treatment of hepatitis B patients with decompensated liver disease.

Contact Dr. Cary Moxham, Gilead, at cary.moxham@gilead.com or call 919-493-5980, ext. 7102.

Comparison of Entecavir to Adefovir in Chronic HBV Patients with Hepatic Decompensation

A comparative study of entecavir vs. adefovir in patients who have chronic hepatitis B infection and hepatic decompensation.

Contact Bristol-Myers Squibb Call Center at 1-866-892-1BMS. There are both U.S. and International study centers.

A Single Center Comparison Study of Switching from Lamivudine to Adefovir.

A study to evaluate the transition methods of switching from lamivudine (LAM) to adefovir (ADV). Comparing the safety of immediately switching from LAM to ADV vs. overlapping LAM and ADV for 12 weeks before starting ADV monotherapy in HBV patients.

Dr. Hie-Won Hann is Principal Investigator. Contact [Meejin Ahn](mailto:Meejin.Ahn) at mxm001@jefferson.edu or call 215-955-5806.

Pegylated Interferon to Treat Chronic Hepatitis D

A study to evaluate the safety and effectiveness of pegylated interferon in treating hepatitis D virus (HDV) infection, which only infects those who already have chronic hepatitis B.

Contact Patient Recruitment and Public Liaison Office at prpl@mail.cc.nih.gov or call 1-800-411-1222.

NEW! INTERNATIONAL HBV CLINICAL TRIALS

KOREA: Entecavir vs. Lamivudine in Adults

Compare the proportion of subjects who achieve a virologic response between the entecavir and lamivudine treatment groups.

Contact Clinical.Trials@bms.com.

CHINA: Adefovir Dipivoxil for Compensated HBV

Open-label study of locally manufactured adefovir dipivoxil to evaluate the efficacy and safety of adefovir 10mg once daily in Chinese subjects with compensated HBV.

Contact GlaxoSmithKline Clinical Trials Call Center 1-877-379-3718 or XHSYLJD@eastday.com

Hepatitis B Foundation

For a complete list of HBV Clinical Trials, including co-infections and international trial sites, visit www.hepb.org/clinicaltrials

**Hepatitis B Foundation
HBV Clinical Trials**
www.hepb.org/clinicaltrials

National Institutes of Health
www.clinicaltrials.gov

International Clinical Drug Trials
www.ifpma.org/clinicaltrials

ACT-HBV Clinical Trials
<http://act-hbv.com>

Foundation at the Forefront

Changing the Way Science Thinks About Hepatitis

Dr. Francis V. Chisari Honored at HBF Crystal Ball



Hard hats were de rigueur at the Crystal Ball, which was held in the unfinished area of the HBF's new biotech center in Bucks County, PA (April 28, 2007).

The Hepatitis B Foundation is proud to publicly recognize the outstanding contributions of **Dr. Frank Chisari** to advancing the science and medicine of hepatitis B. He is internationally renowned for his pioneering work in the host-virus interactions that determine the outcome of viral infections, using the

Dr. Chisari is a member of the National Academy of Sciences; was awarded the Ernst Jung Prize in Medicine, the Rous-Whipple Award of the American Society of Investigative Pathology, and the Distinguished Scientific Achievement Award of the AASLD.



Honoree Dr. Frank Chisari and his wife Linda enjoy a spin on the dance floor after the awards ceremony at the Crystal Ball.

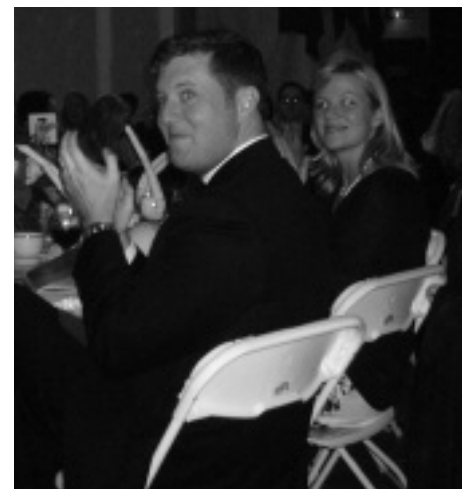
“The Hepatitis B Foundation is making a big impact in the world, and now I understand that its success is due to the strong community of friends and supporters who are here tonight,” said Dr. Francis Chisari.

hepatitis B virus (HBV) and the hepatitis C virus (HCV) as models.

With his colleagues, Dr. Chisari developed the first transgenic mouse models of a human viral pathogen, and used these models to define the immunological basis of viral hepatitis. As a result, he discovered that chronic immune-mediated hepatocellular injury initiates primary liver cancer, or hepatocellular carcinoma.

He received his medical degree from Cornell University Medical College and is Board Certified in Internal Medicine and Anatomic Pathology.

Past recipients of the HBF's Distinguished Scientist Award include: Dr. Harvey Alter, Dr. Baruch Blumberg, Dr. Raymond Dwek, Dr. Jay Hoofnagle, Dr. W. Thomas London, Dr. William Mason, Dr. Raymond Schinazi and Dr. Jesse Summers.



