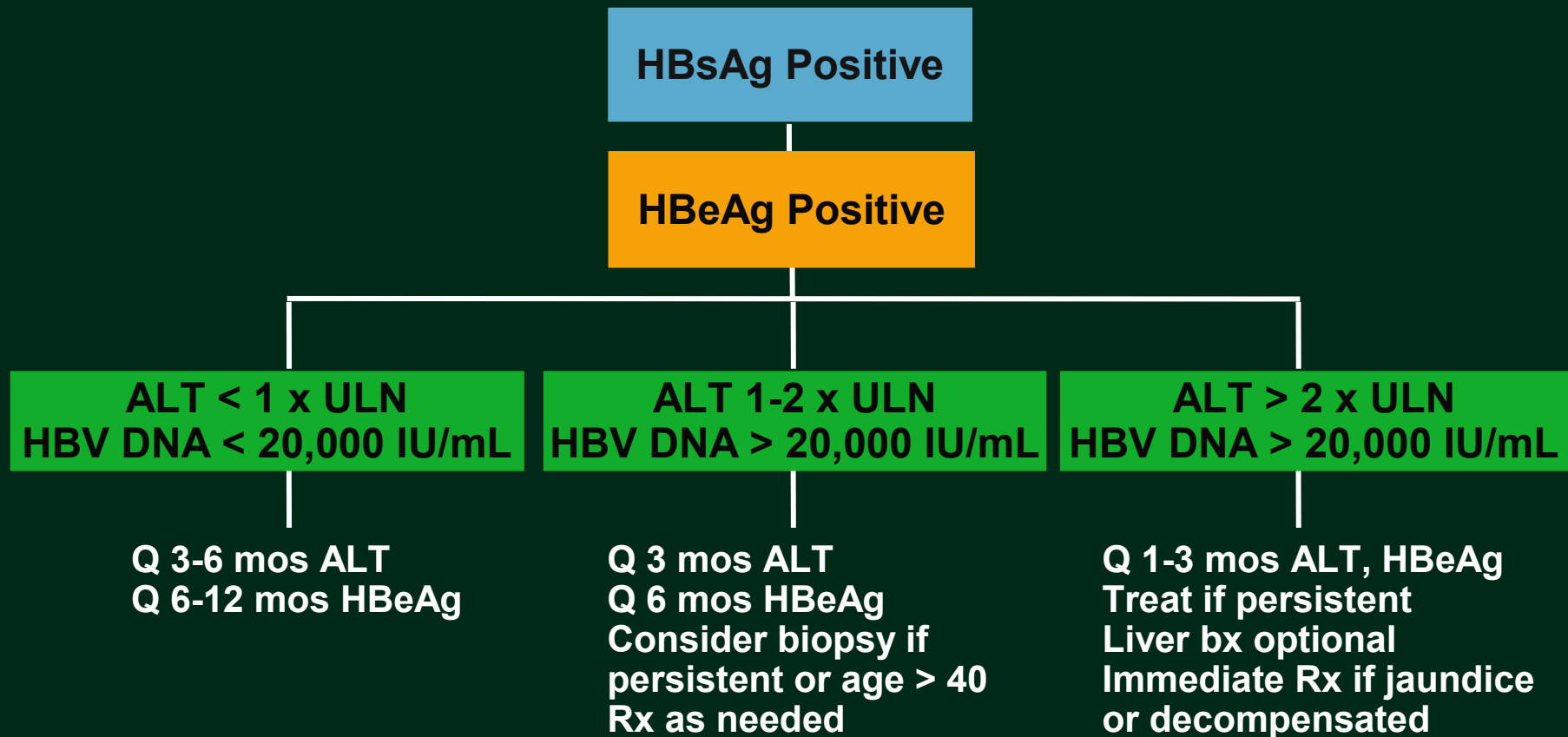


# AASLD CHB Guidelines: Treatment Candidacy for HBeAg-Positive Patients



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# AASLD 2009 Guideline Recommendations for Treatment of HBeAg-Positive Patients

HBV DNA (PCR), IU/mL	ALT	Treatment Strategy
> 20,000	≤ 2 x ULN	<ul style="list-style-type: none"> <li>▪ Low efficacy with current treatment</li> <li>▪ Observe; consider treatment when ALT becomes elevated</li> <li>▪ Consider biopsy in persons &gt; 40 yrs, ALT persistently high normal-2 x ULN, or with family history of HCC</li> <li>▪ Consider treatment if HBV DNA &gt; 20,000 IU/mL and biopsy shows moderate/severe inflammation or significant fibrosis</li> </ul>
> 20,000	> 2 x ULN	<ul style="list-style-type: none"> <li>▪ Observe for 3-6 mos and treat if no spontaneous HBeAg loss</li> <li>▪ Consider liver biopsy prior to treatment if compensated</li> <li>▪ Immediate treatment if icteric or clinical decompensation</li> <li>▪ Endpoint of treatment: seroconversion from HBeAg to anti-HBe</li> </ul>

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