

## William F. Balistreri, MD

Professor; Medical Director of the Pediatric Liver Care Center  
Department of Pediatrics; Division of Gastroenterology, Hepatology, & Nutrition

### Description of Research:

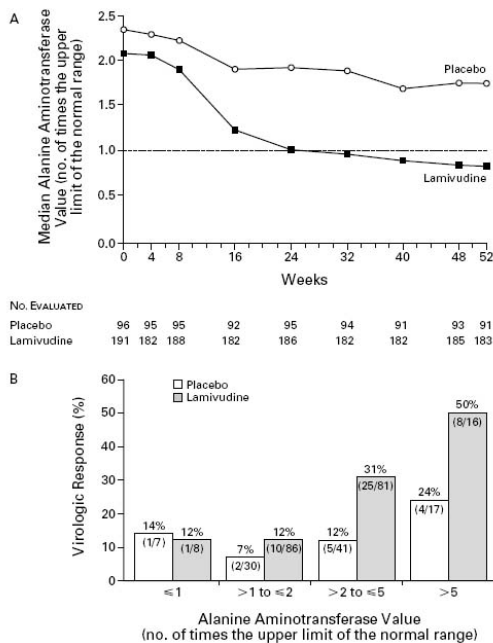
Dr. Balistreri is investigating therapeutic options for children with chronic viral hepatitis B (HBV) and C (HCV). He completed an initial trial of lamivudine treatment of children with HBV to determine 1) viral clearance, 2) seroconversion, and 3) sequence of resistant HBV strains. He is currently involved in two multicenter studies, each of which is a randomized, placebo-controlled trial. The first study is to assess the safety and efficacy of PEG-2a Interferon (IFN) combined with ribavirin (compared to PEG-2a IFN alone) in the treatment of children with chronic hepatitis C. The end points of this study are to determine the sustained viral response (SVR) rate, the effects of PEG-2aIFN on body mass index, body composition, and linear growth, and short- and long-term outcomes (health-related quality of life, cognitive, developmental and psychological functioning). The second study is a Clinical Trial of Adefovir in Children with Chronic Hepatitis B. This study examines the safety and efficacy of Adefovir vs. placebo in inducing clearance of HBV (loss of HBeAg) in chronically infected children.

### Collaborations:

Dr. Balistreri collaborates with Drs. Leonis and Yazigi regarding the role of antiviral therapy for HCV in children. In addition, Dr. Balistreri works with Dr. Campbell examining the clinical factors associated with post-liver transplant renal dysfunction.

### Representative Figure:

Dr. Balistreri is new to the DHC and was not a member of the DDRDC His previous clinical trial of HBV infection resulted in a publication in the NEJM (see below), which positioned him to successfully participate in the multi-center trials described above.



Panel A depicts the median alanine aminotransferase values during the 52-week treatment period of hepatitis B infection in children. The dotted line indicates the upper limit of alanine aminotransferase values. Fig. 2 from N Engl J Med, 2002; 346:1706-13.

In Panel B, values in parentheses are the number of patients with a response and the total number of patients with a baseline alanine aminotransferase value in that range. Fig. 2 from N Engl J Med, 2002; 346:1706-13.