Sofosbuvir-Velpatasvir +/- Ribavirin in HCV GT 3 and Cirrhosis

HCV GT 3 Cirrhosis Study (Spain)

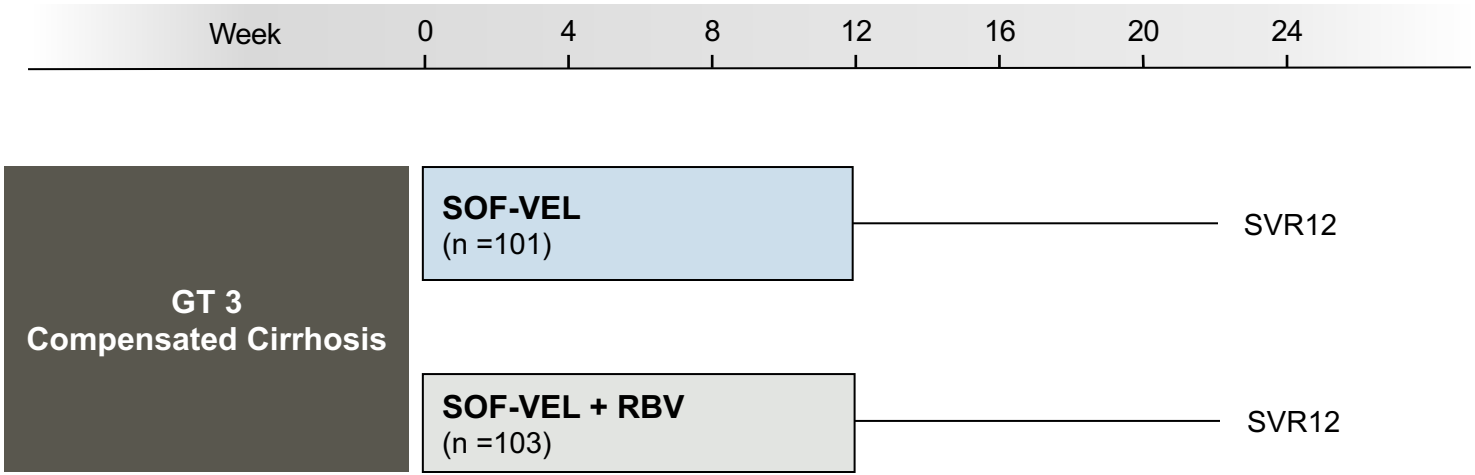
Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis
Study Features

- **Design**: Randomized, open-labeled, phase 2 trial to evaluate the safety and efficacy of the fixed-dose combination of sofosbuvir-velpatasvir for 12 weeks with or without ribavirin in treatment-naïve or treatment-experienced adults with GT 3 chronic HCV infection and compensated cirrhosis
- **Setting**: 29 sites in Spain
- **Key Eligibility Criteria**
  - Chronic HCV GT3
  - Age ≥18 years
  - Naïve or treated with peginterferon +/- ribavirin (PR) or PR +/- sofosbuvir
  - Compensated cirrhosis
  - HIV coinfection allowed
- **Primary End Point**: SVR12

Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis Study Design



Abbreviations: SOF-VEL, Sofosbuvir-velpatasvir, RBV, Ribavirin

Drug Dosing: Sofosbuvir-velpatasvir (400/100 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

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Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis
Baseline Characteristics

Baseline Characteristics	SOF-VEL (n = 101)	SOF-VEL + RBV (n = 103)
Age, mean years (standard deviation, SD)	51 (7.3)	51 (7.6)
Male, n (%)	75 (74)	87 (85)
Race, n (%) White Asian	 84 (83) 17 (17)	 95 (92) 9 (8)
Body mass index, mean kg/m^2 (SD)	27 (5.1)	27 (4.9)
HCV RNA, mean $\log_{10}$ IU/mL (SD)	6.2 (0.64)	6.3 (0.56)
Non-CC IL28B genotype, n (%)	36 (36)	50 (49)
Prior Treatment, n (%) DAA +/- Peg-IFN +/- RBV Peg-IFN + RBV Other (IFN +/- RBV or Peg-IFN alone)	 1 (1) 14 (14) 12 (12)	 2 (2) 18 (17) 8 (8)
Platelets (x 10^3/μL), mean (SD)	150 (62)	148 (69)
HIV coinfection n (%)	16 (16)	14 (14)

