

Ribavirin: Farewell to an unsung hero?

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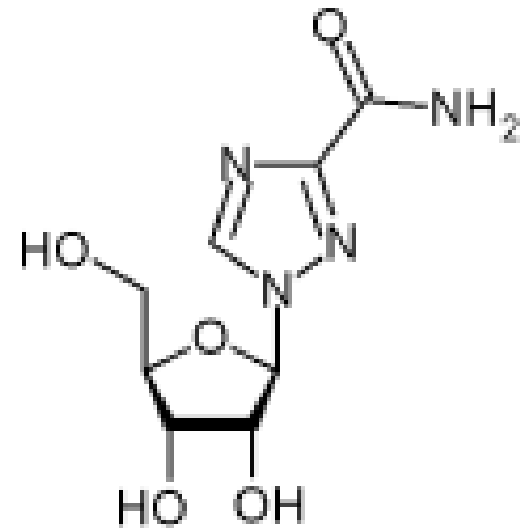
Divisions of Infectious Disease and Gastroenterology/Hepatology

Johns Hopkins University School of Medicine

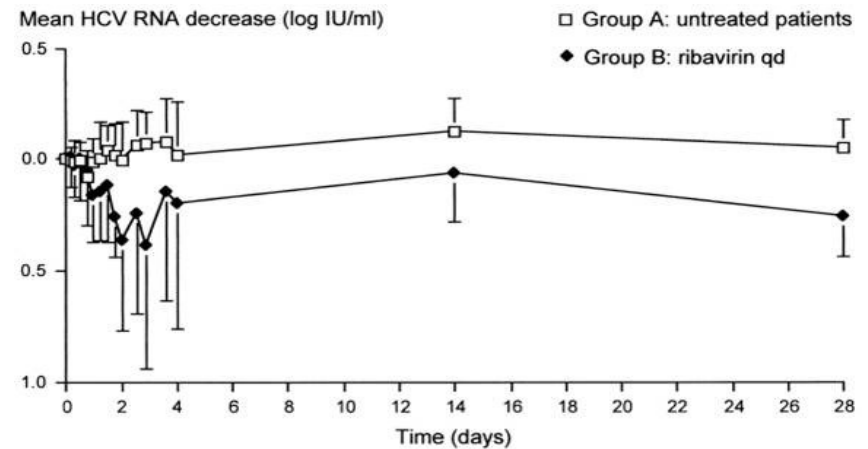
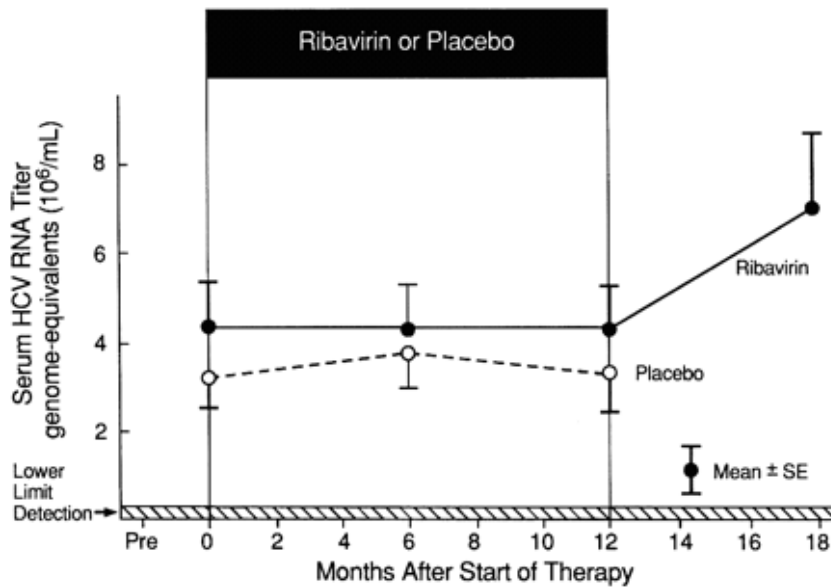
Baltimore, Maryland USA

1-(β -D-Ribofuranosyl)-1H-1,2,4-triazole-3-carboxamide: A Purine nucleoside analogue

- 1970: Synthesis
 - Witkowski JT, Robins RK, Sidwell RW, Simon LN. J Med Chem 1972; 15:1150–1154
- 1972: Antiviral properties recognized
 - Sidwell RW, Huffman JH, Khare GP, Allen LB, Witkowski JT, Robins RK. Broad-spectrum antiviral activity of Virazole: 1-beta-D-ribofuranosyl-1,2,4-triazole-3-carboxamide. Science 1972; 177:705–706
- 1980: Aerosolized RBV approved for RSV
- Mid 1980s: Fails for HIV
- Early 1990s: Fails for HBV and HCV
- 1994 – 1998: Succeeds with IFN
- 2004: RBV dose response established for genotype 1
- 2011 - current: Critical component of PegIFN/RBV + DAA “triple therapy”
- 2013: Sofosbuvir + Ribavirin – the first approved “all oral” regimen



