

April 12 **Crystal Ball Gala**
Dr. Anna Lok,
Distinguished Scientist Award
Hepatitis B Foundation
Doylestown Country Club, Doylestown, PA
www.hepb.org

April 22 **2008 Bruce Witte Distinguished Lecturer**
Dr. Rafi Ahmed *from Emory University*
Hepatitis B Foundation
Doylestown, PA
www.hepb.org

May 19 **World Hepatitis Day**
This event is being planned by an International Steering Committee and countries will be invited to host events in their own locale.
www.hepb.org

B Informed and all back issues are available online at
www.hepb.org/newsletters

June 27-28 **B Informed Patient Conference**
Hepatitis B Foundation
St. Vincent Medical Center, LA, CA
www.hepb.org

Aug. 17-21 **2008 International HBV Meeting**
Hepatitis B Foundation
Co-Chairs: Drs. Stefan Wieland and Katsuro Koike
The Price Conference Center, La Jolla, CA
www.hbvmeeting.org

Oct. 20-22 **NIH Consensus Conference: Management of Hepatitis B**
National Institutes of Health
Bethesda, MD
www.niddk.nih.gov

Oct. 31-Nov. 4 **AASLD, The Liver Meeting**
American Association for the Study of Liver Diseases
Moscone West Convention Center, San Francisco, CA
www.aasld.org



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B Informed

No Roman Holiday . . .

2007 International HBV Meeting Attracts Record Numbers

Rome wasn't built in a day, and neither was the *International Meeting on the Molecular Biology of Hepatitis B Viruses*. For 22 years, HBV scientists from around the world have met and this year's conference – held Sept. 16-20, 2007, in Rome – attracted almost 300 participants.

It was certainly one of the largest gatherings of such scientists. Could HBV be making a comeback?

This year's meeting was chaired by **Dr. Massimo Levrero**, University of Rome "La Sapienza," and **Dr. Thomas Michalak**, Memorial University in Canada, who are credited with putting together a very successful and stimulating program. Traditionally, the meeting is organized by a pair of thought leaders in the field, chosen by their peers two years in advance, and it rotates between the U.S. and Europe.

A special feature this year was a satellite session to celebrate the *30th anniversary of the discovery of Hepatitis Delta Virus*, which was organized by **Drs. John Taylor, Camille Sureau** and **John Casey**. Since the virus was discovered by **Dr. Mario Rizzetto** and colleagues in Italy, it was appropriate the anniversary was celebrated in Rome.

Dr. Taylor quipped, "It is also appropriate that the satellite meeting was offered under the envelope of the main 2007 HBV Meeting as well." (HDV uses the hepatitis B virus "envelope" to replicate.) Experts in the field, including Dr. Rizzetto, gave presentations that addressed the past, present and future of HDV

research. (See highlights on page 3.)

Rome is always a destination meeting place, but this was no Roman holiday! With more than 200 presentations, there was lots of work to be done.

The Hepatitis B Foundation is proud of



its role as the official host of the International HBV Meetings since being asked by the organizers to assume this responsibility in 2006. It is a privilege because the conference continues to be the definitive international scientific meeting on hepatitis B and D viruses.

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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.

Save the Date!

Saturday April 12, 2008

HBF Crystal Ball Gala

Distinguished Honoree: Dr. Anna Lok



From the Editor's Desk

Joan M. Block, Co-Founder

Saving Grace

The Hepatitis B Foundation recently received this touching card and donation from Grace and her young friends. All of us were truly moved by her dedication to support our good work.

Now we are asking you to join us in *Saving Grace*! She is not alone. Worldwide there are 400 million people living with chronic hepatitis B who share the same hope that Grace has ... that we find a cure for hepatitis B in her lifetime.

YOUR donation can help in *Saving Grace*. With your financial support, we can continue to fund the cure through our research labs and improve the lives of those affected through our outreach and education programs that reach thousands of individuals each year.

Thank you!



HEPATITIS B FOUNDATION

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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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Layout & Design: Baldwin Publishing, 1-800-705-6522

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In the News

Funding for 10 HBV Clinical Centers Sets Community Abuzz!

