

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-4 POLARIS-4

Note: POLARIS-4 published in tandem with POLARIS-1

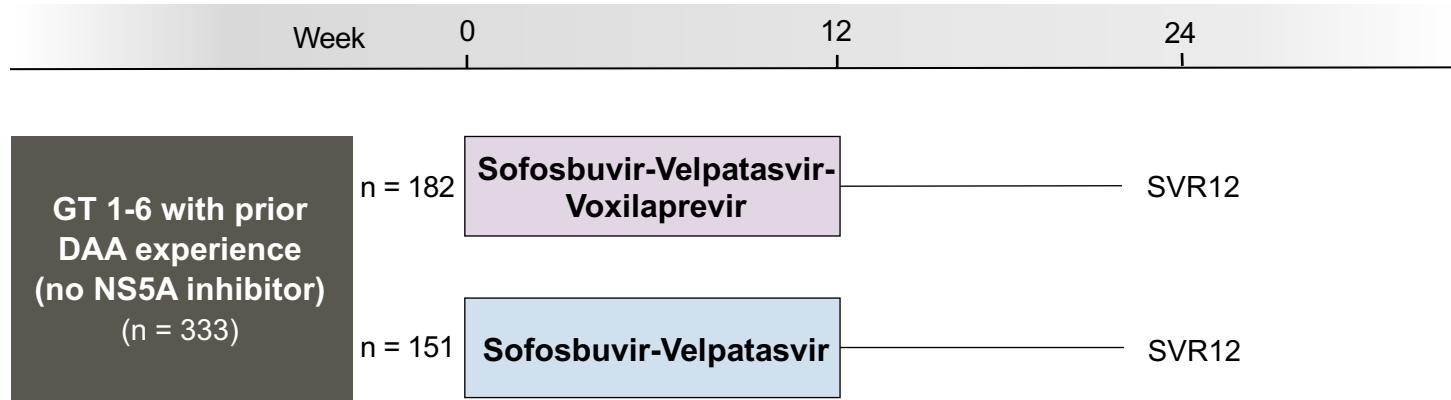
Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-4

POLARIS-4: Study Features

- **Design:** Open-label, randomized, active-comparator, phase 3 trial to compare efficacy of a fixed-dose combination of sofosbuvir-velpatasvir-voxilaprevir versus sofosbuvir-velpatasvir for 12 weeks in DAA-experienced patients who had not received prior NS5A inhibitor.
- **Setting:** 102 sites in United States, Canada, Europe, Australia, and New Zealand
- **Entry Criteria**
 - Age ≥ 18 years
 - Chronic HCV GT 1-6 (enrolled only GT 1-4)
 - HCV RNA $\geq 10,000$ IU/mL at screening
 - DAA experienced (excluding prior NS5A use)
 - Patients with compensated cirrhosis allowed
- **Primary End Point:** SVR12

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-6

POLARIS-4: Study Design



GT 1, 2, 3 participants randomized 1:1. Stratified by presence of cirrhosis.
GT4 participants were assigned to active arm (and not randomized).
No GT 5, 6 participants were enrolled.