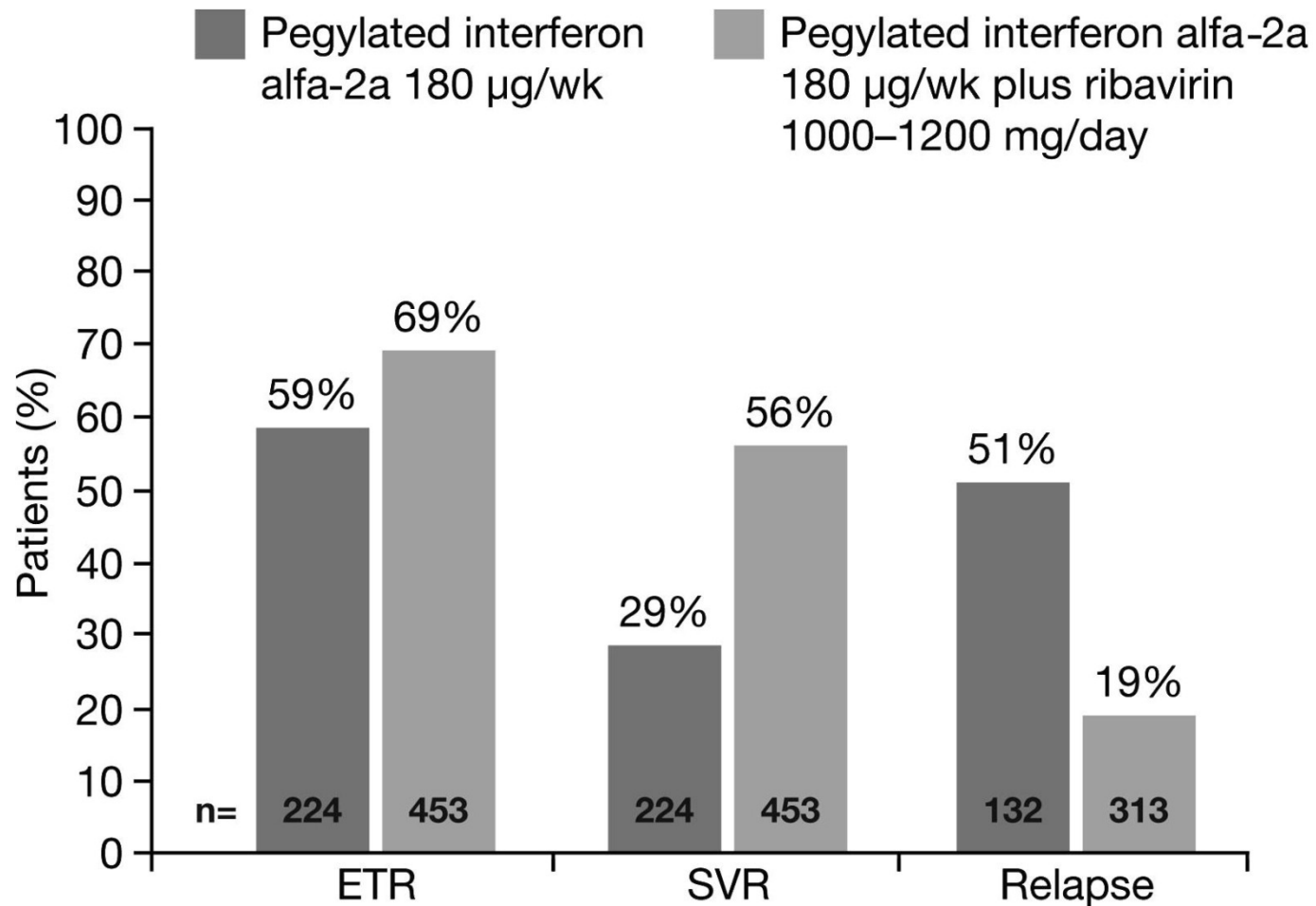
RBV alone has minimal suppression on HCV RNA levels and does not select for resistant HCV variants



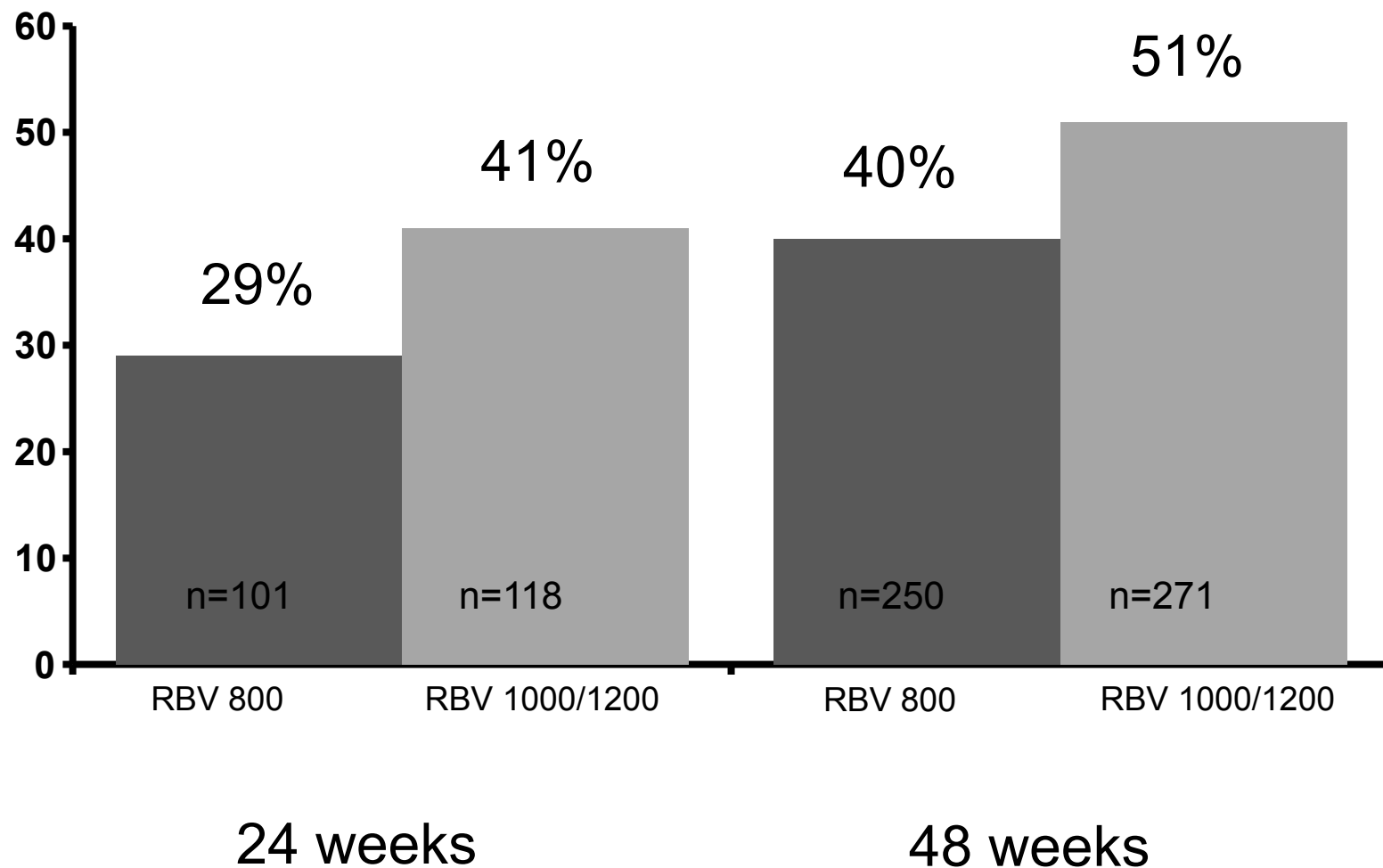
Consistent effect of RBV on HCV RNA response with IFN

Study	Population	Regimen	Magnitude of RBV effect
McHutchison 1998	All	IFN alfa-2b	+ 25%
Poynard 1998	All	IFN alfa-2b	+ 24%
Fried 2002	All	PegIFN alfa-2a	+ 27%
Hadziyannis 2004	Geno 1	PegIFN alfa-2a 1000/1200 versus 800 mg/d	+ 11.9% with higher dose
R1626	Geno 1	PegIFN alfa-2a + R1626 1500 mg	+ 48% (week 4)
PROVE 2	Geno 1	PegIFN alfa-2a + TVR	+ 26% (12 weeks of therapy)
PROVE 3	Geno 1 Treatment experienced	PegINF alfa-2a + TVR	+ 31% (24 weeks of therapy)