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health made an announcement this fall that has set the HBV community abuzz with excitement. NIDDK will be funding the creation of a cooperative Hepatitis B Clinical Research Network of 10 Clinical Centers in the U.S.

The goal is to promote translational research on chronic hepatitis B, focusing particularly on current HBV drugs and an evaluation of combination therapies. This is just the kind of research initiative that the Hepatitis B Foundation has been asking about for several years!

The total amount to be awarded is approximately \$3 million during Fiscal Year 2008 (year 1 of the Network) and up to approximately \$7 million per year in years 2 to 7 of the Network. Funding is anticipated for up to 10 clinical centers, and a virology and immunology research lab.

For more information, visit the NIH @

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-07-011.html#SectionI>.

2007 International HBV Meeting

continued from front page

The current therapies are very impressive, but usually do not result in lasting benefits when a patient is taken off a drug and many people also do not achieve the desired milestones while being treated.

Results reported at the 2007 HBV Meeting suggest several promising new targets and innovative therapeutic strategies for chronic HBV.

Highlights in the Management of HBV

Haitao Guo, representing the Hepatitis B Foundation and Drexel Institute labs, reported that cccDNA, the mysterious and essential form of the intracellular HBV chromosome formation requires a de-proteination step that occurs within the nucleocapsid. This identifies a new vulnerability step in the HBV life cycle to be used as a target for new therapies.

Stephan Seitz, with **Stephan Urban**, described two distinct species of HBV virions, one that exposes the preS1 envelope protein and is infectious, and the other that buries the envelope protein, and is much less infectious. This finding could help identify new treatment targets for HBV.

Narelle Skinner, **Kumar Visvanathan**, working with **Stephen Locarnini**, described how toll receptor 2 (an important regulator of a cell's innate immunity) is significantly down-regulated on a population of white blood cells of people with HBV infection and stimulation of the interleukin-1 receptor and toll receptor 2 on liver cells could inhibit HBV replication, which could help identify new treatment targets.

John Taylor reported a new "pseudotype virus" system for using a modified HIV particle to study the steps of liver cell binding and entry of HBV, which could help identify new treatment targets.

Highlights in HBV Drug Development

Brent Korba presented exciting new data demonstrating that NZT, a commonly used anti-infective medicine, has significant activity as an HBV antiviral showing reduced viremia and improved liver function.

Jorg Peterson reported that combination therapy with adefovir and pegylated interferon for 48 weeks, followed by adefovir alone for 96 weeks, resulted in a much better outcome than use of adefovir alone, including loss of cccDNA and increase in liver function.

Andrea Cuconati, the Hepatitis B Foundation's research institute drug discovery project leader, introduced a newly discovered compound that specifically suppresses release of HBV surface antigen and virus from infected liver cells, which may comprise a completely new type of HBV drug for use in combination therapies.

SAVE THE DATE!

2008 International HBV Meeting
Aug. 17 – 21, 2008
University of California,
San Diego, California
www.hbvmeeting.org

Celebrating the 30th Anniversary of the Discovery of HDV

Highlights by **John Taylor, Ph.D.**, HDV session Co-organizer

Hepatitis delta virus (HDV) is a subviral agent that uses the envelope proteins of hepatitis B virus (HBV) to complete its life cycle. Thus HDV infections are only found in association with HBV.

At the 2007 International HBV Meeting at Rome in September, a special one-day satellite meeting was held to honor **Dr. Mario Rizzetto** and celebrate the 30th anniversary of the discovery of HDV. Eleven presentations covered the range from the molecular biology of HDV to the consequences for HDV infected individuals.

Included was a talk from **Dr. Ricardo Flores**, in which he showed the remarkable similarities between HDV replication and many families of subviral agents known as viroids that cause disease in plants. **Dr. Robert Purcell**, one of the investigators working with Dr. Rizzetto on the original discovery of HDV, used state-of-the-art gene array analyses of the consequences of HDV infections of the liver. In contrast to HBV infections that seem to slip under the early detection by the host innate immune response, he showed that the additional presence of HDV leads to specific activation of the innate response, with the expression of genes that correlate with the increased liver damage.

