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How to optimize treatment in G3 patients?

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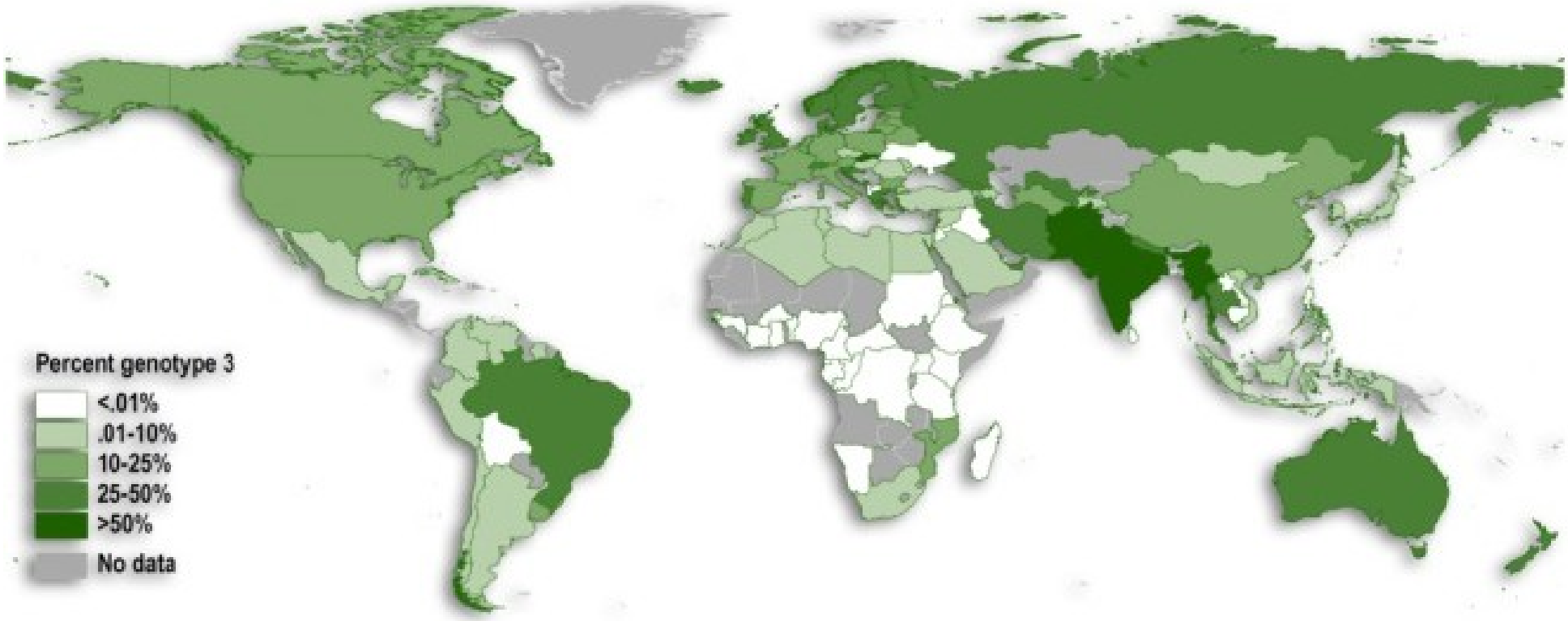
Global Distribution And Prevalence of Hepatitis C Virus Genotypes



Messina et al, Hepatology. 2015;61:77-87

Factors Associated With Increased Risk Of Cirrhosis In Patients With HCV

Patient characteristic		Cirrhosis	Hepatocellular Carcinoma
		(n=123,988)	**(n=128,481)**
Events, No. (%)		**17,926** (14.5%)	**4,517** (3.5%)
Male sex		**1.35** (1.21–1.50)	**3.41** (2.39–4.88)
Age		**1.02** (1.02–1.02)	**1.07** (1.07–1.07)
Race White		**1** (reference)	**1** (reference)
Black		**0.54** (0.52–0.56)	**0.73** (0.68–0.78)
Other		**0.73** (0.70–0.76)	**0.80** (0.74–0.87)
HCV genotype	**1**	**1** (reference)	**1** (reference)
	2	**0.64** (0.61–0.68)	**0.52** (0.46–0.58)
	3	**1.24** (1.18–1.31)	**1.63** (1.47–1.79)
	Other	**0.87** (0.75–1.00)	**0.77** (0.57–1.04)
Diabetes at baseline		**1.38** (1.32–1.44)	**1.31** (1.21–1.42)
Achieved undetectable viral load		**0.62** (0.54–0.73)	**0.62** (0.42–0.81)