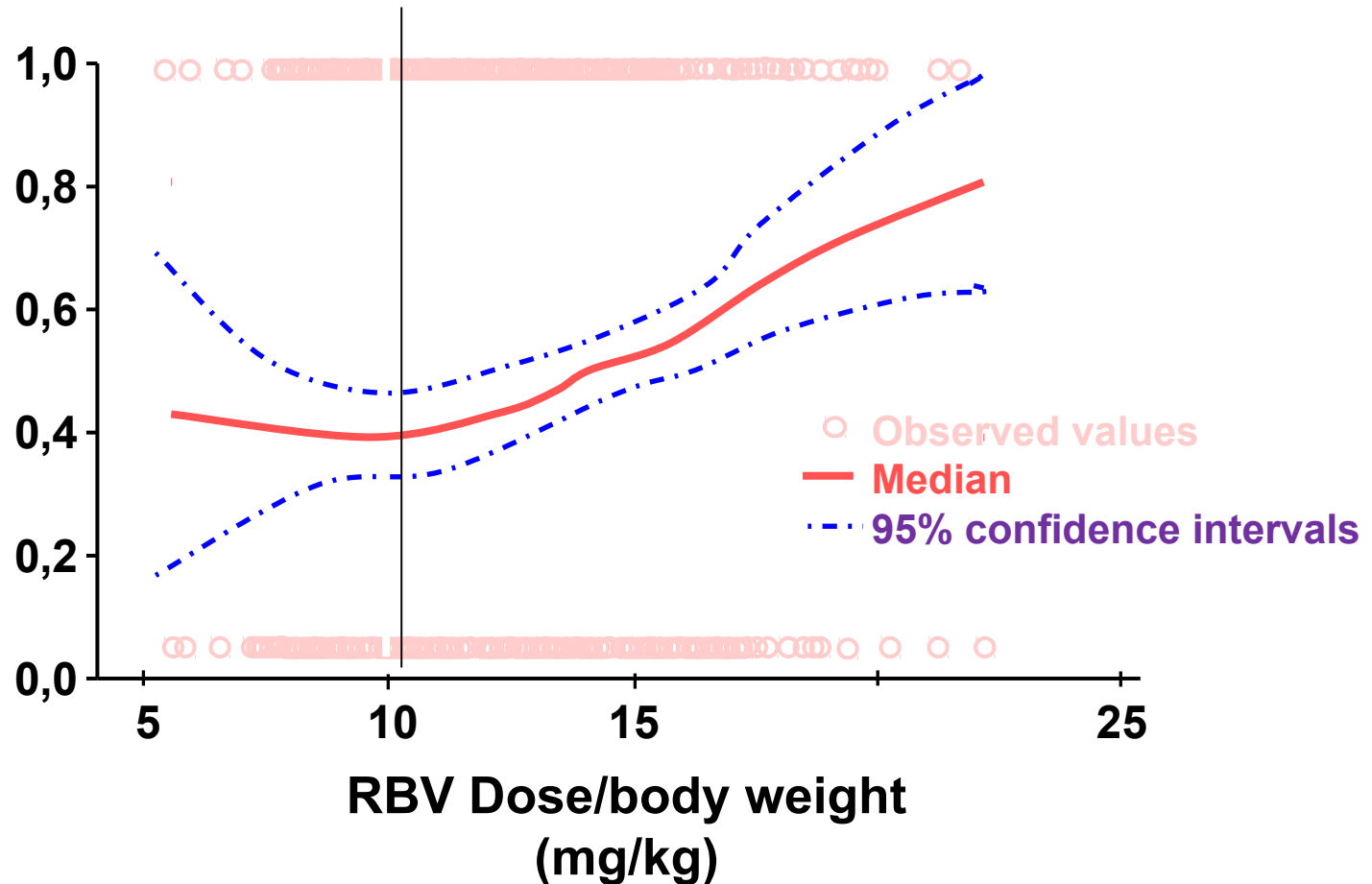
RBV increases EOT response and reduces viral relapse