Congressman Patrick Murphy and his wife Jenny applaud the contributions of Dr. Chisari at the HBF gala.

HBF Launches New Public Health Research Department!

The HBF seized a golden opportunity to create a Public Health Research Department with the arrival of senior public health professionals at its research center and Nobel laureate Dr. Baruch Blumberg as our Distinguished Scholar. The new department will add a scholarly research dimension to our outreach efforts and focus on three priority areas:

Disease Burden: To identify the true number of Americans chronically infected with hepatitis B to ensure adequate education, funding and access to care.

Liver Cancer (HCC): To increase public awareness about the strong link between liver cancer and hepatitis B to accelerate research for effective cancer treatments.

Co-Infections: To address the emerging research and outreach needs of co-infections and co-morbidities that can complicate the natural disease progression of hepatitis B.



**Alison Evans, Sc.D.,
HBF Director,
Public Health Research**

Dr. Evans is a nationally known expert in the epidemiological studies of hepatitis, liver disease and cancer. She earned her Sc.D. in Epidemiology at the Harvard School of Public Health and is an assistant professor at Drexel University School of Public Health and adjunct associate member of Fox Chase Cancer Center, where she worked with Dr. Blumberg and Dr. W. Thomas London. (Read Dr. Evans' article on page 3)



**Gang Chen, Ph.D., HBF
Public Health Scientist**

Dr. Chen has worked closely with Dr. Evans as project manager of an NIH-funded international research study on hepatitis B and liver cancer in China for the past 10 year. He earned his Ph.D. in Epidemiology at Shanghai Medical University and is a research associate at Drexel University School of Public Health.

**Chari Cohen, M.P.H.,
HBF Senior Research Analyst**

Ms. Cohen was promoted to Senior Research Analyst in the new public health research department after serving as the HBF's program coordinator for the past five years. She earned her Masters in Public Health at Temple University and was recently accepted into the Ph.D. program at Drexel University School of Public Health.



**Chari Cohen, MPH, HBF Senior
Research Analyst (4th from left),
was the Keynote Speaker at the
Hepatitis B Annual Community Forum
that was sponsored by the Washington
State Asian Pacific Islander Hepatitis B
Task Force (Seattle, WA, March 8, 2007).**



Dr. Stanley Lemon (left) receives award from HBF co-founders **Paul and Janine Witte**.

HBF Bruce Witte Distinguished Lecture: Dr. Stanley Lemon *Confounding the Host: Evasion by Hepatitis Viruses*

Stanley Lemon, M.D., professor and director of the Center for Hepatitis Research at the University of Texas Medical Branch in Galveston, is one of the nation's leading authorities on viral hepatitis.

Dr. Lemon gave the prestigious **Bruce Witte Lecture** to a packed audience (and live webcast) on April 10. His recent discovery of

how the hepatitis C virus modulates the human innate immune system has become the definitive work in this field. *HBF co-founders Paul and Janine Witte established this named lectureship in memory of Paul's son who died at age 5. Each year the foundation invites an outstanding scientist studying hepatitis to present their research.*

Hepatitis B Foundation

215-489-4900

www.hepb.org

info@hepb.org

Drug Watch, clinical trials, liver specialist directory, and responsive email. Includes Chinese, Vietnamese, Korean, Spanish, and Turkish Language Chapters. Subscribe to our free e-newsletter, *B News You Can Use*.

Institute of Hepatitis and Virus Research

www.ihvr.org

info@ihvr.org

The research affiliate of the HBF established in 2004.

American Liver Foundation

1-800-GO-LIVER

www.liverfoundation.org

Information about all liver diseases, including viral hepatitis.

Asian Liver Center at Stanford University

650-725-4837

<http://livercancer.stanford.edu>

Hepatitis B and liver cancer awareness and education.

Centers for Disease Control, Hepatitis Division

1-888-443-7232

www.cdc.gov/ncidod/diseases/hepatitis

The national authority for viral hepatitis information.

CDC Hepatitis Immunization Hotline

1-800-232-2522 (English)

www.cdc.gov/nip

1-800-232-0233 (Spanish)

Hepatitis B Research List

To subscribe, send a blank email to:

HBV_Research-on@mail-list.com

A free electronic research list maintained by Sheree Martin.

Hepatitis B Research Archive Website

http://archive.mail-list.com/hbv_research

Archived research bulletins from the Hepatitis B Research List.

HCV Advocate

www.hcvadvocate.org

HCV website that also includes hepatitis B information.

Hep C Connection

1-800-522-4372

www.hepc-connection.org

Comprehensive information about hepatitis C.

Hepatitis Foundation International

1-800-891-0707

www.hepatitisfoundation.org

Information about viral hepatitis, support groups and research.

Liver Health Today (formally Hepatitis Magazine)

1-800-310-7047

www.hepatitismag.com

The only print magazine about hepatitis published bi-monthly.