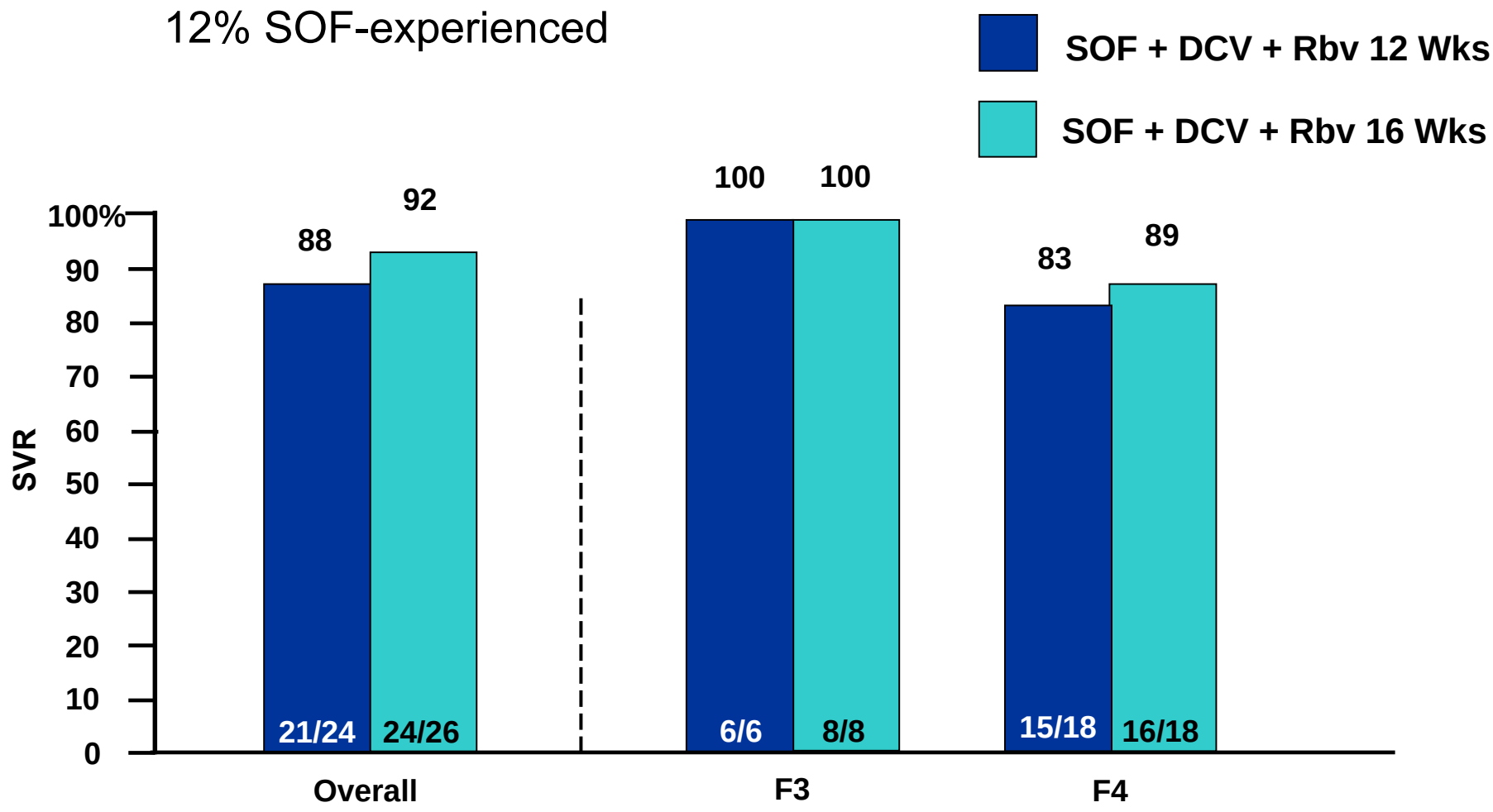
McCombs, JAMA Intern Med 2014;174:204–212