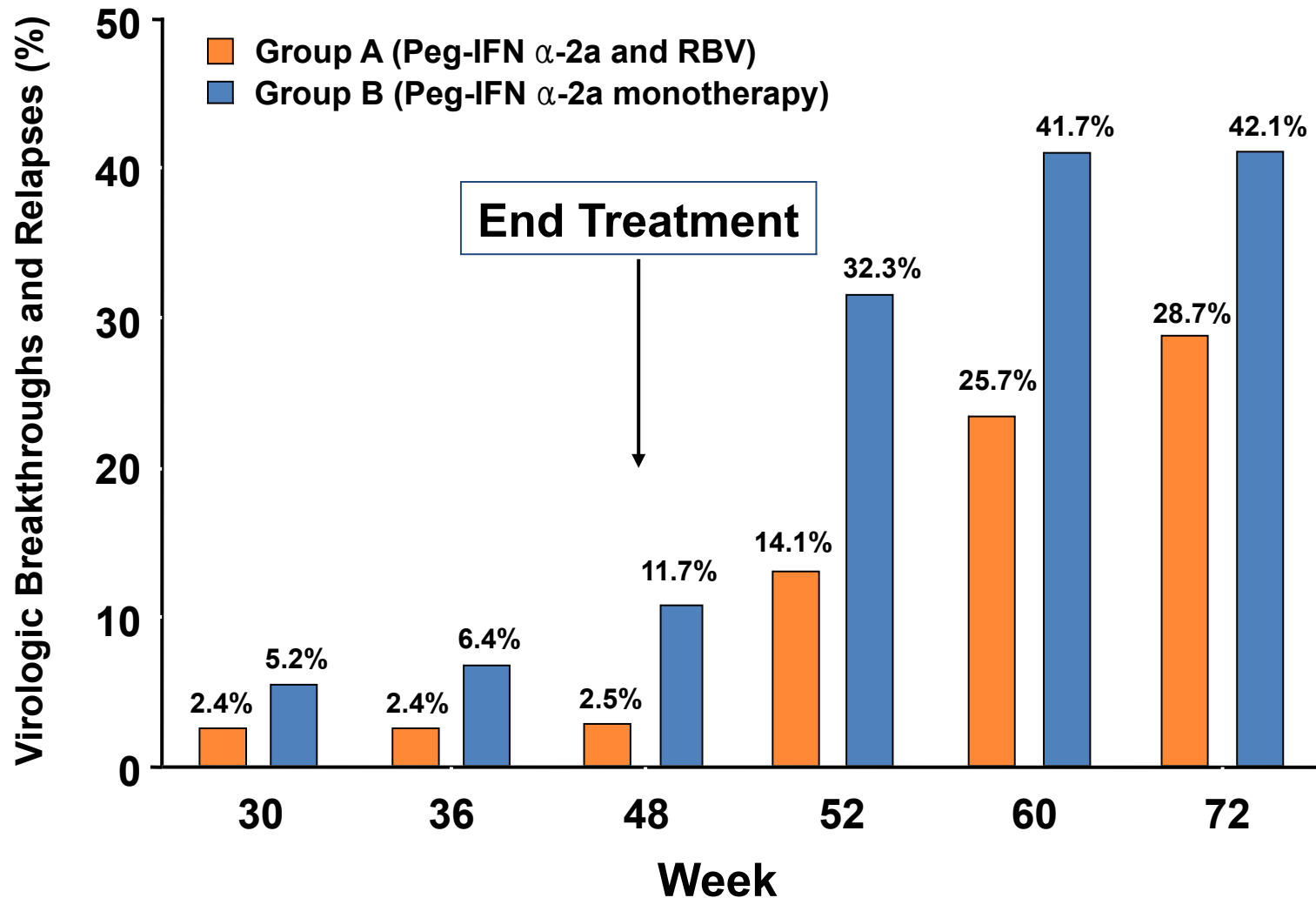
RBV dose and genotype 1



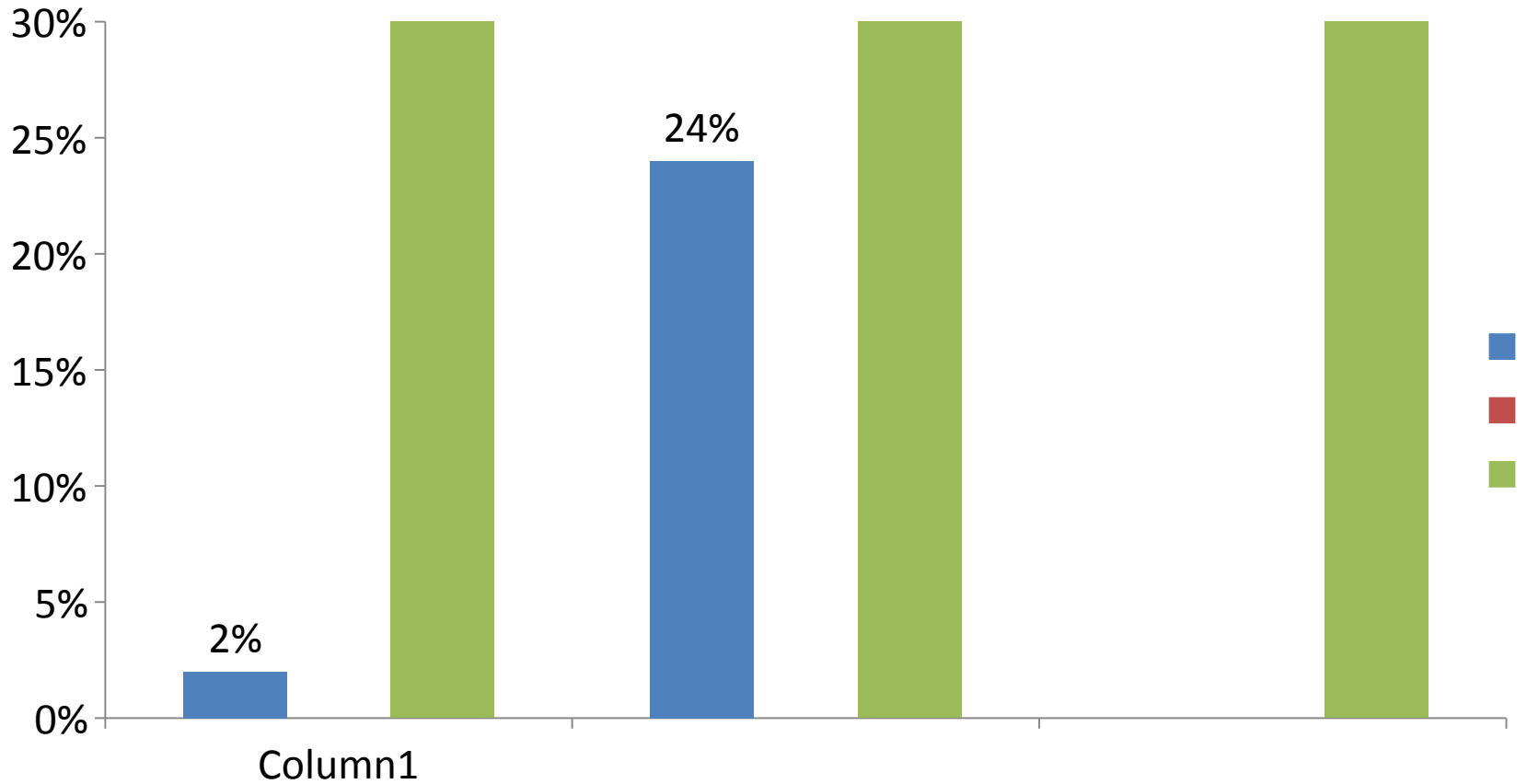
Dose response relationship with PegIFN α -2a and RBV: Genotype 1