Drug Dosing

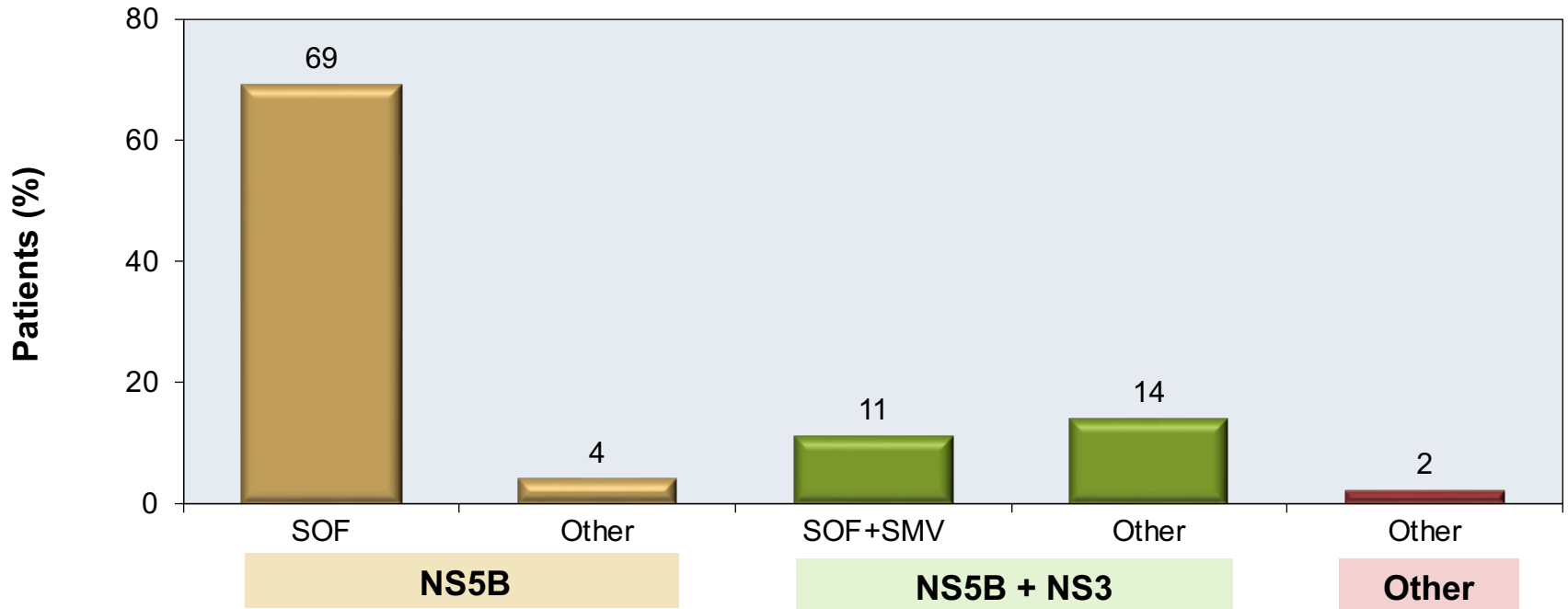
Sofosbuvir-Velpatasvir-Voxilaprevir (400/100/100 mg): fixed dose combination; one pill once daily
Sofosbuvir-Velpatasvir (400/100 mg): fixed dose combination; one pill once daily

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-3

POLARIS-4: Baseline Characteristics

Baseline Characteristics	SOF-VEL-VOX x 12 weeks (n = 182)	SOF-VEL x 12 weeks (n = 151)
Age, mean (range)	57 (25-85)	57 (24-80)
Male, n (%)	143 (79)	114 (75)
White, n (%)	160 (88)	131 (87)
Genotype, %		
1	78 (43)	66 (44)
1a	54 (30)	44 (29)
1b	24 (13)	22 (15)
2	31 (17)	33 (22)
3	54 (30)	52 (34)
4	19 (10)	0
Body mass index, mean, kg/m ² (range)	29 (18-45)	29 (18-53)
Mean HCV RNA, log ₁₀ IU/mL (range)	6.3 ± 0.6	6.3 ± 0.7
IL28B CC, n (%)	33 (18)	29 (19)
Cirrhosis, n (%)	84 (46)	69 (46)