EASL Recommendations for HCV Genotype 3

	PR+SOF*	SOF + RBV**	SOF + DCV***
No cirrhosis	12 wk	24 wk	12 wk without RBV
Compensated cirrhosis (CPT-A)	12 wk	No	24 wk with RBV
Decompensated cirrhosis (CPT-B and -C)	No	No	24 wk with RBV

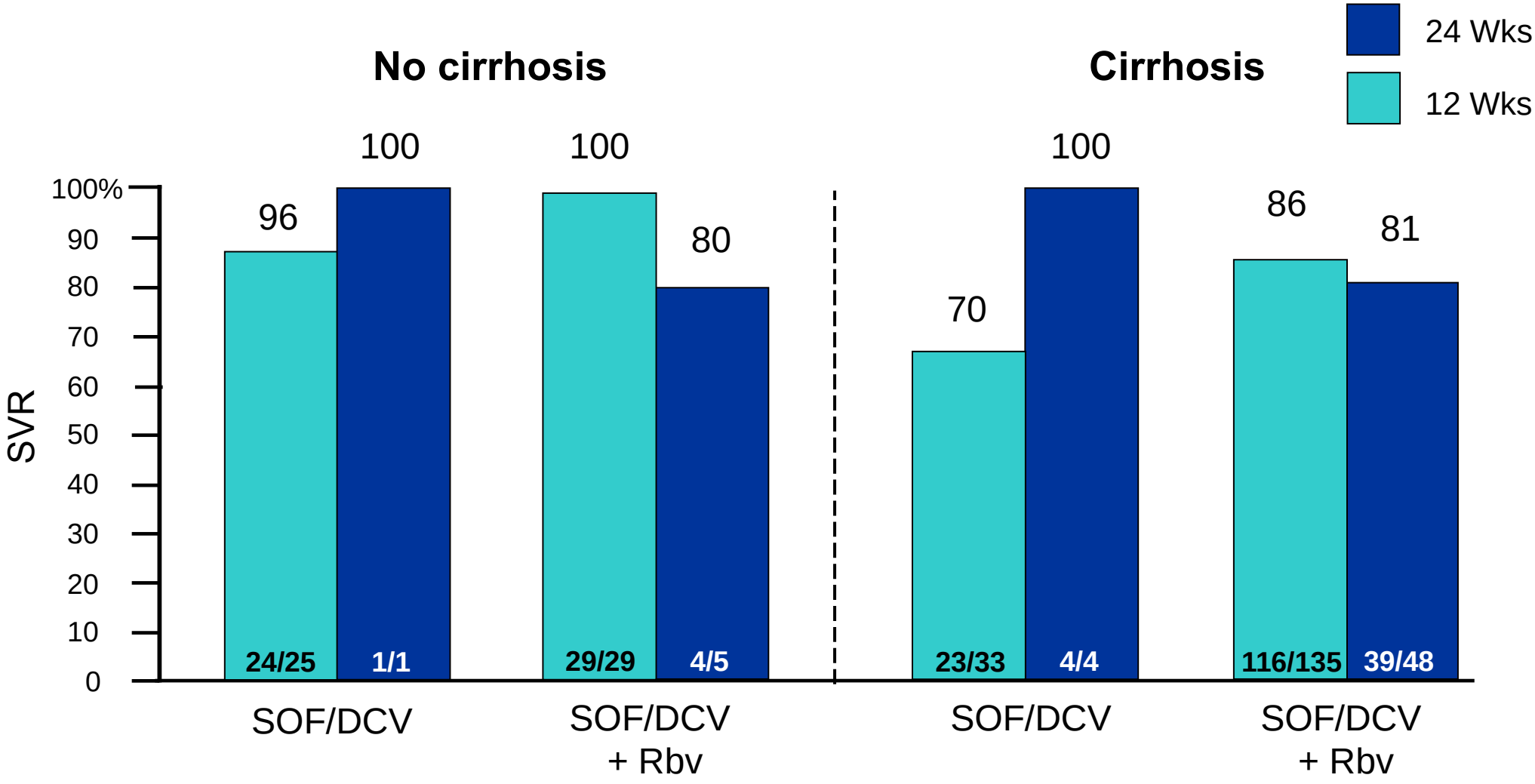
** TE to SOF + RBV. ** Suboptimal in TE. *** TN and TE*