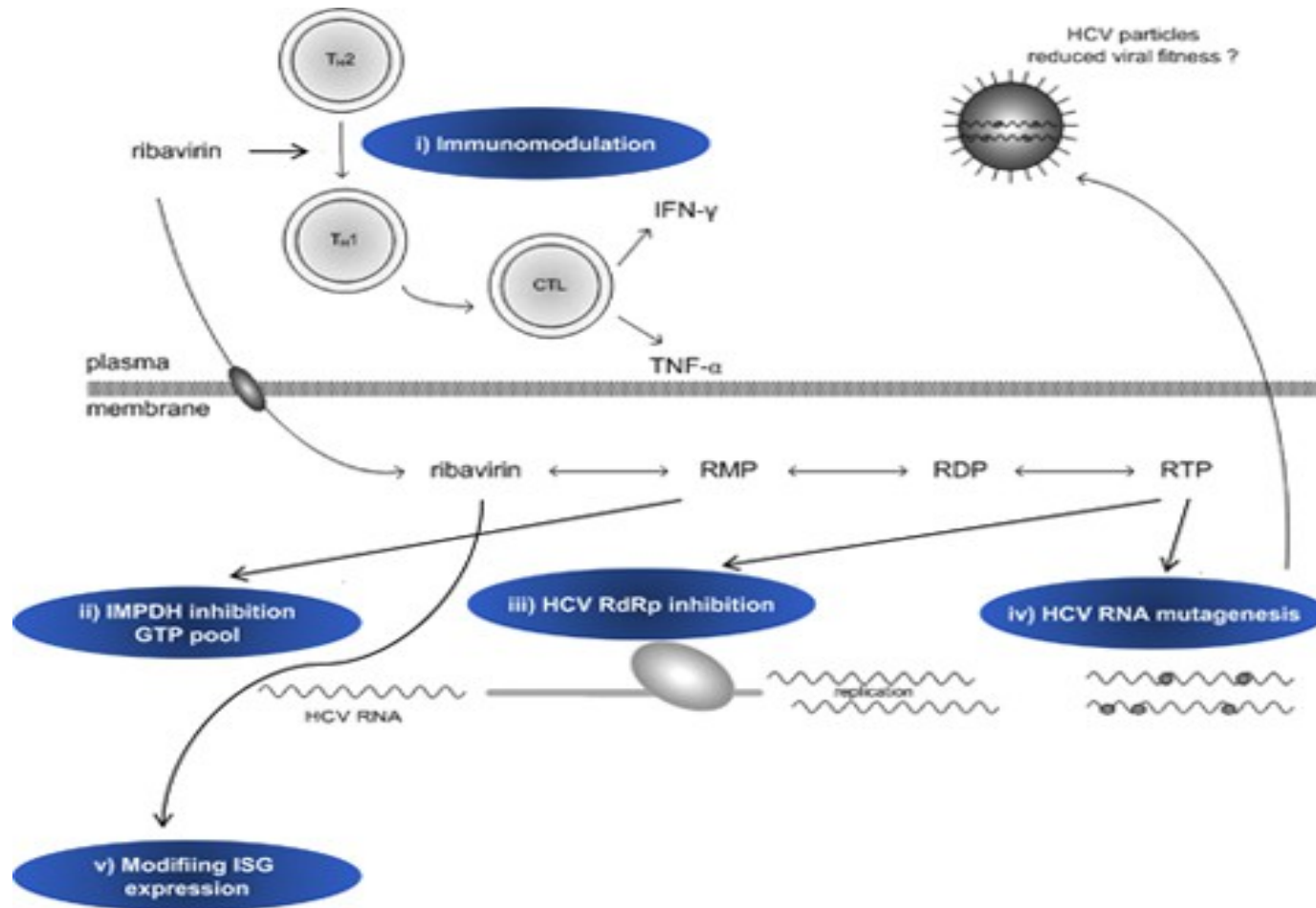
Effect of Discontinuing RBV in Patients Responding to Therapy: Virologic Breakthroughs and Relapses



PROVE-2: RBV significantly reduces selection of Telaprevir resistant HCV variants



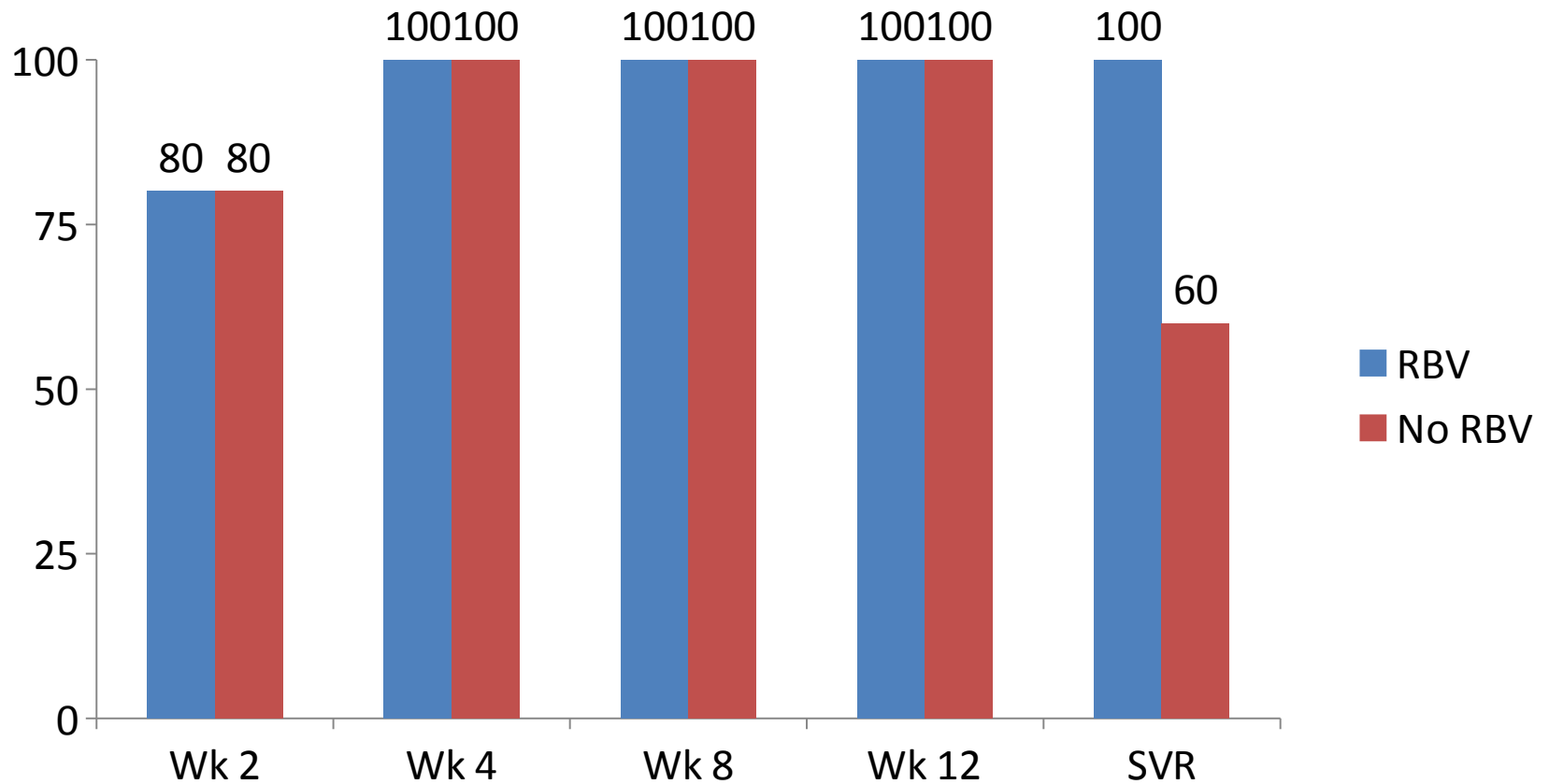
Proposed RBV mechanism of action



“If the lack of effect of RBV could be shown for combinations of effective small molecule HCV inhibitors, we can stop arguing about RBV’s mode of action and simply remove it from future therapies”