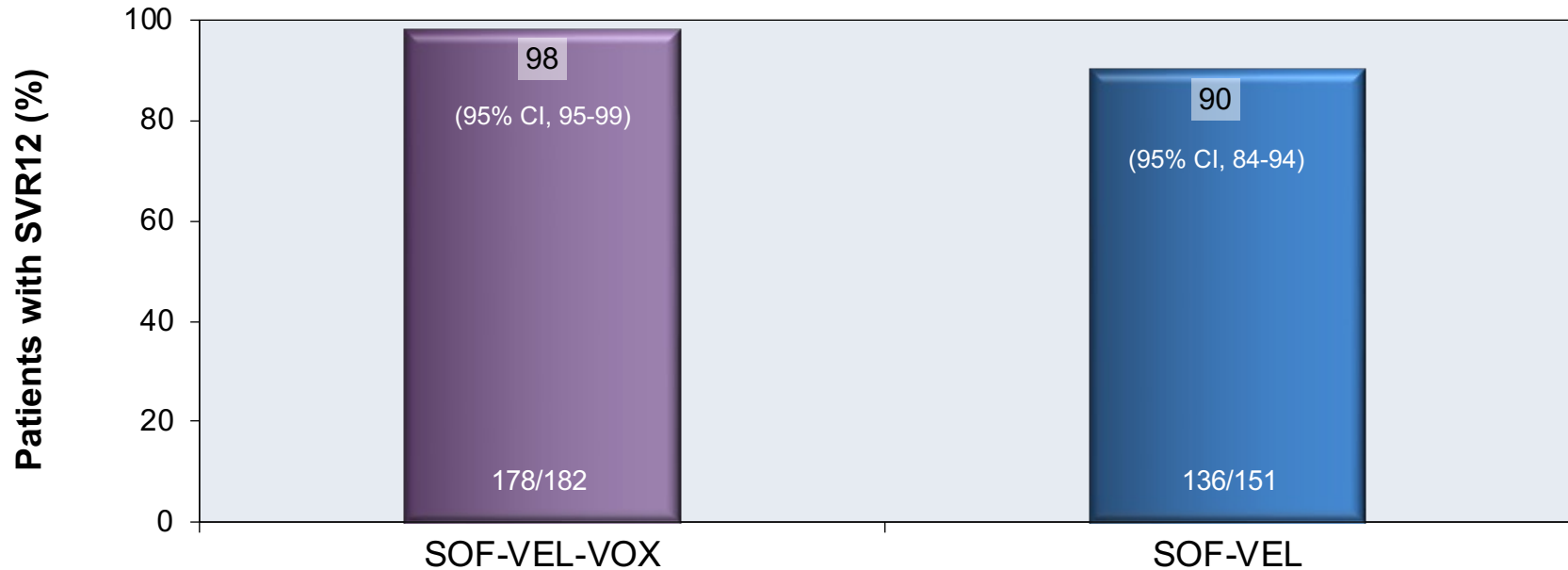
Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-3 POLARIS-4: Prior HCV Treatment



Other NS5B included mericitabine (n = 7); other NS5B plus NS3 included deleobuvir plus faldaprevir (n = 14), mericitabine plus danoprevir (n = 8), and sofosbuvir plus telaprevir (n = 6); one patient without prior DAA exposure is excluded.

