Lamivudine Is Not Effective in the Treatment of Non-Cirrhotic HBeAg (-) Chronic Hepatitis B Patients with Low Level Viremia
Bozkaya, Hakan; Yurdaydin, Cihan; Bozdayi, Mithat; Kocer Sagioglu, Armagan; Erkan, Ozlem; Uzunalmoglu, Ozden

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**Objective:** To evaluate the safety and PK of ADV in HBV patients, and evaluate the effect of food on ADV PK.

**Patients and Methods:** Fourteen HBV subjects received once daily oral dosing of ADV 10 mg, with PK samples measured after single and multiple doses. Eighteen normal subjects received 2 single doses of ADV 10 mg with and without a high fat meal (separated by 1 week washout), with PK measured after each dose. Safety was assessed via adverse events (AEs) and laboratory parameters.

**Results:** Fourteen HBV subjects (9 males, 5 females, mean age 40 Range: 23–68 years) and 18 normal subjects (10 males, 8 females, mean age 29 Range: 18–41 years) completed the studies. No serious AEs or discontinuations occurred with either group. ADV was well tolerated in all subjects. ADV PK in HBV subjects were similar following single (AUC 210 ng*hr/mL, Cmax 17.5 ng/mL) and multiple (AUC 204 ng*hr/mL, Cmax 18.3 ng/mL) dosing Cmax and AUC in HBV patients after single and multiple dosing were not different to those seen in healthy subjects (AUC 192 ng*hr/mL, Cmax 20.4 ng/mL).

**Conclusion:** Lamivudine is not effective in the treatment of e-minus CHB patients with low level viremia. Lamivudine does not seem to further enhance the immune response-mediated inhibition of viral replication in these patients.