- Perelson and Layden, Gastroenterology May 2007

ELECTRON: Sofosbuvir with or without RBV for genotype 2 or 3

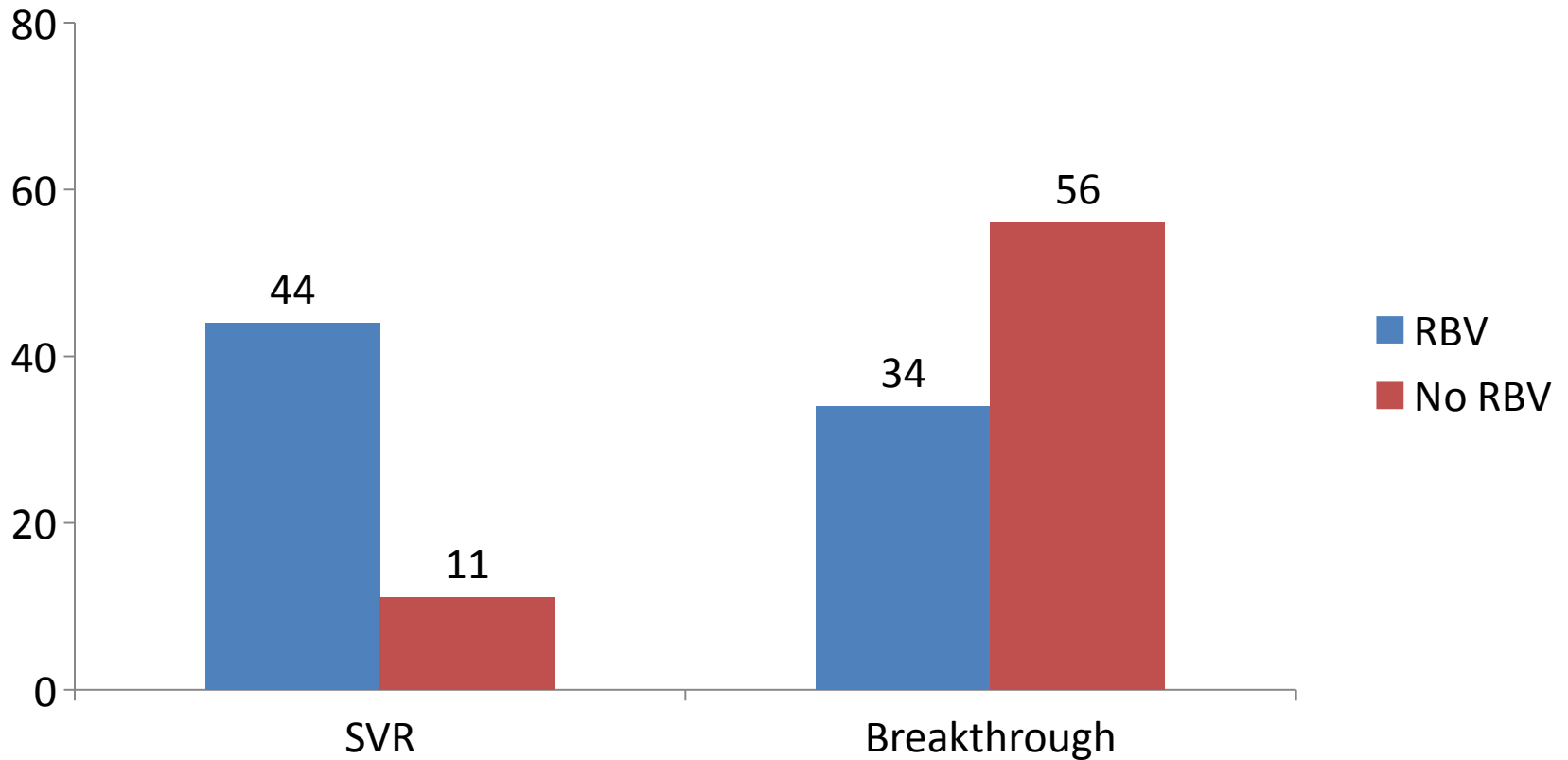


Sofosbuvir for Previously Untreated Chronic Hepatitis C Infection: RBV exposure is associated with SVR

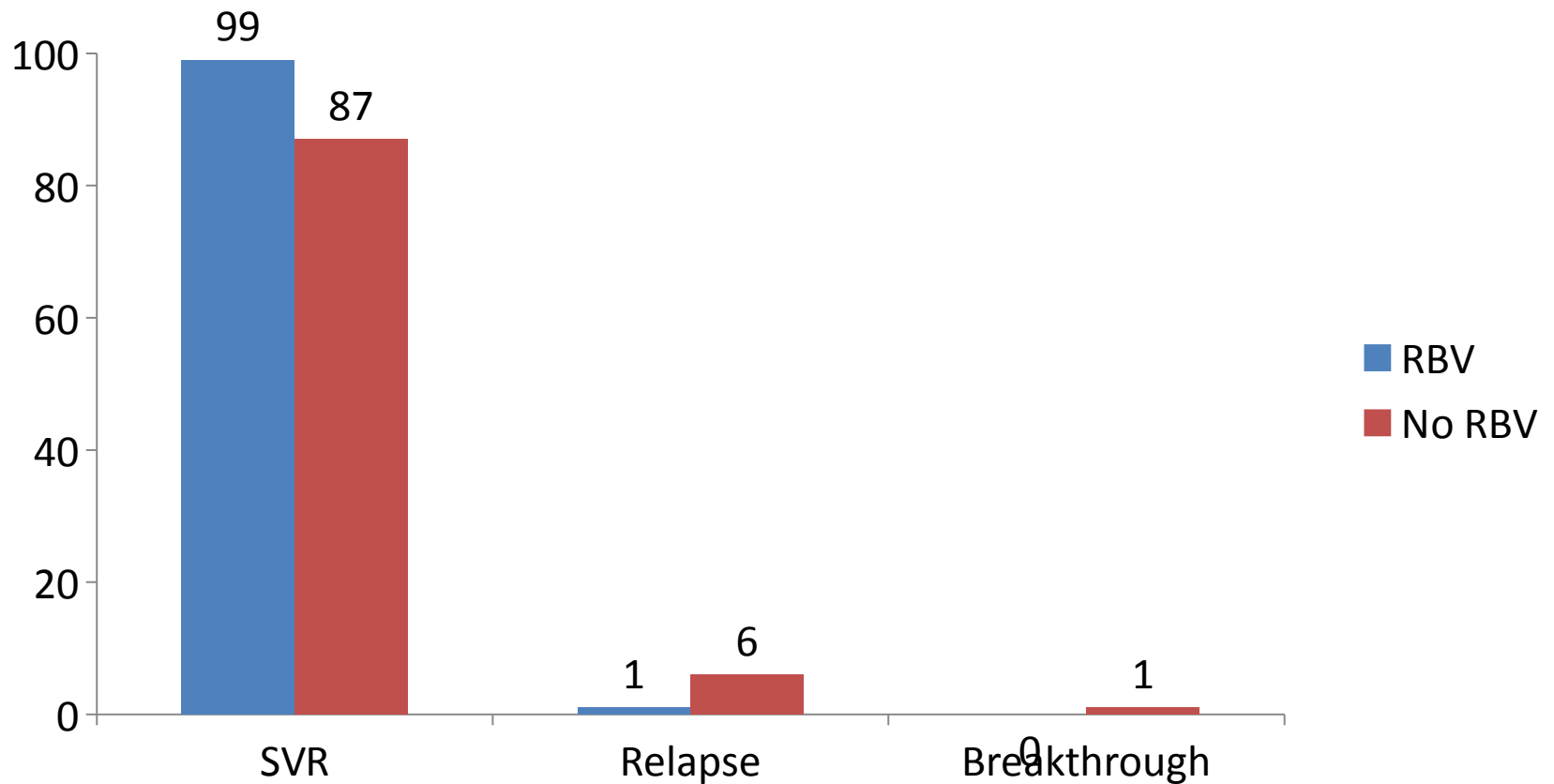
Table S8. Multivariate Logistic Regression in Assessing Factors Associated With SVR12 in SOF + RBV Patients in FISSION: Full Analysis Set