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-6 POLARIS-4: Results

POLARIS-4: Overall SVR12 by Treatment Arm

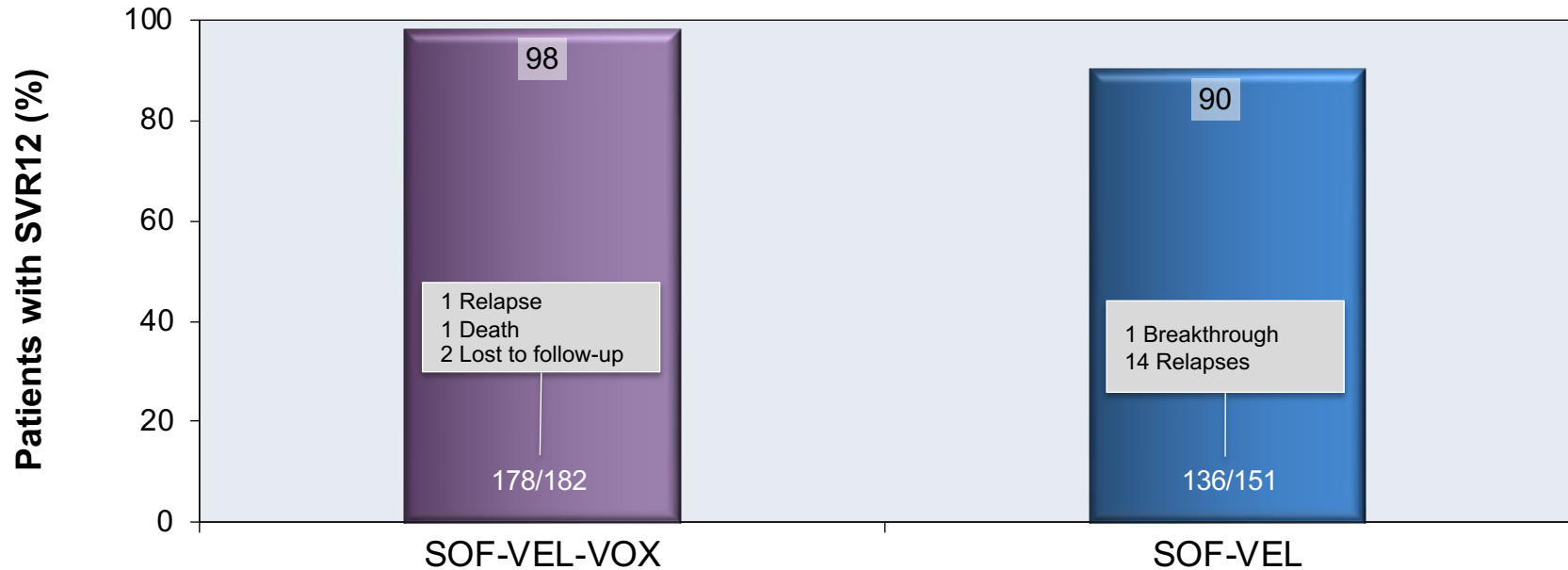


Abbreviations: SOF, sofosbuvir; VEL, velpatasvir; VOX, voxilaprevir

P<0.001 for superiority compared with prespecified 85% performance goal for SOF-VEL-VOX

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-6 POLARIS-4: Results

POLARIS-4: Overall SVR12 by Treatment Arm



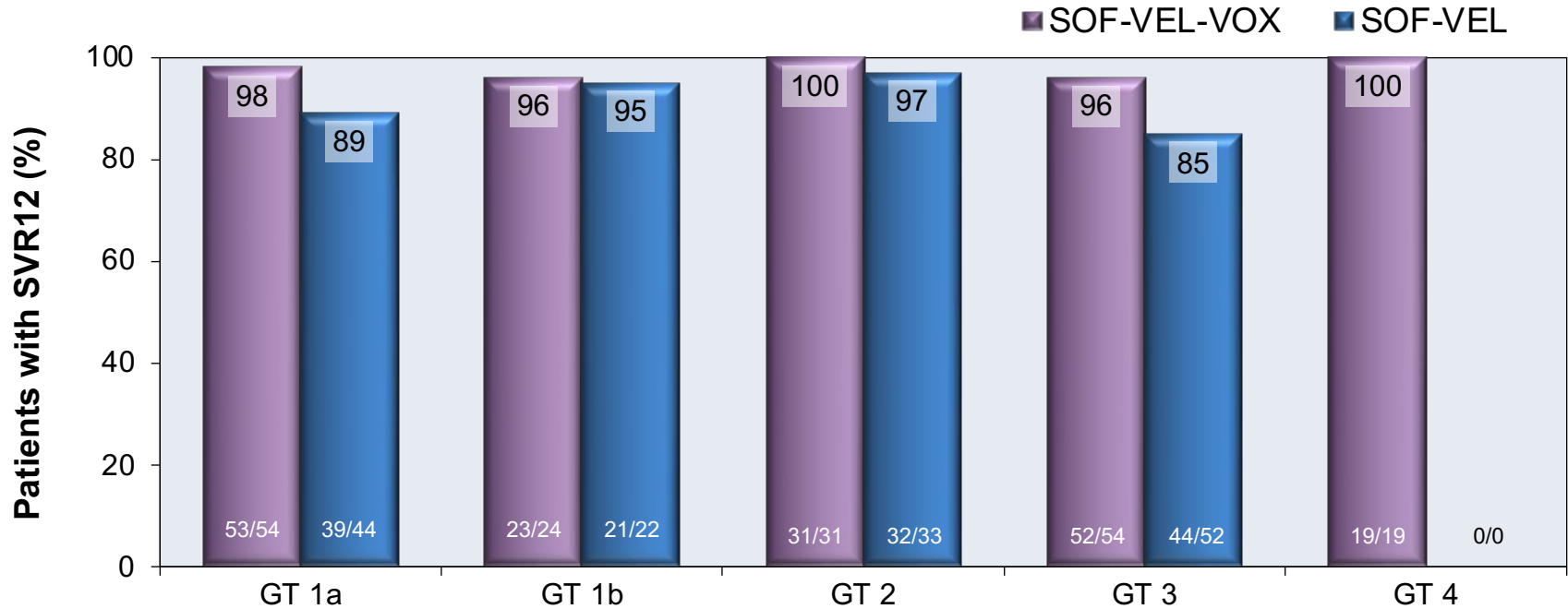
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Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-6