Overall, it was realized that we still have much yet to learn about the mechanism by which HDV is replicated. In addition, since HDV and HBV share the same envelope proteins, it is likely that they attach and enter liver cells by very similar mechanisms. Thus, continued studies with HDV might help clarify the important unanswered questions relating to the mechanisms of virus attachment and entry.

HBV Drug Watch

HBV Compounds in Development

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
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
NUC B1000	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	Gangene, Ontario, Canada	www.cangene.com	FDA Approved 2006

Sincere thanks to Brent Korba, Ph.D. (Georgetown University Medical Center, Rockville, MD) and Raymond Schinazi, Ph.D. (Emory University Medical School, Atlanta, GA) for their regular review of the HBF Drug Watch Update.

U.S. CLINICAL TRIALS

NEW! Tenofovir Alone vs. Combination with Emtricitabine

Assess the relative efficacy and safety of combination versus mono-therapy. A separate group of 40 previously treated patients will also be enrolled and randomized to mono- or combination-therapy to assess the safety profile of these agents. *Contact Patient Recruitment and Public Liaison Office: 1-800-411-1222 or prpl@mail.cc.nih.gov*

NEW! A Study of PEGASYS in HBeAg Positive Patients

Compare the efficacy and safety of PEGASYS given for 24 or 48 weeks, and at doses of 90 or 180µg weekly, in the treatment of HBeAg positive patients. *Contact Hoffmann-La Roche: 1-800-526-6367 (Please reference Study ID Number: PDO_WV19432)*

NEW! Efficacy and Safety of Clevudine Compared with Adefovir

Compare in nucleoside treatment-naïve subjects the efficacy and safety of clevudine 30 mg once daily versus adefovir 10 mg once daily, each as monotherapy, for 48 weeks, 72 weeks, and 96 weeks. *Contact Pharmasset: clinical.trials@pharmasset.com (Please refer to this study by its ClinicalTrials.gov identifier: NCT00496158)*

NEW! Entecavir plus Adefovir vs. Entecavir or Adefovir Monotherapy in Patients with Lamivudine-Resistant Virus

Evaluate the effectiveness of entecavir plus adefovir combination therapy versus entecavir or adefovir monotherapy. *Contact Bristol-Myers Squibb: Clinical.Trials@bms.com*

Telbivudine in Treatment Naïve HBeAg-Positive Patients

Evaluate the combination of telbivudine and peginterferon for antiviral efficacy in comparison to peginterferon alpha-2a monotherapy in patients with HBeAg+ hepatitis B who are treatment naïve. *Contact Novartis: 862-778-8300.*

Entecavir Plus Tenofovir Combination Therapy vs. Entecavir Monotherapy

Evaluate the effectiveness of entecavir plus tenofovir combination therapy compared with entecavir monotherapy in patients with chronic hepatitis B who are treatment naïve. *Contact Bristol-Myers Squibb: Clinical.Trials@bms.com*

INTERNATIONAL CLINICAL TRIALS

NEW! INDIA – Antiviral Efficacy of Telbivudine in Hepatitis B Antigen Positive Compensated Chronic Hepatitis B

Evaluate the antiviral efficacy of add-on adefovir to telbivudine in non-responders to telbivudine monotherapy after 24 and 36 initial weeks. *Contact Novartis: +41-61-32-41111*

NEW! BULGARIA – Long Term Treatment with PEGASYS in HBeAg-negative Patients

Evaluate the efficacy and safety of intermittent treatment with PEGASYS in HBeAg negative patients who have demonstrated response after treatment with interferon alfa. *Contact Hoffmann-La Roche: 973-235-5000 (Please reference Study ID Number: RLI_ML20020).*

NEW! 12 Countries – A Study of PEGASYS in HBeAg Positive Patients

Compare the efficacy and safety of PEGASYS given for 24 or 48 weeks. *Contact Hoffmann-La Roche: 973-235-5000 (Please reference Study ID Number: PDO_WV19432)*