Variable	Odds Ratio	95% Confidence Limit	2-Sided <i>P</i> value
HCV genotype: 2 vs 3	42.486	(9.539, 189.239)	<0.0001
Cirrhosis: no vs yes	2.935	(1.377, 6.257)	0.005
Baseline HCV RNA: < vs $\geq 6 \log_{10}$ IU/mL	2.325	(1.237, 4.368)	0.009
RBV exposure, mg/kg/d	1.258	(1.088, 1.455)	0.002

Faldaprevir and Deleobuvir for HCV Genotype 1a Infection: Role of RBV



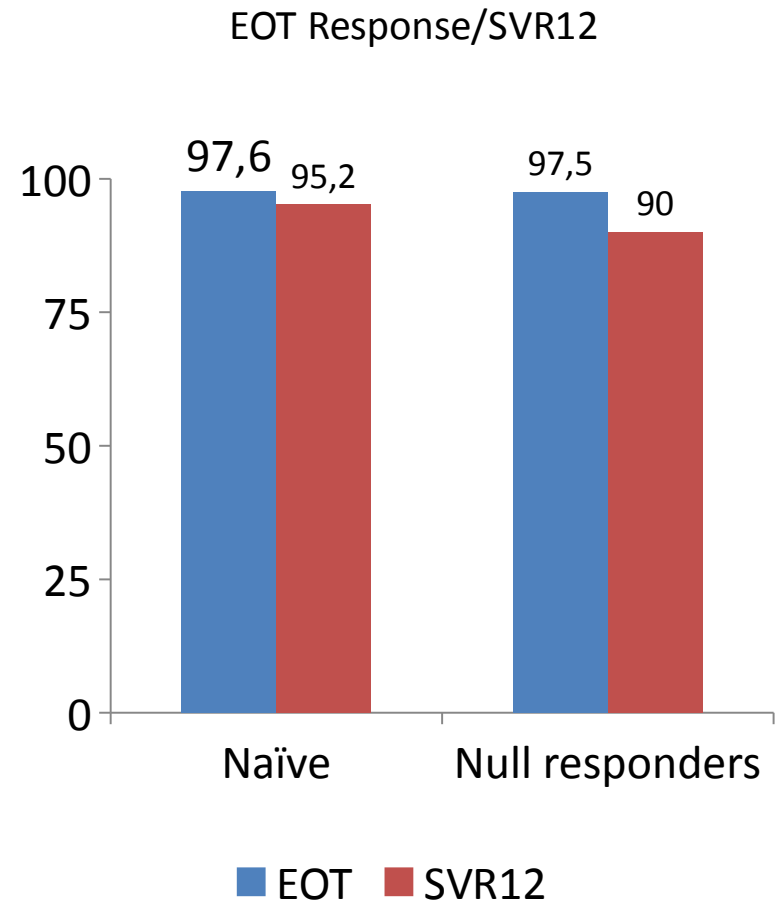
ABT450/r + ABT267 + ABT333 with or without RBV for 12 weeks



