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Study No.: ADF30001 (Year 1 and Year 2)
Title: A Multi-Centre, Double-Blind , Randomized, Placebo-Controlled Phase II/III Study of Adefovir Dipivoxil for the Treatment of Chinese Patients with HBeAg positive Chronic Hepatitis B Followed by Long-term (5 Years total) Adefovir Dipivoxil Treatment. (Report on Year 1 and Year 2 Data)
Rationale: Adefovir dipivoxil (ADV) is a potent inhibitor of hepatitis B virus replication associated with HBeAg seroconversion and ALT normalisation. This study was designed to evaluate the efficacy and safety of 10 mg ADV tablets in the Chinese population, as a regulatory requirement for marketing approval in China.
Phase: II/III
Study Period: 04 December 2002 -28 February 2005
<p>Study Design: This was a one year randomized, multi-center, double blind, placebo controlled study followed by 4 years of open-label monotherapy which included four study phases.</p> <p>The first study phase (1st double-blind): The first double-blind, randomised, placebo-controlled phase compared ADV 10mg taken once daily with matching placebo taken once daily for 12 weeks. During this double-blind treatment period, subjects were randomised to receive either ADV 10 mg or placebo in a 3:1 ratio to establish the controlled data for the primary endpoint.</p> <p>The second study phase (Open-label): Following the 12 weeks of the first double-blind treatment period, all subjects in both the ADV group and the placebo group received open-label ADV 10 mg once daily for 28 weeks to evaluate efficacy and safety for a further 28 weeks of monotherapy.</p> <p>The third study phase (2nd double-blind): After completing the 40-week treatment period, subjects in the initial ADV group were re-randomised to receive either ADV 10 mg or placebo in a 2:1 ratio for 12 weeks to investigate response following continuous treatment or temporarily interrupted treatment. If the subjects experienced liver disease progression during this period, open label ADV 10mg treatment would be provided.</p> <p>The fourth study phase: After completing the second double-blind treatment period (i.e. completion of the 52 weeks of study treatment), all the subjects who remained in the study were to be provided open label ADV 10 mg treatment for a further 208 weeks (4 years). The long term efficacy and safety of this monotherapy will be evaluated.</p>
Centres: 12 centres in China
Indication: Chronic Hepatitis B (HBeAg positive)
Treatment: ADV 10mg tablets or matched placebo once daily for 52 weeks of treatment then followed by 208 weeks ADV open-label treatment. This report summarizes the first and second year (0-104 week) study results.
Objectives: This report presents results from Year 1 and Year 2 of this 5 year study. The primary objective of the study was to assess antiviral activity, clinical benefit and safety of adefovir dipivoxil (ADV) 10 mg in Chinese patients with HBeAg positive chronic hepatitis B (CHB) at the end of Week 52 treatment. Additional study objectives are to evaluate the long-term (5 years total) efficacy and safety of this monotherapy.
Primary Outcome/Efficacy Variable: Serum HBV DNA reduction from baseline to week 12
Secondary Outcome/Efficacy Variable: ALT normalisation at week 12 compared to baseline

Other Outcome/Efficacy Variable(s):

Reduction of serum HBV DNA

The proportion of subjects with HBV DNA response defined as HBV DNA $\leq 10^5$ copies/mL or a $\geq 2 \log_{10}$ reduction from Baseline HBV DNA level

The proportion of subjects with HBV DNA undetectable (<300 copies/mL)

The proportion of subjects with ALT normalisation

The proportion of subjects with HBeAg loss and HBeAg seroconversion

The proportion of subjects developing N236T and A181V HBV DNA genotypic mutations associated with ADV resistance

Statistical Methods: The sample size for this study was based on the exposure requirements of China SFDA regulations related to new drug registration, rather than formal sample size calculations based on the primary endpoint. This means at least 300 evaluable subjects on active drug and 100 evaluable subjects on placebo were required to complete the phase II/III study.

A total enrolment of 480 subjects, randomised to treatment in a 3:1 ratio, was expected to provide greater than 95% power to detect a mean difference between ADV and placebo of 1.5 \log_{10} copies/mL for the week 12 change from baseline in \log_{10} copies/mL of HBV DNA.

For analysis of the primary endpoint, only subjects with a serum HBV DNA value at baseline were included, using ANCOVA model, considering treatment and investigator as main effects; sex, age, baseline HBV DNA, and baseline ALT (/ULN) as the covariates. For the purposes of calculating the change from baseline, all values below LLOD were assumed to have a value assessed as the limit of detection. The statistical hypothesis was tested at two-sided, alpha level equal to 0.05.

The proportion of subjects with ALT normalisation at Week 12 is tabulated for each treatment group. Chi-squared test was used to compare the proportion of subjects with ALT normalisation between treatment groups (ADV vs. PLA). ALT normalisation was defined as an ALT value $\leq 1.0 \times$ upper limit of the normal range for those subjects who had an abnormal ALT value ($> 1.0 \times$ upper limit of the normal range) at baseline.

