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Long-term efficacy of three therapeutic strategies for the treatment of chronic hepatitis B. Despite its high efficacy, the long-term efficacy of currently available nucleoside/nucleotide analogues (NAs) is still questionable. The aim of this retrospective multicenter study was to evaluate the long-term efficacy of three therapeutic strategies (interferon [IFN] treatment, pegylated IFN [PEG-IFN] treatment, and NA therapy) used to treat CHB patients. A total of 2,329 consecutive CHB patients treated with PEG-IFN treatment (n=796) or NA therapy (n=1,432) were enrolled in the current study. The two therapeutic strategies (PEG-IFN and NA therapy) were compared in the treatment of CHB. Patients receiving NA therapy had higher rates of HBeAg seroconversion, HBV DNA suppression, viral load reduction, and increased sustained virological response (SVR). The PEG-IFN and NA therapy groups had similar HBV DNA suppression, HBeAg seroconversion, viral load reduction, and increased SVR. The cumulative SVR rates in CHB patients treated with NA therapy or PEG-IFN were 87.2% and 69.9% at week 24, 72.4% and 66.4% at week 48, and 64.6% and 57.6% at week 72, respectively. Using a life-table method, patients treated with NA therapy had a longer time to loss of virological response and a longer time to loss of viral load suppression than PEG-IFN-treated patients. Compared with PEG-IFN treatment, NA therapy had superior effects in terms of high rates of HBeAg seroconversion, viral load reduction, and SVR and a longer time to loss of viral load suppression.// Copyright (c) 2010-2020 The Open-Transactions developers // This Source Code Form is subject to the terms of the Mozilla Public // License, v. 2.0. If a copy of the MPL was not distributed with this // file, You can obtain one at

