**Poster Presentation – Hepatitis C**

**PP-070** Screening of zinc finger genes differentially expressed in L02 cells transfected with hHGF


**Objective:** To construct the expression vector of pcDNA3.1 (-)-hHGF, detected its expression in L02 cell line. Screening the different gene expression in L02 cell transfected by hHGF using gene chip technology.

**Methods:** To construct the expression vector of pcDNA3.1 (-)-hHGF, confirmed by restriction enzyme digestion and DNA sequencing and transfected L02 cell line. The expression of hHGF protein was observed by western-blotting method. Compared the differentially expressed genes between the L02 transfected by pcDNA3.1 (-)-hHGF and pcDNA3.1 (-) respectively by cDNA microarray technique respectively.

**Results:** The expression vector has been constructed and confirmed by restriction enzyme digestion and DNA sequencing analysis. The expression of hHGF protein has been confirmed by Western blotting. High quality mRNA and cDNA had been prepared and successful microarray screening had been conducted. From the scanning results, it was found 404 genes (include 9 zinc finger genes) were up-regulated and 145 genes were down-regulated in L02 cell line transfected with hHGF.

**Conclusion:** cDNA microarray technology was successfully used to screen the genes differentially expressed in L02 cell line transfected with hHGF, which brought some new clues for studying the regulation mechanism of hHGF in liver cell.

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**PP-071** Clinicopathological comparison between intrahepatic cholangiocarcinoma arising in livers with and without hepatitis B or C virus

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**Objective:** To clarify the impact of HBV or HCV infection on the development of ICC and on the prognosis of patients by comparing the clinicopathological features and the prognosis after the surgical treatment of ICCs arising from livers positive and negative for hepatitis B virus (HBV) or hepatitis C virus.

**Methods:** Thirty-one patients who had been confirmed for ICC through (HCC) pathology were involved. The following clinicopathological features were compared for patients both with and without HBV or HCV: patient’s age, gender, liver function tests and the serum levels of tumor antigens, the size of the tumor, pathological findings of the cancer and the survival rates after surgery. The differences were examined statistically using either Mann–Whitney’s U-test or the χ² test.

**Results:** The results of the comparison of the clinicopathological factors between the both patient groups were found no statistically significant differences. Conclusion No statistical differences were found in the clinicopathological features for ICCs arising from livers with either HCV or HBV as in comparison with ICCs arising from livers without those viruses. The existence of viruses had no impact on the prognosis after surgery.

**PP-072** Observation and care of adverse effect in antiviral therapy in chronic hepatitis C patients

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**Background:** The adverse effects of antiviral treatment in patients with chronic hepatitis C are common. Observation and nursing care are important for success of treatment.

**Methods:** We analyzed clinical data of 124 Chronic Hepatitis C inpatients given Peg-Interferon plus ribavirin antiviral treatment from January 2007 to January 2008.

**Results:** In 124 patients, there were 120 cases with adverse effects (96.77%). The most frequently associated symptoms were neutropenia (98.33%), myalgia and joint pain (89.16%), fever and chills (74.16%), insomnia (21.66%), nausea (13.33%), alopecia (11.66%), anxiety and depression (10.83%). The other infrequent adverse effects included blurred vision, menstrual disorders and so on.

Through active observation, elaborative care, and promptly symptomatic treatment, no patients discontinued treatment for adverse effects.

**Conclusion:** In chronic hepatitis C antiviral treatment, care is very important for patients with the disease. Because of active observation and care, no case of adverse reactions had been found due to stop drug use. Patients and medical staff built good relationships of trust, that is helpful to eliminate the fear about adverse drug reactions, and to improve the patient’s compliance. It is also helpful to prevent and avoid the occurrence of serious adverse reactions, so that we can get better effect of treatment.

**PP-073** Influence of insulin resistance on interferon responds to chronic hepatitis C

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Genotype and viral load have been found as the most important viral factor influencing antiviral response. Host factors include metabolism system such as diabetes type 2, hepatocyte steatosis, insulin resistance (IR). IR is not only a critical risk in the development of HCV-induced diabetes and hepatocyte steatosis, but also a most important host factor influencing antiviral response. Recent studies showed that IR impairs sustained response rate in patients with HCV genotype 1, but not in genotype 3. The sustained response rate was twice in patients with HOMA < 2 than patients with HOMA > 2. IR may induce Interferon resistance by blocking interferon intracellular signalling. IR emerged as the most important host factors in the prediction of response in CHC treated with interferon plus ribavirin. Thus, measure of IR seems to be easier and comfortable than study of steatosis in a liver biopsy. Therefore, it is suggested to test HOMA index before antiviral therapy. The treatment of IR, decreasing hyperinsulinemia, could improve sustained response rate in genotype 1 patients with chronic hepatitis C when treated with peginterferon plus ribavirin.

**PP-074** The interaction site of HCV NS4A and Ca²⁺-modulating cyclophilin ligand


**Objective:** To identify the interaction site of HCV NS4A protein and Ca²⁺-modulating cyclophilin ligand.