NEW! KOREA – Adding Adefovir Dipivoxil vs. Switching to Entecavir in Patients with Lamivudine-Resistant Chronic Hepatitis B

Compare the efficacy of two strategies, combination of lamivudine and adefovir vs. entecavir monotherapy in patients with lamivudine resistance. *Contact Hyung Joon Yim, MD: 82-31-412-6565 or gudwns21@medimail.co.kr*

NEW! 19 Countries – Entecavir plus Adefovir vs. Entecavir or Adefovir Monotherapy for Patients with Lamivudine-Resistant Virus

To evaluate the effectiveness of entecavir plus adefovir combination therapy versus entecavir monotherapy or adefovir monotherapy. *Contact Bristol-Myers Squibb: Clinical.Trials@bms.com*

❖

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

National Institutes of Health
www.clinicaltrials.gov

Spotlight on HBV-HIV Co-Infections

Finding the irresistible combination of right drug, right time, right patient

What a difference a decade makes, particularly for such deadly viruses as HIV and HBV. Today, the Hepatitis B Foundation has made the problems associated with HIV-HBV co-infections one of its national priorities. Improving drug combinations provide new hope, but difficult challenges remain in treating and managing these two viruses.

Worldwide, HBV chronically infects 400 million people; approximately 40 million are infected with HIV. In the 1990s, individuals who were infected with HIV had little chance to survive the deadly progression of the virus. But the advent of a powerful cocktail of antiviral agents has turned HIV infection into a chronic condition with which people can live for decades.

And for those with HBV, well, there was interferon – which sometimes worked and sometimes didn't, and carried significant side effects for many – and little else. But now, newer, more powerful antiviral drugs such as lamivudine, adefovir, entecavir, and tenofovir – with still more in the development pipeline, have enabled those with chronic HBV to increasingly stave off the effects of hepatitis for years as well.

While a so-called “cure” isn't around the corner, the outlook for HBV and HIV infected individuals is better than ever before. But the situation is a little more complicated for those infected with both viruses – estimated at between 5 to 8 million individuals in the world and rising. In the U.S., about 8 percent of all HIV-infected persons also harbor HBV, though the figure is higher in Asia and sub-Saharan Africa.

The Hepatitis B Foundation has made HIV-HBV co-infections one of its national priorities.

While the numbers are growing, the combination of the two infections has turned out to be an even more daunting challenge to healthcare professionals than each virus alone.

One reason is that HIV often makes HBV infection worse. Liver disease can progress more rapidly in those patients who

are co-infected, leading to cirrhosis and liver cancer developing at earlier ages.

“Now that we can treat HIV, co-infection is becoming more significant and liver disease is becoming a more common cause of death in HIV-infected persons,” said **David Thomas, M.D.**, professor and chief of infectious diseases at



Johns Hopkins University School of Medicine in Baltimore. “It's an important problem, and we'd like to understand more about why this happens.”

Robert Gish, M.D., chief of the Division of Hepatology and medical director of the liver transplant program at California Pacific Medical Center in San Francisco, explained that HIV-infected individuals are immune-suppressed and less likely to clear the HBV spontaneously. “Because they are immune-suppressed, the HBV DNA level is very high. The immune system is not controlling the virus well and that may be driving a lot of the liver damage,” he said. “People with both have double to triple the rate of cirrhosis, and an increased risk of death from liver disease.” Additionally, HIV medications can increase the risk of liver injury in those with chronic liver disease.

“Clinically, [the priority is] to find the right drug combination and the right time and the right patient to avoid treating the wrong virus too early with the wrong combination, which can lead to resistance.”

– Robert Gish, M.D., California Pacific Medical Center in San Francisco

There are other complications with HIV co-infected persons. Gish noted that a weakened immune system can allow an HBV infection – though cleared from the body, but actually not – to resurface more easily.

According to Gish, HBV-infected individuals run a greater risk of also being infected with HCV and possibly other viruses. “Often, other viruses piggyback with HBV,” he said. “Combinations of two, three or more of them with HIV make the risk of cirrhosis extremely high.”