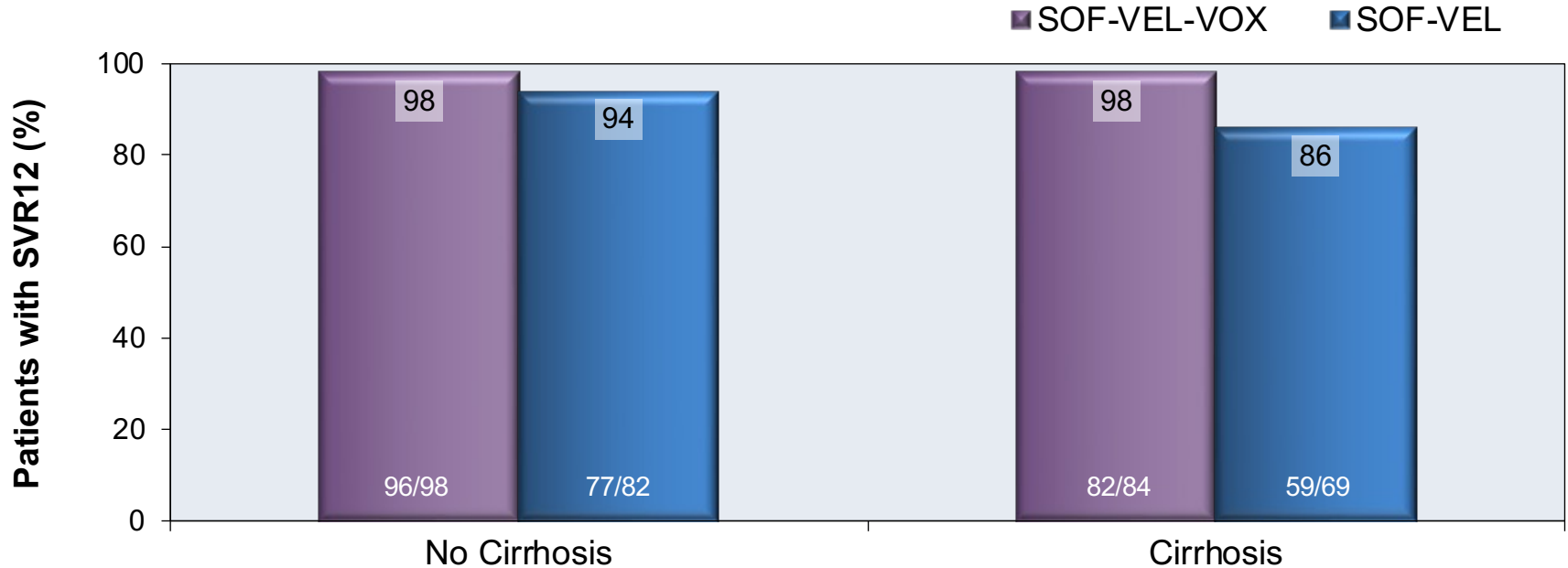
POLARIS-4: Results

POLARIS-4: SVR12 by Genotype



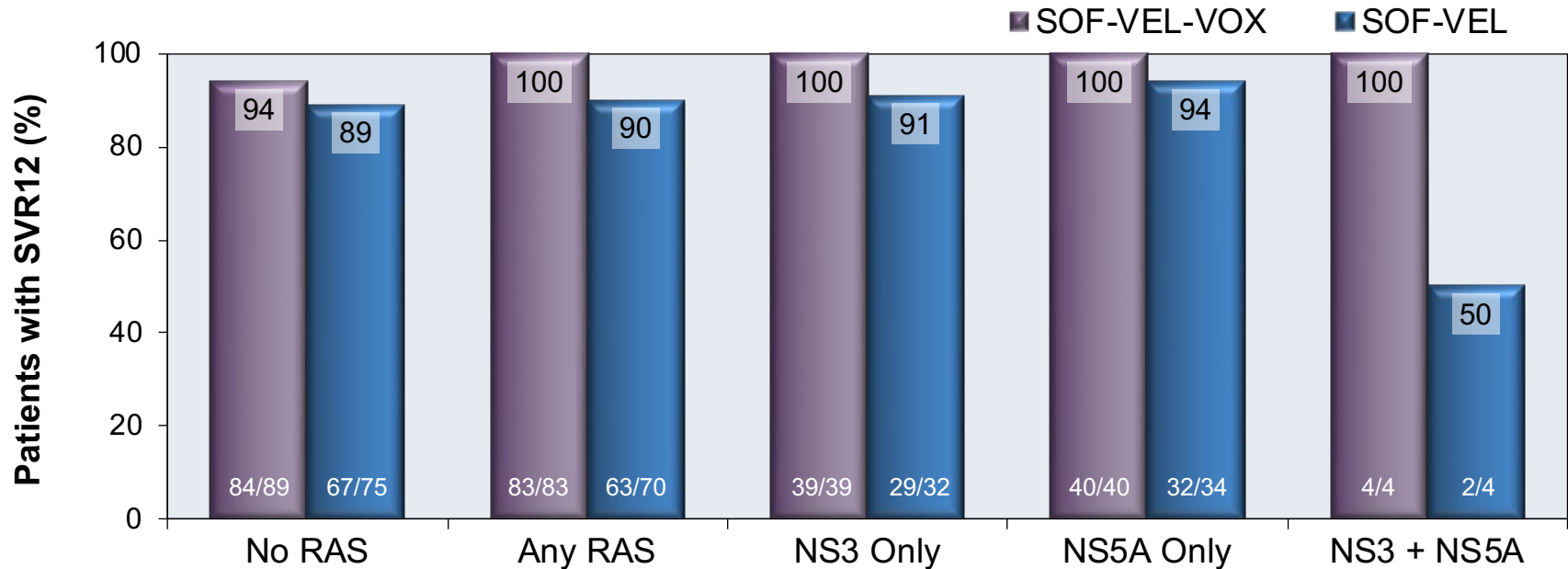
Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-6 POLARIS-4: Results

POLARIS-4: SVR12 by Cirrhosis Status



Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-6 POLARIS-4: Results

POLARIS-4: Overall SVR by Baseline RAS



n = 22 patients had NS5B RASs – all went on to achieve SVR12.

No treatment-emergent RASs noted in the viral relapser on SOF-VEL-VOX. In SOF-VEL group, 10/15 developed Y93H or Y93C.

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-3

POLARIS-4: Adverse Events

Adverse Event (AE), n (%)	SOF-VEL-VOX x 12 weeks (n = 182)	SOF-VEL x 12 weeks (n = 151)
Discontinuation due to AE	0	1 (<1)
Serious AE	4 (2)	4 (3)
Deaths	1 (1)	0
AE in ≥5% of patients		
Headache	50 (27)	43 (28)
Fatigue	43 (24)	43 (28)
Diarrhea	36 (20)	7 (5)
Nausea	22 (12)	12 (8)
Laboratory AEs (Grade 3-4)	11 (6)	10 (7)

Abbreviations: SOF, sofosbuvir; VEL, velpatasvir; VOX, voxilaprevir

§ One death in SOF-VEL-VOX group due to illicit drug overdose.

Sofosbuvir-Velpatasvir-Voxilaprevir in DAA-Experienced GT 1-3 POLARIS-1 and POLARIS-4: Conclusions

Conclusions: “Sofosbuvir-velpatasvir-voxilaprevir taken for 12 weeks provided high rates of sustained virologic response among patients across HCV genotypes in whom treatment with a DAA regimen had previously failed.”

Acknowledgments

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