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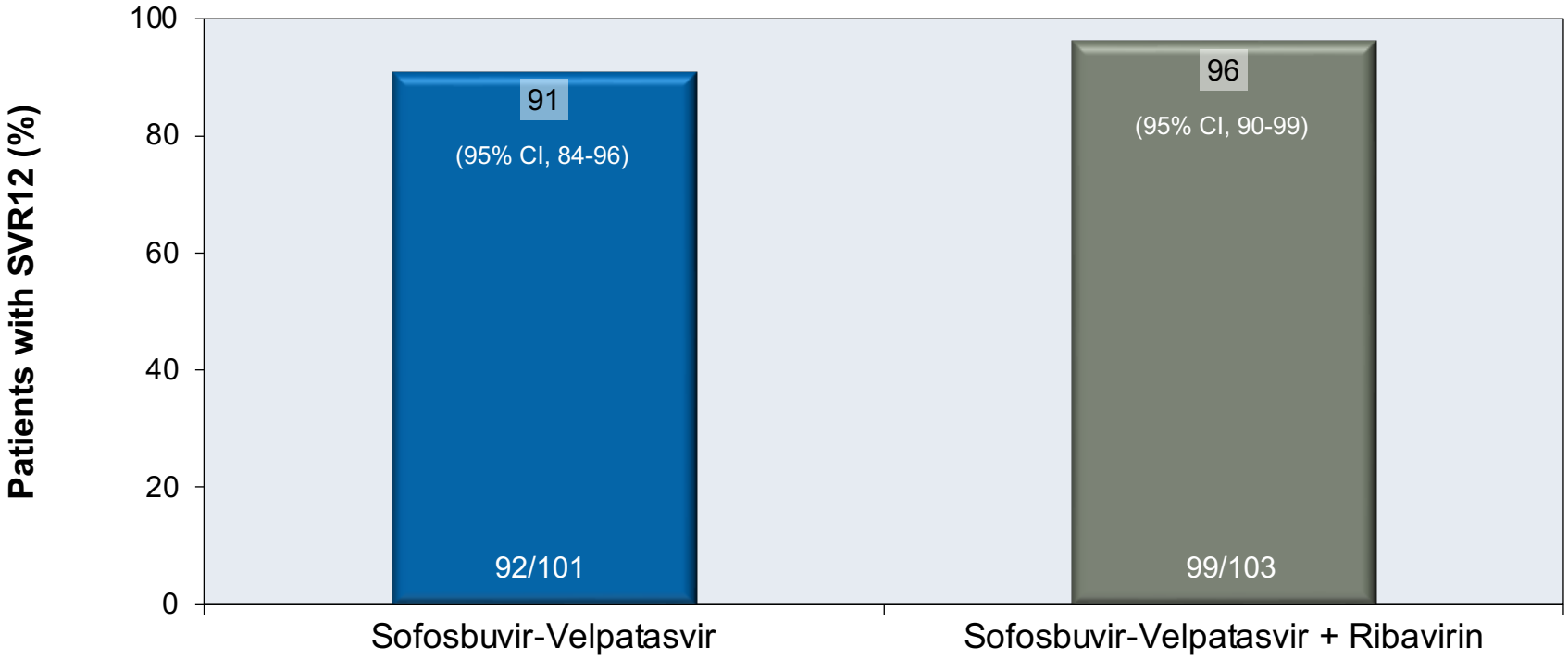
Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis
Results: ITT Analysis by Treatment Arm