HepTrec

1-866-HEPTREC

www.heptrec.org

The Delaware Valley Hepatitis Treatment, Research and Education Center (HepTREC) in the greater Philadelphia area.

HIV and Hepatitis Treatment Advocates

www.hivandhepatitis.com

Professional online publication with free e-mail updates.

Immunization Action Coalition

651-647-9009

www.immunize.org

www.vaccineinformation.org

www.hepprograms.org

Comprehensive source of immunization information for health professionals, for the general public and highlights of preventive programs. *IAC Express* and *HEP Express* are e-newsletters.

Memorial Sloan Kettering "About Herbs"

www.mskcc.org/aboutherbs

Scientific information about herbs, their side effects and drug interactions. Maintained by experts at Memorial Sloan Kettering.

Nat'l Center for Complementary and Alternative Medicine

1-888-644-6226

www.nccam.nih.gov

Sponsored by the National Institutes of Health (NIH).

Parents of Kids with Infectious Diseases

1-877-55-PKIDS (toll-free)

www.pkids.org

An excellent resource for parents and professionals.

Internet Support Groups

Hepatitis B Information and Support List

www.hblist.org

To subscribe: hepatitis-b-on@mail-list.com

Well-supervised list for adults with useful information.

HBV Adoption Support List

<http://health.groups.yahoo.com/group/hbv-adoption/>

For adoptive or biological parents of children with HBV. This is a restricted list and requires pre-approval to join.

PKIDs Lists for Children and Teens

www.pkids.org/listserve

Children (8-12 years) and teens (13-19 years) living with hepatitis B or C can now talk with each other on two separate lists.

New Resources

Looking for Free Downloadable Hepatitis Slidesets?

The *Clinical Care Options* Slideset Library includes slides or data from a conference for your next presentation or educational discussion. Browse by date, program type, or topic at <http://clinicaloptions.com/Hepatitis/Resources/Slideset%20Download.aspx>

What Every Asian American Should Know About HBV and Liver Cancer

Information is available in English, Chinese, Vietnamese, Korean, Lao, and Tagalog translations. Download the free brochure from the Asian Liver Center at Stanford University at http://liver.stanford.edu/JRC/JRC_brochures.php



Speaking Personally

Steve Bingham, Co-Owner of the Internet Hepatitis B Information and Support List (www.HBList.org)

Fear Factor

I think it's normal to experience great fear when we're first diagnosed with hepatitis B: fear of dying young, fear of relationships being affected, and fear of giving it to others.

With fear, it's irritating when someone tells you, "Don't worry about it," as if they think you can just turn worry off and on. At some point, however, we have to overcome our fears and get on with life.

So just how do we lose fear?

I think many of us control our fear by getting angry and telling ourselves "hepatitis will not keep me from living each day to its fullest, having fun, and hanging out with my friends." Others may become so obsessive about their HBV that they can become imprisoned by their fear.

Although there is a fine line between being proactive about our health and being totally obsessed with it, I like what my friend Karin wrote: "With all the cool things in life that a person could get obsessive about, why pick a disease?"

I must have worried a lot when I was a little kid because I remember my mother giving me the advice, "think what the worst thing that could happen would be. Then ask yourself what the chances of that really happening are, and if it does happen, will it be all that bad?"

Well, Mom, the worst thing that could happen with HBV is that you could die from it, and that's pretty bad. So I'll ask myself, what are the chances of that happening?

A study in China found that 15-40% of those with untreated HBV will eventually develop cirrhosis, liver failure, and/or liver cancer (HCC). The key word here is "untreated." These days, if we need treatment, there are many choices available to us to help us maintain a low or undetectable HBV viral load.

Research is showing (see the HCC article on page 3) that if we stop or slow the progression of HBV through treatment, we can decrease the risk of serious liver damage and live a normal life span.

Our chances will also increase if we find a good doctor who will monitor our HBV regularly and screen us regularly for HCC. Other good news for those of us with chronic HBV is that liver damage can be reversible with the current medications.

To a great extent, the way people see you and treat you depends on the way you see yourself. So I think I'll stop worrying about HBV for awhile.

Thanks, Mom.

Best Wishes, Steve

NEWS FLASH!

National Institutes of Health
will host the first
Consensus Development Conference
Management of Hepatitis B
October 20-22, 2008

An NIH Consensus Conference is one of the most important venues for setting national guidelines for the management of diseases. With effective prevention, screening, diagnostic testing and therapies that should be more widely used and better applied, the time is right to focus on hepatitis B. *The Consensus Conference is sponsored by the Liver Disease Research Branch of NIDDK in collaboration with the Office for the Medical Applications of Research (OMAR) in the Office of the Director, NIH.*

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Make check payable to: Hepatitis B Foundation and mail to: Hepatitis B Foundation, 3805 Old Easton Road, Doylestown, PA 18902. Contributions will be acknowledged in our winter newsletter unless otherwise requested.

A copy of the official registration and financial information may be obtained by calling the Pennsylvania Department of State toll-free within PA at 800-732-0999 or out-of-state at 717-783-1720. Registration does not imply endorsement.