(−597) polymorphisms and IL-6 levels with hepatitis B virus related HCC risk in Indian population.
Methods: Five groups of subjects were enrolled viz. control (n = 100), HBV-carriers (n = 60), chronic active HBV (n = 60), HBV-cirrhotic (n = 60) and HBV-related HCC (n = 53). PCR-RFLP was performed to study various polymorphic forms of *IL-6* and levels in PBMCs were estimated by ELISA. Genotype distributions were compared using chi square analysis and the odds ratios (ORs) and 95% CI were calculated to express the relative risk.
Results: In *IL-6* (−*572*), the GC genotype, was in negative association ($p < 0.001$) with HCC, among controls, while it was a significant risk factor ($p < 0.001$) for the same, among HBV-carriers. In contrast, the CC genotype was a risk factor ($p < 0.001$) for progression the disease to cirrhosis among controls and HBV-carriers (OR: 3.2 and 4.0 respectively). In case of *IL-6*(−597), GA genotype significantly increased ($p < 0.001$) HCC risk, both among controls and HBV-carriers. The IL-6 levels were found to be significantly lower in all the diseased groups, with reference to controls. However, levels were significantly higher in cirrhotic group when compared with the carrier and active hepatitis group. Moreover, in both *IL-6*(−572) and (−597) heterozygotes were found to have lower IL-6 levels as compared to those having wild genotypes.
Conclusions: Polymorphic forms of *IL-6* and basal IL-6 levels share a strong association with HBV-HCC risk in Indian population and thus should be further evaluated as candidate genes to determine individual susceptibility for the same.

PP-110 Chinese herbal medicines (CHM) personalized therapy for HBeAg(+) chronic hepatitis B Chinese patient with suboptimal response to nucleoside and modeling

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Objectives: Evaluate the efficacy of Tiaoganjanpihexue (a traditional Chinease medicine term) CHM-prescription for treating a 31-year-old female HBeAg(+) chronic hepatitis B Chinese patient with suboptimal response to Adefovir Dipivoxil (AD) for 63 weeks switch to AD + lamivudine (LVD) for 18 weeks, and to AD for 45 weeks, and to Telbivudine (TEB) for 24 weeks. Modeling the dynamics of the anti-HBV infection treatments.
Methods: During 2007−2010, the patient was treated by AD, AD+LVD, AD and TEB continuously. Her baseline characteristics were HBV DNA = 3.48×10^7 cps/ml, ALT = 103.2 I/U, HBeAg = 1.400 S/CO, Anti-HBe = 0.213S/CO and those at week 150 were HBV DNA <1000 cps/ml, ALT <14 I/U (over 100 weeks), HBeAg = 3.840S/CO, Anti-HBe = 1.061S/CO. After 16 weeks' stopping treatment, her HBV DNA was returned to 6.8×10^3 and other characteristics were almost the same as those at week 150. Using the CHM Tiaoganjanpihexue (consisting of 21 ingredients) treated the patient, two times daily and decoction after meals.
Results: After 4 weeks' treatment her HBeAg and anti-HBe reduced to 0.850S/CO and 0.528S/CO. Following 21 weeks' addtional treatments, her HBeAg had been kept seroconversion and HBV DNA reduced to 1.40×10^3 cps/ml. During the 25 week's Tiaoganjanpihexue therapy, her mean ALT = 19.03 I/U. A mathematical new model is introduced to model the dynamics of the anti-HBV infection treatment. The simulated curve is in good agreement with the clinic tested patient's HBV DNA.
Conclusions: The CHM Tiaoganjanpihexue has a specific function that is able to activate patient's immune function to suppress HBV directly but not injure the patient's hepatocytes.
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PP-111 Hepatitis B virus (HBV) subgenotypes and mutations in core promoter and precore/core and their clinical implications in Xinjiang Uighur patients

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Objective: To detecte HBV subtypes, mutation of core promoter and precore/core and clinical features among Xinjiang Uygur patients with chronic HBV infection.
Methods: PCR-RFLP was used to detect the subtypes, core promoter and precore/core of HBV in 109 Uygur patients with chronic HBV, and analyses of the relationship between mutation and clinical features.
Results: In 109 Uygur patients with chronic HBV group, there were 9 cases with HBV genotype B infection who were HBV Ba subtype, 50 cases with HBV genotype C and 27 cases with C1 subtype i, 23 cases with C2 subtype, 32 cases with C/D recombinant i, 18 cases with HBV genotype D infection. According to the progress of the HBV infection, G1896A mutation in HBV precore or core region had no significant difference in chronic hepatitis B and cirrhosis, but A1762T/G1764A mutation in the HBV subtype C1 and C2 and i Ba have significantly increased in cirrhosis.we fund that A1762T/G1764A mutation in HBV C/D recombinant infection is low.
Conclusion: Uygur patients with CHB have more HBV C/D recombinant, and C1 subtype infection. A1762T/G1764A mutation in the HBV subtype C1 and C2 subtypes have significantly increased.

PP-112 Genotyping of hepatitis B virus in 280 patients infected with hepatitis B Virus and its clinical significance

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Objective: Previous studies showed that HBV genotype correlated with HBV transmission, clinical disease spectra, progression, prognosis, antiviral effect, etc. This study is aimed to evaluate the clinical significance of HBV genotype.
Methods: HBV genotypes were analyzed in 280 patients infected with hepatitis B virus. Liver function, HBV markers including PreS1, HBV DNA levels and T cell subsets of these patients were also measured.
Results: HBV genotyping had a geographical distribution. Genotype C was mainly prevalent in patients from north china while Genotype B from south china. In the progression of asymptomatic carrier or acute hepatitis to chronic hepatitis, liver cirrhosis and liver cancer, genotype C increased while genotype B decreased. Genotype C and genotype BC showed lower levels in prealbum (Pre-A) and album (ALB) and lower ratio of album to globulin (A/G) than genotype B ($P = 0.02$, $P = 0.03$, $P = 0.01$ and $P = 0.005$, $P = 0.001$, $P < 0.001$, respectively), but showed higher levels in globulin (GLO) than genotype B ($P < 0.001$ and $P = 0.01$, respectively). Genotype C showed lower levels in cholinesterase (CHE) than genotype B ($P = 0.007$). There