Preventing HBV infection in HIV-infected individuals becomes harder as well, Gish said. One reason is that they don’t respond as well to the HBV vaccine. Some HIV patients don’t receive it in time to prevent infection.

Treatment Issues

Not surprisingly, there are treatment issues as well for HIV-HBV co-infected patients. Treating two viruses at once is complex, and the specter of drug resistance is always nearby.

Several antivirals available to treat HBV also work against HIV, including lamivudine, emtricitabine and tenofovir. A new medication, Truvada, combines tenofovir and emtricitabine in one pill, “representing an important breakthrough for the management of those with dual infections,” said Thomas. He noted that tenofovir isn’t yet approved for HBV, but is being used already. “We clearly feel that the combination is the treatment of choice when treating both HIV and HBV.”

“All of the drugs are effective and safe,” said **Raymond Schinazi, Ph.D.**, professor of pediatrics and chemistry at Emory University School of Medicine in Atlanta. “The only issue is the emergence of resistance. You have to be careful

FAST FACTS

- ◆ In the U.S., an estimated 8-10% of HIV patients are co-infected with HBV.
- ◆ Co-infection leads to more complications and a poorer prognosis than a single infection.
- ◆ Advances in HBV research during the 70s and early 80s helped researchers get a grasp on the HIV/AIDS problem faster.
- ◆ Advances in the HIV drug clinical trials led to most of the currently approved drugs for HBV. (Clinicians noticed that HIV drugs were effective for liver disease in the co-infected patients)

giving these drugs to co-infected individuals.” Entecavir, which was originally thought to only work against HBV, subsequently demonstrated activity against HIV also, and has since been found to present a risk for the development of resistance in HIV patients, he explained.

Some patients may already have their HIV under control, and may only need treatment for HBV. “One of the questions is, when treating HBV alone, what is the best way to treat it?” said Thomas.

“For those patients, we’re stuck,” Thomas said. “We can use telbivudine and adefovir, but they have high rates of resistance. We can use interferon, but it has side effects and needs to be injected and not everyone likes to take that. That represents one of the challenges in the field.”

“There is a drug pipeline for HBV and HIV, and every drug will be scrutinized for dual activity,” Thomas added.

Gish said that finding ways to clear HBV from the body without suppressing it is a priority. “Clinically, it’s to find the right drug combination and the right time and the right patient to avoid treating the wrong virus too early with the wrong combination, which can lead to resistance.”

While the ultimate goal for treating both viruses is eradication, said Schinazi, “the challenges are going to be to learn how to block resistance and to know when to stop treatment. Those are going to be the big challenges down the road for both viruses.”

Steve Benowitz, science writer, Philadelphia

DID YOU KNOW . . .

The Hepatitis B Foundation offers information about co-infections on its website, promotes HBV vaccination and education among high-risk populations, and collaborates with HIV researchers at Johns Hopkins and Drexel University College of Medicine in the development of early detection markers for liver disease in co-infected individuals.

Foundation at the Forefront

HBF SEMINAR **Dr. Jorge Marrero: Diagnosis and Prognosis of HCC**

On October 11, **Jorge Marrero, M.D.**, Associate Professor and Director, Multidisciplinary Tumor Program, University of Michigan Health System, gave a highly informative seminar about the risks of developing hepatocellular carcinoma (HCC, or primary liver cancer). According to Dr. Marrero, the risk of HCC due to chronic HBV or HCV is much higher than the risk of lung cancer from smoking. In fact, liver cancer is the sixth most common cancer in the world and the third leading cause of cancer death worldwide. In the U.S., HCC is the fastest growing cancer; however, it is an unmet need due to lack of additional federal funding or resources to address the problem.

Dr. Marrero has created a remarkable clinical network, collecting specimens from early stage liver cancer (considered to be the largest early stage cohort). His research shows the effects of alcohol, tobacco, and obesity are potent independent risk factors for HCC (vs. cirrhosis) in patients with underlying chronic liver disease. He also collaborates with HBF scientists in the National Cancer Institute's Early Detection Research Network that is looking at biomarkers for early stage HCC. The earlier HCC is detected, the better the prognosis.