For analysis of the efficacy endpoint during week 52-208, only the summary statistics are provided for the 'Efficacy Analyses'. No statistical analysis was performed. For the summary statistics that include data during week 52-104, the following three treatment groups were described:

Group AAAA: ADV(12 weeks) + OL-ADV(28 weeks) + ADV(12 weeks) + OL-ADV(52 weeks)

Group AAPA: ADV(12 weeks) + OL-ADV(28 weeks) + PLA(12 weeks) + OL-ADV(52 weeks)

Group PAAA: PLA(12 weeks) + OL-ADV(28 weeks) + ADV(12 weeks) + OL-ADV(52 weeks)

This report presents results for Year 1 and Year 2.

Study Population:

Subject aged 18-65 years with presence of HBsAg and HBeAg at the time of screening and for at least 6 months prior to screening. Positive HBV DNA plasma assay with screening value $\geq 10^6$ copies/mL (Roche COBAS AMPLICORTM HBV MONITOR Test, LLOD < 200 copies/mL) at the time of screening (within 4 weeks of randomisation). Evidence of elevated serum ALT levels defined as a serum ALT level greater than or equal to 2.0 times (inclusive) the upper limit of the normal range (ULN) in the previous 6 months and serum ALT levels greater than 1.0 times the ULN at the time of screening.

Number of Subjects:	PAAA	AAAA	AAPA
Planned, N	120	240	120
Randomised, N	120	240	120
Completed, n (%)	116(98%)	221(94%)	119(100%)
Total Number Subjects Withdrawn, N (%)	4(3.4%)	19(7.9%)	1(0.1%)
Withdrawn due to Adverse Events n (%)	2(1.7%)	3(1.3%)	1(0.1%)
Withdrawn due to lost to follow up n (%)	2(1.7%)	3(1.3%)	0(0)
Withdrawn for other reasons n (%)	0(0)	13(5.4%)	0(0)

Demographics	PAAA	AAAA	AAPA
N (ITT)	120	240	120
Females: Males	22:98	39:201	22:98
Mean Age, years (SD)	32(10)	31(9)	32(10)
Asian, n (%)	120(100)	239(99.6)	120(100)
Efficacy Outcome			
Primary Efficacy Outcome Variable(s):			
Serum HBV DNA Reduction from Baseline to Week 12 (log₁₀ copies/mL)			
	PLA (n=120)	ADV (n=360)	
Mean Baseline(SD)	8.6(10)	8.5(10)	
Median of HBV DNA reduction at week 12 (mean ± SD)	-0.3(1.2)	-3.3(1.2)	
Range	- 5.2 to + 3.1	-7.7 to +0.5	
p-value	P < 0.001		
Second Efficacy Outcome Variable(s):			
Proportion of ALT Normalisation at Week 12 for Subjects with Elevated ALT at Baseline			
	PLA (n=120)	ADV (n=360)	
Week12 ALT normalisation (%)	15/108 (13.9%)	140/330 (42.4%)	
p-values	P < 0.001		
Other Efficacy Outcome Variable(s):			
Median Serum HBV DNA Reduction(log₁₀ copies/mL) up to Week 104 Compared to Baseline			
	PAAA (N=120)	AAAA (N=240)	AAPA (N=120)
Median Serum HBV DNA(log ₁₀ copies/mL) of Baseline(range)	8.8(4.7, 11.1)	8.8(4.5, 11.9)	8.8(4.0, 11.1)
Median of HBV DNA reduction at week 52 (range)	-5.0(-8.0, 2.1)	-4.5(-8.0, 0.7)	-0.2(-6.1, 2.1)
Median of HBV DNA reduction at week 104 (range)	-5.3(-7.5, 2.3)	-5.0(-8.0, 1.1)	-4.7(-8.6, -0.3)
Proportion of Subjects with Serum HBV DNA Responses up to Week 104			
N (%)	PAAA (N=120)	AAAA (N=240)	AAPA (N=120)
Week 52 (response)	112/115(97%)	218/231(94%)	25/115(22%)
Week 104(response)	105/112(94%)	199/218 (91%)	102/114(89%)
*serum HBV DNA response was defined as HBV DNA ≤ 10 ⁵ copies/mL or a ≥ 2 log ₁₀ reduction from week 0 HBV DNA level			
Proportion of subjects with Undetectable serum HBV DNA up to Week 104			
N(%)	PAAA (N=120)	AAAA (N=240)	AAPA (N=120)