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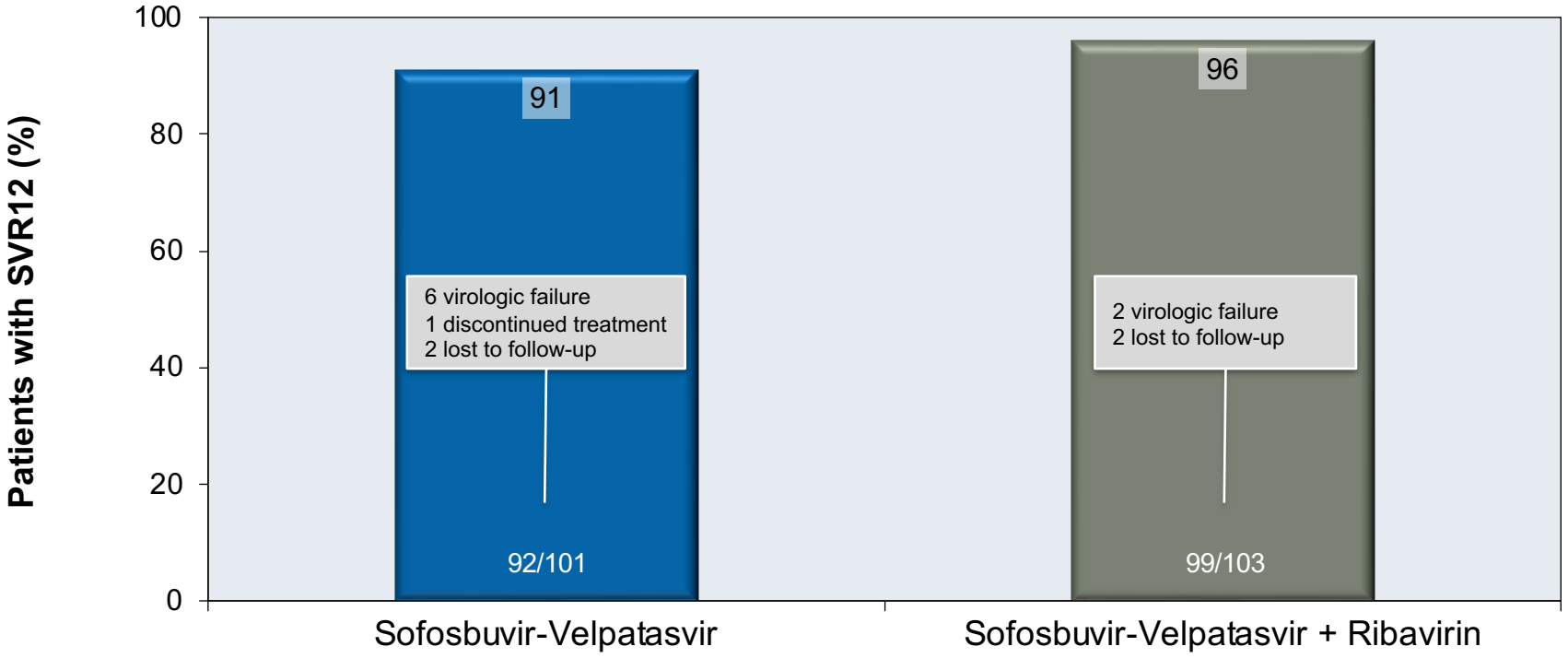
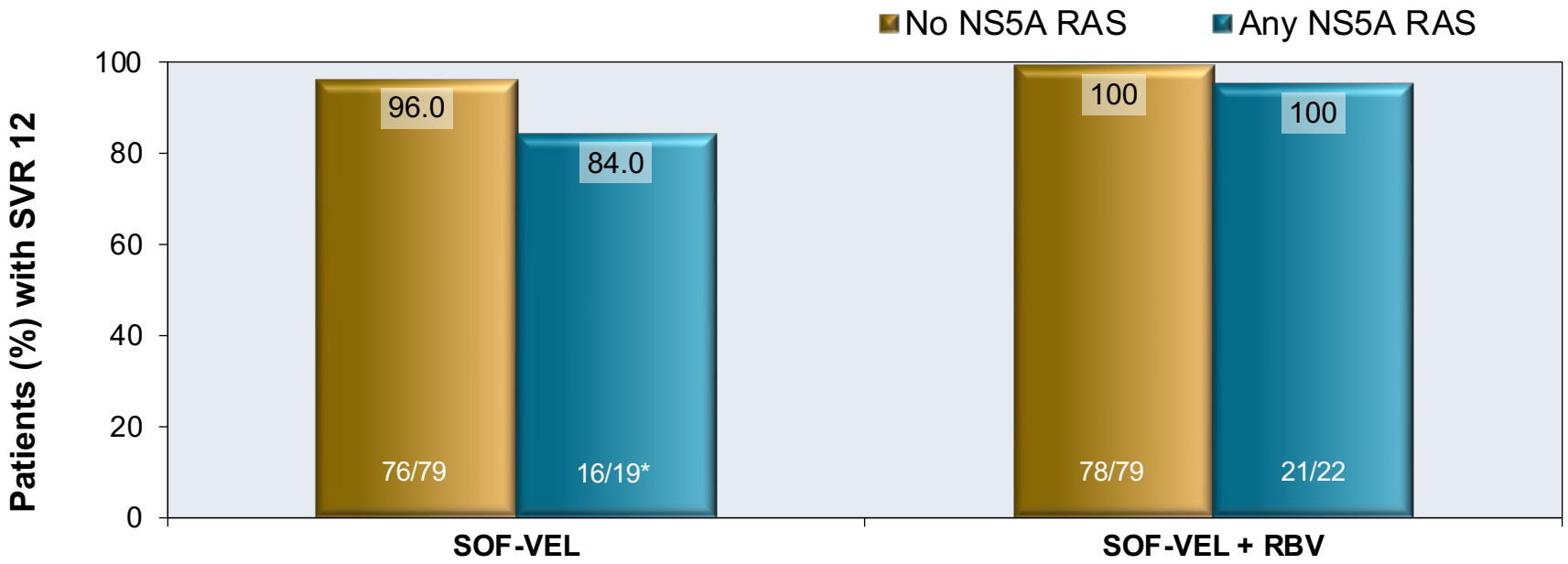
Results: ITT Analysis by Treatment Arm



Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis Results: ITT Analysis by Treatment Arm and NS5A RAS



Abbreviations: RAS, resistance-associated variant; SOF-VEL, sofosbuvir-velpatasvir; RBV, ribavirin.
* All patients with baseline RAS who did not achieve SVR had viral relapse; one had on-treatment failure.

Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis Results: Adverse Events

Adverse Events (AE), n (%)	SOF-VEL (n = 101)	SOF-VEL + RBV (n = 103)
Any AE	48 (48)	77 (75)
Serious AE*	4 (4)	2 (2)
AE leading to SOF-VEL discontinuation	1 (1)	1 (1)
AEs present in ≥10%		
Asthenia	12 (12)	28 (27)
Headache	8 (8)	25 (24)
Insomnia	1 (1)	12 (12)
Deaths	0	0

Abbreviations: SOF-VEL = sofosbuvir-velpatasvir

* SAEs reported in this study were an accident at work, hepatic cancer, hepatocellular carcinoma, limb injury, non-small cell lung cancer, pharyngotonsillitis, and urinary tract infection; all were assessed as unrelated to study drug.

Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis Results: Laboratory Abnormalities

Selected Lab Abnormalities, n (%)	SOF-VEL (n = 101)	SOF-VEL + RBV (n = 103)
Hemoglobin		
< 8.5 g/dL	0	0
<10 g/dL	1 (1)	5 (5)
Lymphocyte		
350 to <500/mm^3	1 (1)	0
<350/mm^3	0	0
Platelets		
25,000 to <50,000/mm^3	1 (1)	1 (1)
<25,000/mm^3	0	0
Total bilirubin		
>2.5-5x ULN	0	2 (2)
>5x ULN	0	0

Abbreviations: ULN, upper limit of normal

Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

Sofosbuvir-Velpatasvir +/- Ribavirin for HCV GT 3 and Cirrhosis Conclusions

Conclusions: “Consistent with findings from previous studies, a high rate of patients (91% and 96%) with genotype 3 HCV infection and compensated cirrhosis achieved an SVR12 with sofosbuvir and velpatasvir, with or without ribavirin. Of patients treated with sofosbuvir and velpatasvir without ribavirin, fewer patients with baseline NS5A RASs achieved an SVR12 compared with patients without baseline NS5A.”

Source: Esteban R, et al. Gastroenterol. 2018;155:1120-27.e4.

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.

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