“At Risk” Adults Successfully Targeted for HBV Education and Vaccination

The Hepatitis B Foundation completed the first year of its *B Empowered* program at the Bucks County Office of Employment and Training (BCOET) for “at risk” adults. This program was made possible by partnering with BCOET and the Bucks County Department of Health which donated \$5,000 in vaccine plus 40 hours of nurse staff time. More than 100 community members received free hepatitis B education and the three-shot hepatitis B vaccination series through this unique collaborative health initiative.



Peggy Farley, HBF community relations manager (left) presents certificate of appreciation to **Elizabeth Walsh**, director of Workforce Development, Bucks County Office of Employment and Training. Missing from photo: **Eileen McLaughlin**, Bucks County Department of Health nurse.

HBF Presents Surprising Patient Survey Results at Asian Health Conference

Chari Cohen, MPH, HBF's senior public health researcher and program manager, gave two presentations at the Asian Health Conference hosted by New York University in New York City Sept. 28-29, 2007. She shared the survey results obtained from 85 Chinese participants who attended the HBF's annual *B Informed Patient Conference* in Philadelphia this past summer.



Surprisingly, it was found that insurance and language were *not* the primary obstacles to receiving care for Chinese patients diagnosed with chronic hepatitis B. *Rather, lack of referral to experienced doctors was the primary barrier – the Chinese patients just don't know where to go for medical care for their hepatitis B.* This survey was conducted as part of the Foundation's public health research program to document and address the gaps in care for patients with hepatitis B, particularly in the Asian communities.

Ms. Cohen also presented an update on the national advocacy efforts of the Hepatitis B Foundation that includes coalition building, policy development, and cultivating grassroots advocacy efforts to reach out to key policy makers and public health agencies. This includes being part of the leadership of the National Viral Hepatitis Roundtable, supporting the “National Hepatitis B Act” that was re-introduced in October 2007; and participating in National Hepatitis B Awareness Week to make hepatitis B an urgent health priority.

Foundation at the Forefront



National Hepatitis B Bill Receives Bi-Partisan Support in Congress ... Again

U.S. Representatives Mike Honda and Charlie Dent Re-introduce Legislation to Boost Hepatitis B Research and Prevention

Aiming to reduce the number of hepatitis B victims, **Rep. Mike Honda** (D-CA) and **Rep. Charlie Dent** (R-PA) recently introduced a bill on Oct. 23, 2007 that could boost immunization rates against the disease and increase funding for hepatitis B research.

“Sadly, we’re talking about a disease that is preventable, and treatable if it’s detected in its early stages,” said Honda, who represents the congressional district with the country’s largest Asian-American population. “This bill calls for using tools that are already at our disposal to prevent human suffering.”

The bi-partisan bill, *National Hepatitis B Act (H.R. 3994)*, would require the development of a national plan for the prevention, control and medical management of hepatitis B; it would help fund immunization, counseling and education of high risk populations; and it would increase research funding for best practices for prevention, improved treatment, and more effective screening methods.

“Without appropriate screening and management of the disease, one in four Hepatitis B carriers dies from liver cancer or liver disease,” Congressman Dent said. “Early detection also reduces the likelihood that the virus will be unknowingly transmitted to others.”

The bill is also co-sponsored by **Edolphus Towns** (D-NY), **Adam Schiff** (D-CA), **Michael McNulty** (D-NY), and **Jim Gerlach** (R-PA).

To view the complete National Hepatitis B Bill, visit our website @ www.hepb.org/advocacy.

Check out www.hepb.org

Web Stats!

