Three discontinued the treatment and ten had a dose reduction. Dose reduction had significant negative correlation to SVR (60% vs. 92%, \(p=0.048\)). Only ribavirin dosage was significant for SVR (\(p=0.043\)). In patients with genotype 2/3, 26 (55%) had adverse events; general weakness (10), anemia (5), skin rash (2), and pancytopenia (1). Three discontinued the treatment. Four had a dose reduction, but all the patients achieved SVR.

**Conclusions:** Unlike western reports, SVR rate was relatively high even in genotype I, and factors affecting SVR were age and therapeutic dose, not anemia or Hb decrease. In genotype I patients, ribavirin dose reduction had a negative effect on SVR. In genotype 2/3, dose reduction seems to have little effect on SVR.

**Keyword:** Hepatitis C, Treatment, Dose reduction, Anemia

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**PO-11**

**Rate and predictors of treatment initiation for hepatitis C in Korea**

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**Background:** Despite of the rapid progression of treatment of hepatitis C virus (HCV) infection, the rate of treatment initiation for the chronic hepatitis C patients has not been studied in Korea. We aimed to determine the treatment initiation rate and predictors for the treatment initiation in 4 university hospitals in Korea.

**Methods:** From January 2007 to June 2010, a total 473 patients with HCV infection were prospectively enrolled at four hospitals in Korea. After exclusion of patients who had received antiviral treatment before the enrollment, cumulative probability of treatment initiation rate was obtained with determination of predictors for treatment initiation.

**Result:** The cumulative rate of treatment initiation was 35.1% during median follow-up duration of 19.5 months. Independent factors associated with treatment initiation were age < 65 years, serum ALT level ≥ 80 IU/L, and serum albumin level ≥ 3.5 g/dL. In the older patients (age ≥ 65), factors associated with treatment initiation were high serum ALT level and current non-alcohol drinker. The treatment rate was not different among the 4 hospitals.

**Conclusion:** About one-third of the chronic hepatitis C patients received antiviral therapy in Korea. Non-treatment was associated with old age, low ALT, and advanced liver disease. Reasons for non-treatment and optimal proportion of the treatment indication should be studied in the future.

**Keyword:** Hepatitis C virus, Treatment, Treatment indication, Korea

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**PO-12**

**Low P2/MS value is significantly associated with more frequent adverse event during pegylated interferon plus ribavirin treatment in chronic hepatitis C patients**

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**Background:** The influence of hepatic fibrosis degree on adverse event and treatment response in pegylated interferon (Peg-IFN) plus ribavirin treatment in chronic hepatitis C (CHC) patients has not been fully elucidated. In this study, we aimed to evaluate the effect of hepatic fibrosis on Peg-IFN plus ribavirin treatment by using an effective noninvasive marker for hepatic fibrosis, P2/MS ([platelet count (10^9/L)]^2/[monocyte fraction [%]*segmented neutrophil fraction [%]]).

**Method:** Consecutive patients who underwent Peg-IFN plus ribavirin treatment for CHC at Seoul National University Hospital between November 2006 and August 2009 were included. We identified the predictors for adverse events requiring dose reduction and sustained virologic response (SVR) by multivariable logistic regression analysis.

**Results:** A total of 118 patients (mean age, 54.2 years; male, 46.6%) were included: 69 patients had genotype 1 hepatitis C virus (HCV), 47 had genotype 2 and 2 had genotype 6. Sixty six patients were treated with Peg-IFN alfa-2a and 52 patients with Peg-IFN alfa-2b. During treatment, 65 patients (55.1%) experienced significant adverse events (e.g., cytopenia) that required dose reduction of Peg-IFN or ribavirin. Low P2/MS value was an independent risk factor for frequent adverse events (odds ratio, 0.991; \(p=0.007\)). Overall SVR rate was 75.4% (genotype 1, 62.3%; genotype 2, 95.7%; genotype 6, 50%). Multivariable analysis showed that low baseline HCV RNA level (\(p=0.001\)), genotype 2 (\(p=0.007\)) and high cumulative Peg-IFN dose (\(p=0.041\)) were independent risk factors for high SVR rate. However, P2/MS value was not significantly associated with SVR rate (\(p=0.448\)).

**Conclusion:** This study indicates that low P2/MS value which reflects severe hepatic fibrosis is significantly related to frequent adverse events, but not to low SVR rate during Peg-IFN plus ribavirin treatment for CHC. Therefore, closer observation for adverse events and appropriate dose modification of drugs might be required in patients with low P2/MS value.

**Keyword:** Chronic hepatitis C, Pegylated interferon, ribavirin, P2/MS

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**PO-13**

**Spontaneous fungal peritonitis: a fatal complication in patients with advanced liver cirrhosis**

- **Date:** June 10, 2011
- **Time:** 17:10~18:10
- **Venue:** Grand Hall

**Keyword:** Chronic liver disease, Spontaneous fungal peritonitis, Cirrhosis, LC, P2/MS
Background: Treatment of cirrhotic patients and spontaneous peritonitis with antibiotics occasionally fails. Fungal infections may be one of the causes of antibiotic treatment failure in such patients. In this study we evaluated the clinical significance and characteristics of spontaneous fungal peritonitis (SFP).

Methods: Consecutive cirrhotic patients with spontaneous peritonitis treated between 2000 and 2005 at a tertiary care center in Seoul, Korea were included. We analyzed the clinical characteristics and the prognosis of SFP patients compared to spontaneous bacterial peritonitis (SBP) patients.

Results: During the study period 416 patients developed spontaneous peritonitis and 15 (3.6%) had SFP. As compared to patients with SBP, nosocomial peritonitis was more common and the Child-Pugh score was higher in SFP patients (both, \( p<0.01 \)). Ten patients were infected with Candida spp. (C. albicans, 8; C. tropicalis, 1; C. glabrata, 1), and 5 with Cryptococcus neoformans. Eleven patients were co-infected with bacteria (e.g., Klebsiella oxytoca, Enterococcus faecium, and Escherichia coli) which were sensitive to the antibiotics that were administered. Only 4 patients were treated with appropriate anti-fungal agents. Consequently, the 1-month mortality rate for SFP patients was 73.3% (11 of 15; median time-to-death, 2 days (range, 0-22)), which was significantly higher than patients with SBP alone (28.7%, \( p=0.0007 \)).

Conclusions: SFP is a fatal complication in cirrhotic patients. A longer duration of admission and a higher Child-Pugh score may be a risk factor for SFP. Immediate and appropriate anti-fungal treatment is warranted in patients with spontaneous peritonitis, once fungus is found in ascitic fluid.

Keyword: Spontaneous fungal peritonitis, Spontaneous bacterial peritonitis, Liver cirrhosis

PO-14

Clinicopathologic performance for histologic activity of chronic viral hepatitis and liver fibrosis

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Background: Liver biopsy is the gold standard for the estimation of histologic activity in most liver diseases. However, Invasiveness of liver biopsy itself along with its inconsistent results have been inducing efforts to develop the accurate and reliable noninvasive tools for evaluating the disease severity.

PO-15

Clinical applicability of liver stiffness measurement for predicting liver-related events in patients with chronic hepatitis B related advanced liver fibrosis or cirrhosis

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Background & Aims: We investigated the usefulness of liver stiffness measurement (LSM) as a predictor of liver-related events (LREs) development in chronic hepatitis B (CHB) patients with advanced liver fibrosis treated with nucleoside analogues.

Methods: A total of 128 CHB patients (56.3% males, mean age 52.2 years) who underwent LSM and liver biopsy (LB) before starting antiviral treatment and showed histological advanced