

Corrigendum to: “EASL clinical practice guidelines: Management of chronic hepatitis B virus infection” [J Hepatol 2012;57:167–185]

European Association for the Study of the Liver*

Revision of Table 5 of the recent EASL HBV Clinical Practice Guidelines which included the cross-resistance data for the most frequent resistant HBV variants [Table 5 (revised)] These changes do not affect the strength of clinical evidence and the recommendations for the clinical management of patients who develop HBV resistance during therapy with nucleos(t)ide analogues.

The name of one of the contributors, Harry L.A. Janssen, was incomplete. It is complete below.

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Table 5 (revised). Cross-resistance data for the most frequent resistant HBV variants. The amino-acid substitution profiles are shown in the left column and the level of susceptibility is given for each drug: S (sensitive), I (intermediate/reduced susceptibility), R (resistant) [140].

HBV variant	Level of susceptibility				
	Lamivudine	Telbivudine	Entecavir	Adefovir	Tenofovir
Wild-type	S	S	S	S	S
M204V*	R	S	I	S	S
M204I	R	R	I	S	S
L180M + M204V	R	R	I	S	S
A181T/V	R	R	S	R	I
N236T	S	S	S	R	I
A181T/V + N236T	R	R	S	R	I/R
L180M + M204V/I ± I169T ± V173L ± M250V	R	R	R	S	S
L180M + M204V/I ± T184G ± S202I/G	R	R	R	S	S

*Single M204V mutation is not usually detected in clinical practice; its cross-resistance profile has been mainly studied *in vitro*.

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