Preface

Hiroshi Suzuki

Miyakawa Memorial Research Foundation, Tokyo, and Yamanashi University, Yamanashi, Japan

On behalf of the Miyakawa Memorial Research Foundation (MMRF), it was my great pleasure to extend greetings at the beginning of the First MMRF Meeting on Viral Hepatitis in Asia held on January 25, 2003 in Tokyo, Japan. The MMRF was established in November 1996 according to the will of the late Kanoeko Miyakawa who was the first woman MD/PhD in Japan and whose aim it was to prevent viral hepatitis and consequently hepatocellular carcinoma (HCC) in Asia. Our foundation provides Asian scientists with grants, encourages and funds exchange visits between Japanese and Asian researchers to investigate viral hepatitis and HCC. In addition, we have convened open symposia on viral hepatitis and HCC in the Metropolitan Tokyo, and have held annual workshops on HCC in Asia with doctors from developing countries. Our joint efforts at the second workshop led to a recent publication [Wang et al., *J Med Virol* 2002;67:394–400]. Further, we assembled a special issue of *Oncology*, entitled 'Researching Hepatocellular Carcinoma in Japan – A Message to the World' (2002, vol. 62, suppl. 1), to cover the symposium of July 29, 2000 sponsored by Minophagen Pharmaceutical Co., Ltd.

At this First MMRF Meeting on Viral Hepatitis in Asia, we focused on hepatitis B inherent in essentially all Asian countries. With China at the top of the list, the carrier rate of hepatitis B virus (HBV) is high and ranges from 5 to 10% in Asian countries, except for 1% in Japan. In most Asian countries, HCC associated with HBV infection ranks first among deaths caused by malignancies.

The principal route of becoming persistently infected with HBV in Asia is the mother-to-baby transmission. Since 1996 in Japan, babies born to carrier mothers with hepatitis B e antigen in their serum have received immunoprophylaxis with hepatitis B immune globulin and vaccine. As a result, only 300 of the one million (0.03%) newborns develop the HBV carrier state annually. Most of them would have been infected with HBV in utero, and therefore, would not be protected by immunoprophylaxis given to them after birth. The exposure rate to HBV of children and adolescents aged less than 16 years has reached a low level comparable to those in western countries. The other developed countries in Asia, including Hong Kong, Korea, Singapore and Taiwan, have adopted the universal vaccination program for newborns recommended by the WHO and achieved a remarkable success. In developing countries such as China, however, vaccination is given only to a fraction of the newborns. This is a big healthcare problem and deserves immediate attention, but represents too big a challenge for the MMRF.

Interferon (IFN) has been used for the treatment of chronic hepatitis B. Unlike in patients with chronic hepatitis C, however, a complete virological response with the clearance of HBV from serum is achieved in only 15% of patients who receive IFN, thereby revealing a limit of its efficacy. Since the late 1990s, a nucleotide analogue by the name of lamivudine has been used worldwide for the treatment of chronic hepatitis B with the exception of Japan. However, HBV mutants resistant to lamivudine

---

KARGER

Fax +41 61 306 12 34
E-Mail karger@karger.ch
www.karger.com

© 2003 S. Karger AG, Basel
0300-5526/03/0466-0327\$19.50/0

Accessible online at:
www.karger.com/int

Hiroshi Suzuki, MD
Miyakawa Memorial Research Foundation
Minami-Aoyama 2-19-8, Minato-ku, Tokyo 107-0062 (Japan)
Tel. +81 3 5414 8580, Fax +81 3 3408 4488
E-Mail mmrfmail@po.ijnet.or.jp

appear. They are accompanied by viral breakthroughs with hepatitis flares during and after the treatment with lamivudine, which pose serious problems to the attending physicians. Due to a case in which a hepatitis flare culminated in fulminant hepatitis during the phase III clinical trial for lamivudine, the approval of lamivudine was delayed considerably in Japan. Finally in 2000, lamivudine was approved with many restrictions. Because of this background, it was of utmost importance for doctors from Japan to exchange candid opinions with those from developed countries including Hong Kong, Korea and Taiwan who attended this meeting.

Since the early 1970s, four serotypes of hepatitis B surface antigen have been known: *adw*, *adr*, *ayw* and *ayr*. Serotypes *adw* and *adr* prevail in Asia, and it has been reported that the patients with serotype *adr* fare worse than those with serotype *adw*. More recently, seven HBV genotypes have been recognized and have attracted in-

creasing attention. In Asia, genotypes B and C are common, and two subtypes of genotype B have been discovered and called Ba and Bj. The clinical relevance of genotypes and subtypes of HBV is under close scrutiny at present. At this First MMRF Meeting on Viral Hepatitis in Asia, the influence of HBV genotypes on the clinical course and response to lamivudine was reported by doctors from developed countries, including Hong Kong, Korea, Taiwan and Japan. In particular, lamivudine therapy was discussed in depth, in terms of indication, duration of treatment and coping with lamivudine-resistant mutants and breakthroughs. I hope that the knowledge that was accumulated during the First MMRF Meeting on Viral Hepatitis in Asia will help plan strategies in future research on HBV.

Finally, I would like to express my deep gratitude to GlaxoSmithKline KK for their generous sponsorship which helped make this meeting possible.