Ledipasvir-Sofosbuvir +/- Ribavirin in HCV Genotype 1 ION-2

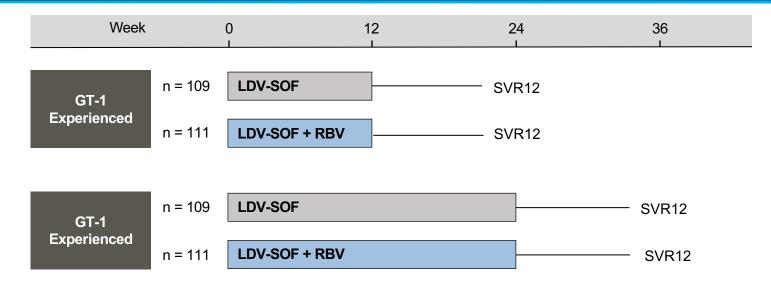


Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-Experienced HCV GT 1 ION-2 Study: Features

- Design: Open-label, randomized, phase 3, using fixed-dose combination of ledipasvirsofosbuvir with or without ribavirin for 12 or 24 weeks in treatment-experienced patients with GT1 HCV
- Setting: 64 sites in United States
- Entry Criteria
 - Chronic HCV Genotype 1 (n = 440) 18 years or older
 - Treatment experienced
 - Did not achieve SVR with prior dual therapy (peginterferon + ribavirin), or triple therapy (NS3/4A protease inhibitor plus peginterferon + ribavirin)
 - Patients with cirrhosis accepted (up to 20% of patients)
- Primary End Point: SVR12



Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-Experienced HCV GT 1 ION-2 Study: Study Design



Abbreviations: LDV=ledipasvir; SOF=sofosbuvir; RBV=ribavirin

Drug Dosing

Ledipasvir-sofosbuvir (90/400 mg): fixed dose combination; one pill once daily Ribavirin (weight-based and divided bid): 1000 mg/day if <75 kg or 1200 mg/day if ≥75 kg



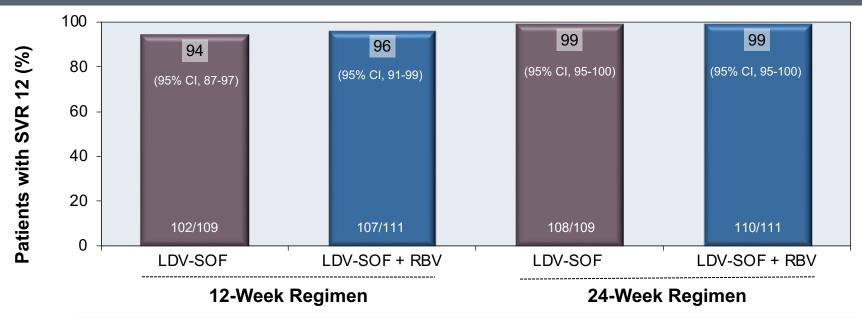
Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-Experienced HCV GT 1 ION-2 Study: Baseline Characteristics

	12-Week Treatment		24-Week Treatment	
Baseline Characteristic	LDV-SOF (n = 109)	LDV-SOF + RBV (n = 111)	LDV-SOF (n = 109)	LDV-SOF + RBV (n = 111)
Mean age, y (range)	56 (24–67)	57 (27–75)	56 (25–68)	55 (28–70)
BMI, kg/m ² mean (range)	29 (19–47)	28 (19–45)	28 (19–41)	28 (19–50)
Male sex, n (%)	74 (68)	71 (64)	74 (68)	68 (61)
Race				
White, n (%)	84 (77)	94 (85)	91 (83)	89 (80)
Black, n (%)	24 (22)	16 (14)	17 (16)	20 (18)
HCV Genotype				
1a, n (%)	86 (79)	88 (79)	85 (78)	88 (79)
1b, n (%)	23 (21)	23 (21)	24 (22)	23 (21)
IL28B non CC, n (%)	99 (91)	100 (90)	93 (85)	93 (84)
Cirrhosis, n (%)	22 (20)	22 (20)	22 (20)	22 (20)
Prior nonresponse	49 (45)	46 (41)	49 (45)	51 (46)
HCV RNA, log10 IU/ml (mean)	6.5	6.4	6.4	6.5



Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-experienced HCV GT 1 ION-2 Study: Results