785,000 visitors (January – October 2007)

180 Countries

Top 5 Most Visited Pages

- ◆ HBV Treatment
- ◆ Living with HBV
- ◆ HBF Drug Watch
- ◆ Patient Information Packet
- ◆ Liver Specialist Directory



Top 5 Downloads

- ◆ HBV Fast Facts
- ◆ HBV Treatment
- ◆ HBV Drug Cost Comparison
- ◆ Understanding Blood Tests
- ◆ Patient Information Packet

e-Newsletter
B News You Can Use

- ◆ 6,000 subscribers to date
- ◆ 32 Countries
- ◆ Patients: 52%
- ◆ Provider: 38%
- ◆ Researcher: 9%

Most visited Language Chapters

- ◆ Turkish
- ◆ Spanish

Hepatitis B Foundation’s Contributions Recognized in Congress

Pennsylvania Congressman Patrick Murphy recognized the Hepatitis B Foundation in a *Congressional Statement* delivered on the floor of Congress on Sept. 5, 2007. He praised the Foundation for its many accomplishments in successfully advocating for the prevention, education and treatment of this serious liver disease. He specifically named and thanked the Foundation co-founders and executive director for

their commitment on behalf of those affected worldwide. “Their compassion for one family truly became a desire to change the world for the better,” Murphy concluded in his public statement.

To read Congressman Murphy’s Statement, visit our website @ www.hepb.org/advocacy

Congressman Patrick Murphy (left) with HBF Co-Founders Joan and Timothy Block (summer 2007).



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

Request a Free Patient Information Booklet

The Hepatitis B Foundation publishes a reader-friendly information booklet that answers frequently asked questions and offers practical tips on living successfully with hepatitis B. Download a copy @ www.hepb.org/pdf/patient_info_packet.pdf or contact us to request a free print copy.

About Hepatitis Prevention Programs

The Immunization Action Coalition showcases programs across the U.S. that work to prevent hepatitis A, B, or C in people who are at risk for infection. The dedicated website now features 80 programs in 11 categories @ www.hepprograms.org.



Speaking Personally

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

Turning the Corner

Each year the Hepatitis B Foundation receives a donation from a generous anonymous donor to give out as “travel scholarships” to help folks attend the annual *B Informed Patient Conference*. I’d like to share with you the following e-mail that I received from a single mother who had applied for and received one of these “travel scholarships” to attend this year’s conference held in Philadelphia:

Dear Steve,

First, I want to say what a pleasure it was to meet you at the *B Informed* patient conference. I’m so glad that I went and I’m hoping that next year my son will be able to go as well.

Steve, I’m writing because I would like to return the check you gave me [as a “travel scholarship” from the Hepatitis B Foundation]. I am so grateful for the generosity that inspired such a gift, but I feel that it should go to someone who could really benefit from it.

As a single mother of a son with hep B, I’ve had to face many challenges, some of them financial. At the same time, I’m finally getting on my feet and my son just graduated from college – things are getting better. In fact, I look forward to being able to contribute more to the Hep B Foundation in the coming years!

When I left the patient conference, I was simply unable to deposit that check. I remembered talking to one young man from Canada – Vancouver, I think – who clearly was a better candidate than I for such a gift. Would you be able to send it to him instead? Or to whomever else you may know of who could use some extra financial help?

You may be shaking your head at my “flip-flop” – and I wouldn’t blame you!

The simple truth is that the past few years have been difficult and I carry with me a kind of leftover fearfulness. But you know, I met a lot of wonderful

people at the conference and hearing of their struggles reminded me that my son and I are turning the corner.

It’s time to give back not take. So shake your head if you must (!), but please help get this money to someone else in greater need than me.

Mom from Arizona

I think many of us can identify with this mother’s fearfulness, especially if you’ve been newly diagnosed with hepatitis B.

In coming to terms with having hepB, we typically go through stages, like denial, anger, and depression, the same as someone who is grieving. Finally, by learning about the disease, meeting other people with hep B, and letting some time go by, we reach the acceptance or “turning the corner” stage.

Like the mom from Arizona, many of us happily begin a fifth stage, reaching out and helping others.

Best wishes,

Steve

Save the Date!

June 27-28, 2008

Hepatitis B Foundation

8th Annual *B Informed Patient Conference*

St. Vincent Medical Center, Los Angeles, CA

This year’s gathering of friends will be held in collaboration with the *Asian Pacific Liver Center*, located at St. Vincent Medical Center in Los Angeles.

In addition, the HBF is pleased to have the *Hepatitis B Information and Support List* continue to partner with us for this national conference.

More details will be available in early 2008 at www.hepb.org.