ALLY-3+: SOF + DCV + Rbv for 12 or 16 Weeks in TN and TE HCV-3 Patients



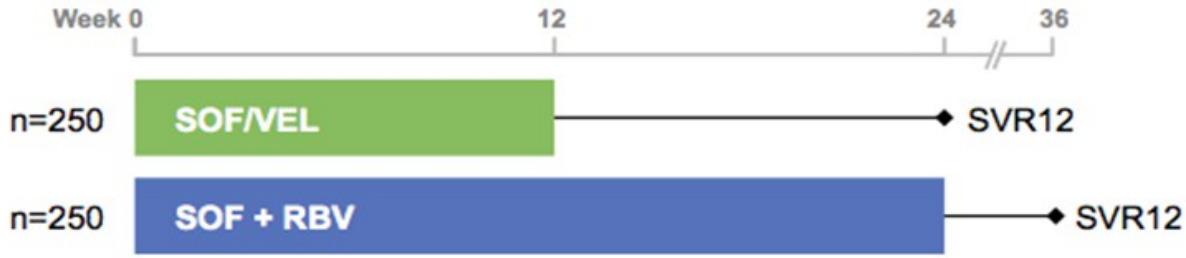
Leroy V et al,Abs LB-3, AASLD 2015

SOF + DCV ± Rbv in Patients with HCV-3 Infection
French Compassionate Use Program

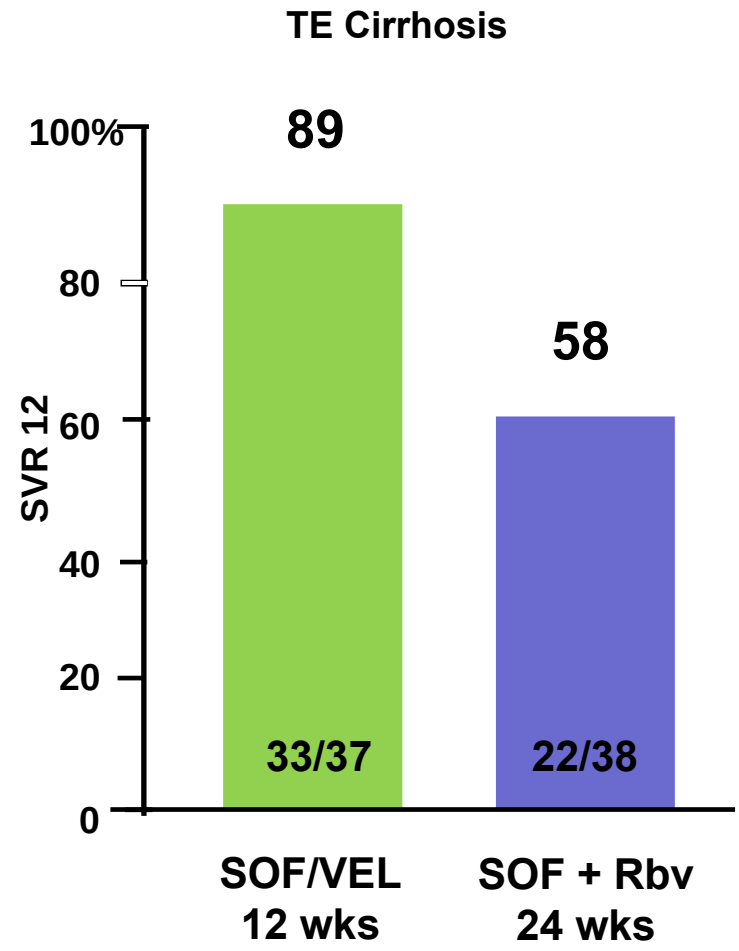


Hèzode C et al, AASLD 2015,Abs 206

The Near Future. SOF + Velpatasvir for HCV-3 Infection ASTRAL-3 Trial



	SOF/VEL 12 Weeks n=277	SOF + RBV 24 Weeks n=275
Cirrhosis, n (%)	80 (29)	83 (30)
Treatment experienced, n (%)	71 (26)	71 (26)
IL28B CC, n (%)	105 (38)	111 (40)
HCV RNA, $\log_{10}$ IU/mL (range)	6.2 (3.7–7.5)	6.3 (3.6–7.5)