ION-2: SVR 12* by Treatment Duration and Regimen



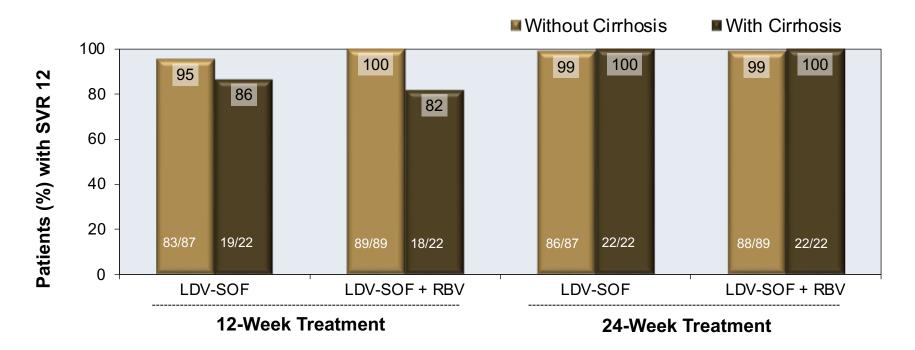
Abbreviations: LDV-SOF=ledipasvir-sofosbuvir; RBV=ribavirin

* Primary end point by intention-to-treat analysis



Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-experienced HCV GT 1 ION-2 Study: Results

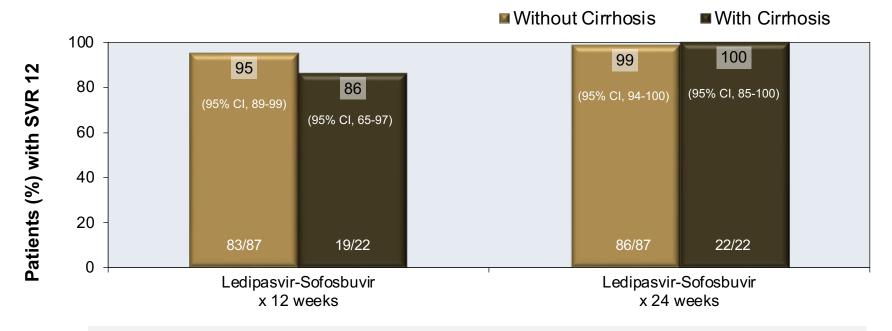
ION-2: SVR12 by Treatment Regimen and Liver Disease





Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-experienced HCV GT 1 ION-2 Study: Results for Ledipasvir-Sofosbuvir

ION-2: SVR12 by Treatment Regimen and Liver Disease

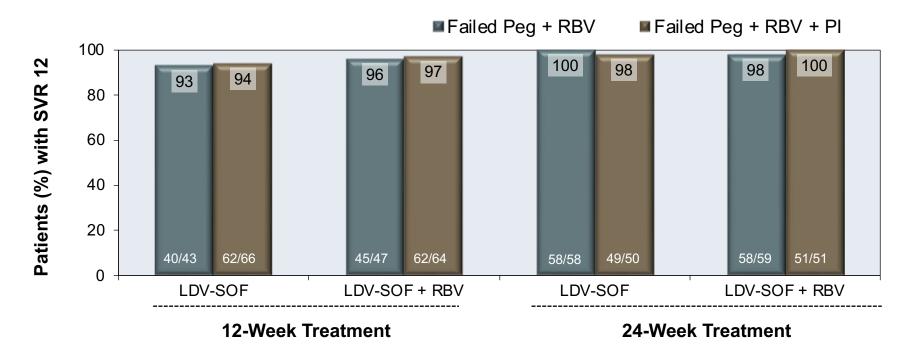


Note: subgroup results do not include patients who withdrew consent or were lost to follow-up



Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-experienced HCV GT 1 ION-2 Study: Results

ION-2: SVR12 by Prior Treatment Regimen





Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-experienced HCV GT 1 ION-2 Study: Resistance Data

- NS5B S282T variant (reduces susceptibility to sofosbuvir)
 - Not observed in any patients at baseline or after treatment
- NS5A resistant variants
 - Baseline resistance in 62 (14%) of 439 patients tested
 - SVR12 in 55 (89%) of 62 patients with NS5A resistance
 - All 11 patients with viral relapse had detectable NS5A resistant variants at relapse

NS3/4A resistant variants

- Baseline resistance in 163 (71%) of 228 patients tested
- SVR12 in 159 (98%) of 163 patients with resistance

Ledipasvir-Sofosbuvir +/- Ribavirin in Treatment-Experienced HCV GT 1 ION-2 Study: Conclusions

Conclusions: "Treatment with a once-daily, single-tablet regimen of ledipasvir and sofosbuvir resulted in high rates of sustained virologic response among patients with HCV genotype 1 infection who had not had a sustained virologic response to prior interferon-based treatment."



Acknowledgments

Hepatitis C Online is funded by a cooperative agreement from the Centers for Disease Control and Prevention (CDC-RFA- PS21-2105). This project is led by the University of Washington Infectious Diseases Education and Assessment (IDEA) Program.







The contents in this presentation are those of the author(s) and do not necessarily represent the official position of views of, nor an endorsement, by the Centers for Disease Control and Prevention.