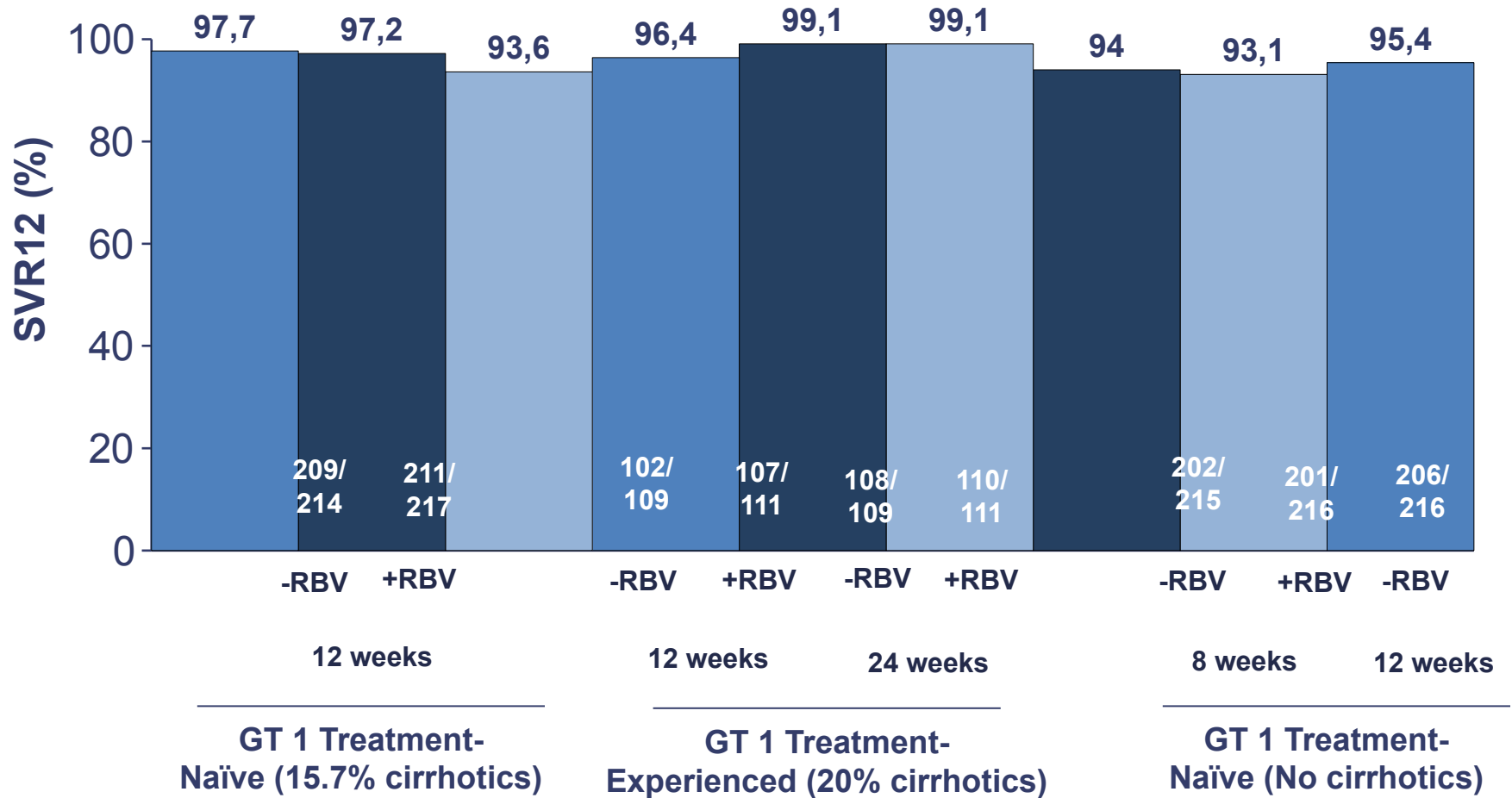
AVIATOR Study in press

ABT-450/r + ABT-267 in genotype 1b-infected, treatment-naïve and null responders patients: PEARL-I

- ABT450/ritonavir/ABT267 x 12 weeks
 - No RBV or non-nucleoside polymerase inhibitor (ABT-333)
- Treatment naïve (n=42) and prior null responders (n=40); All < F4
- Non-SVR patients
 - Naïve: Lost to follow-up, n=2
 - Null responders: Failures, n=4
 - Viral breakthrough, n=1
 - Relapse, n=3
- No discontinuations due to AE
 - Drug interruption due to grade 3 ALT increase, n=1

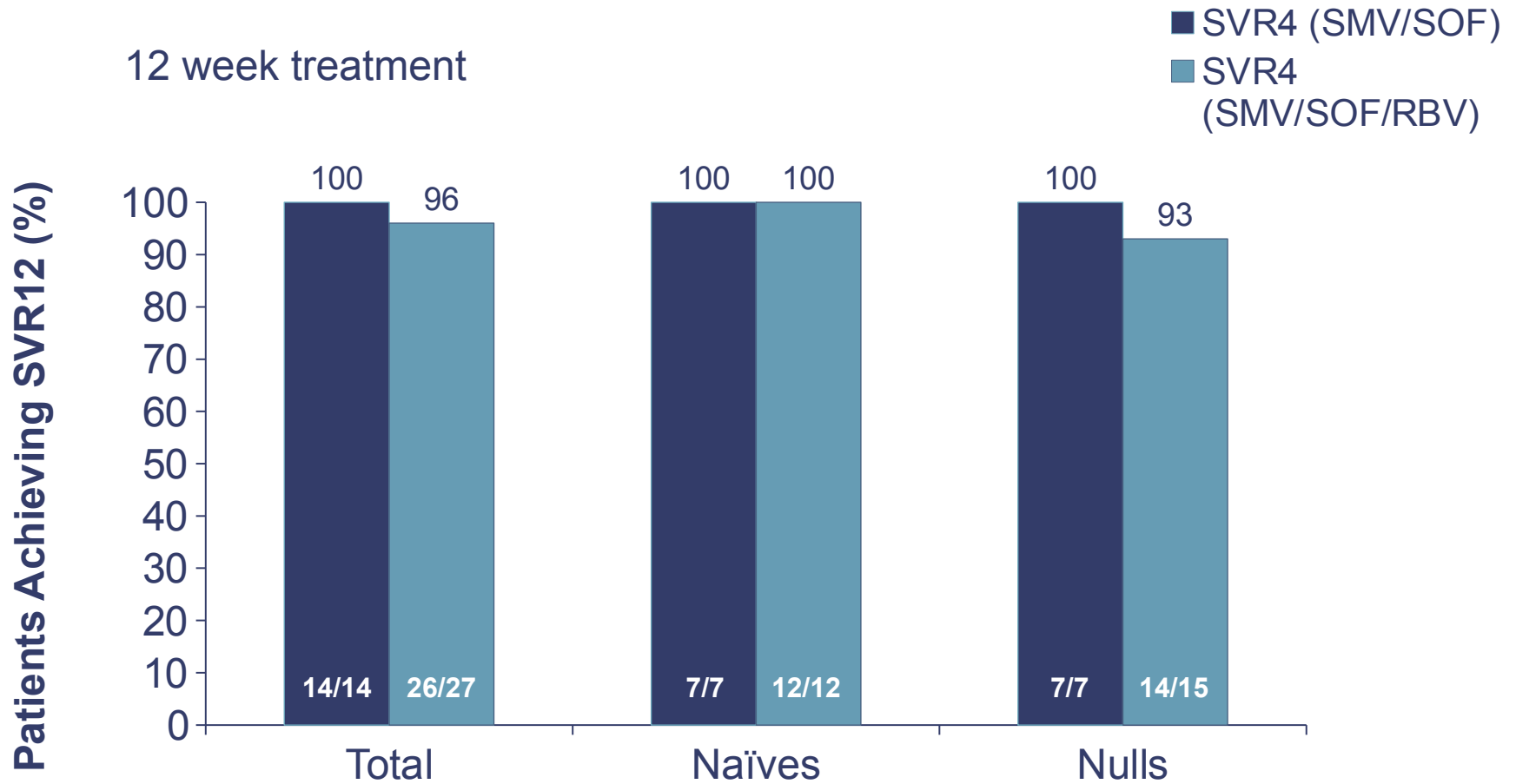


SOF/LDV FDC: SVR12 Results (ION-1, ION-2 and ION-3)



COSMOS: Simeprevir/Sofosbuvir for naive and prior null responders with METAVIR F3/4 (cohort 2)

Interim Analysis, SVR4



Ribavirin in 2014 and beyond

Favor removal of RBV

- RBV is mutagenic and teratogenic
 - Use in third trimester to prevent mother to child transmission?
- Ribavirin is difficult to use in older patients and/or those with renal insufficiency
- No need to monitor CBC during therapy in RBV-free, IFN-free regimens

Favor inclusion of RBV

- May increase the SVR rate for some regimens and some HCV variants
- RBV cost is very low
- Anemia is mild in the absence of interferon alfa



Bring out yer Dead!

LotB:

I'm not dead yet!