Subjects with HBV DNA <300 copies/mL at week 52	36/119(30%)	67/236(28%)	1/119(1%)
Subjects with HBV DNA <300 copies/mL at week 104	52/116(45%)	94/222(42%)	48/118(41%)
Proportion of Subjects with ALT Normalization up to Week 104 for Subjects with Elevated ALT at Baseline			
	PAAA (N=120)	AAAA (N=240)	AAPA (N=120)
Week 52, N (%)	74/107(69%)	176/224(79%)	23/109(21%)
Week 104, N(%)	80/105(76%)	164/210(78%)	77/108(71%)
Proportion of Subjects with HBeAg loss and HBeAg Seroconversion up to Week 104			
N (%)	PAAA (N=120)	AAAA (N=240)	AAPA (N=120)
Week 52 HBeAg loss Seroconversion ¹	24 /118(20%) 21/118(18%)	30 /233(13%) 19/233(8%)	10 /114(9%) 8/114(7%)
Week 104 HBeAg loss Seroconversion ¹	34/115(30%) 26/115(23%)	42/219(19%) 32/219(15%)	32/113(28%) 23/113(20%)
¹ . Defined as a decrease in HBeAg to undetectable an level and a rise in HBeAb to a detectable level			
Safety Results:			
Most Frequent Adverse Events up to Week 104 – On Therapy			
N (%)	PAA (N=120)	AAA (N=240)	AAP (N=120)
Upper respiratory tract infection	13(10.8)	25(10.4)	14(11.7)
Nasopharyngitis	11(9.2)	19(7.9)	4(3.3)
Alanine aminotransferase increased	4(3.3)	7(2.9)	13(10.8)
Fatigue	8(6.7)	7(2.9)	9(7.5)
Hepatitis B	1(1)	4(1.7)	13(10.8)
Diarrhoea	0	9(3.8)	5(4.2)
Abdominal pain upper	1(1)	6(2.5)	2(1.7)
Dizziness	0	6(2.5)	3(2.5)
Rash	1(1)	6(2.5)	2(1.7)
Serious Adverse Events up to Week 104 – On Therapy n (%) [n considered by the investigator to be related to study medication]			
	PAAA (N=120)	AAAA (N=240)	AAPA (N=120)
	n(%) [related]	n(%) [related]	n(%) [related]
Subjects with fatal SAEs, n (%)	1(0.8), [0]	0	0
Gastric carcinoma	1(0.8), [0]	0	0
	n(%) [related]	n(%) [related]	n(%) [related]
Subjects with non-fatal SAEs, n (%)	2 (1.6), [0]	9 (3.8),[1]	10(8.3),[0]
Nasopharyngeal cancer	1(0.8), [0]	0	0
Hepatitis relapse	1(0.8), [0]	0	0
ALT elevation	0	2(0.8), [0]	0
Spontaneous abortion	0	1(0.4), [1]	0
Fracture	0	1(0.4), [0]	0
Intestinal obstruction	0	1(0.4), [0]	0

Hepatitis B flare	0	1(0.4), [0]	4(3.3), [0]
Hepatitis B exacerbation	0	1(0.4), [0]	4(3.3), [0]
Hepatitis B progress	0	1(0.4), [0]	0
Diabetes	0	1(0.4), [0]	0
Bronchial pneumonia	0	0	1(0.8), [0]
Liver carcinoma	0	0	1(0.8), [0]

ADV Mutation up to Week 104

6/480(1.3%) HBV DNA mutations associated with resistance to ADV were identified in subjects from up to week 104 with 3 for N236T mutations and 3 for A181V mutations. No mutations were seen in week 0-52.

Conclusion

See publications below.

Publications:

Yiming Mao, MinDe Zeng, Guangbi Yao et al. Efficacy and safety of two years therapy with adefovir dipivoxil (ADV) in Chinese patients with HBeAg positive chronic hepatitis B (CHB). Journal of Gastroenterology and Hepatology 2006;21 (Suppl.): Abstract 42, A14.

MinDe Zeng, YiMin Mao, GuangBi Yao et al. Efficacy of two years therapy with adefovir dipivoxil (ADV) in Chinese patients with HBeAg positive chronic hepatitis B (CHB). Journal of Gastroenterology and Hepatology 2006;21 (Suppl. 2): Abstract 3, A71.

MinDe Zeng, YiMin Mao, WeiLun Lu et al. Safety of two years therapy with adefovir dipivoxil (ADV) in Chinese patients with HBeAg positive chronic hepatitis B (CHB). Journal of Gastroenterology and Hepatology 2006;21 (Suppl. 2): Abstract 102, A105.

YiMin Mao, MinDe Zeng, XiaQiu Zhou et al. Lack of impact of YMDD mutants on efficacy or safety of two years therapy with adefovir dipivoxil (ADV) in Chinese HBeAg positive chronic hepatitis B (CHB) patients. Journal of Gastroenterology and Hepatology 2006;21 (Suppl. 2): Abstract 103, A106.

MD Zeng, YM Mao, GB Yao et al. Efficacy and safety of two years adefovir dipivoxil (ADV) in Chinese patients with HBeAg positive chronic hepatitis B (CHB). Journal of Hepatology 2006;44 (Suppl. 2): Abstract 496, S185.

MinDe Zeng, YiMin Mao, GuangBi Yao et al. A double blind randomised trial of adefovir dipivoxil in Chinese subjects with HBeAg positive chronic hepatitis B. Hepatology 2006; 44: 108-116.

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