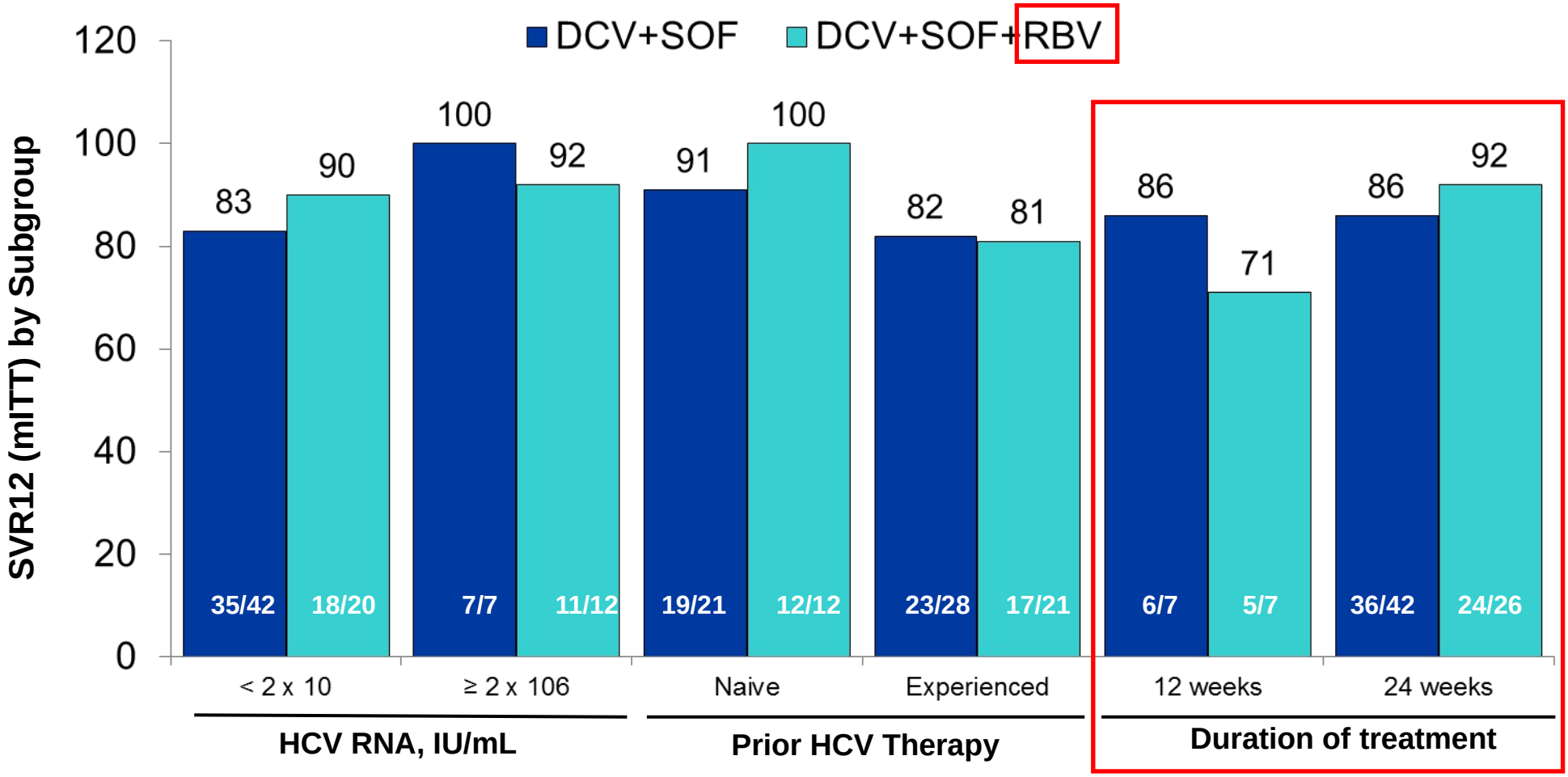
Sulkowski MS et al. Abs 205,AASLD2015; Foster GR, et al. N Engl J Med,Nov 16,2015

HCV-3. Hepatitis Debrief AASLD 2015

- SOF + DCV ± Rbv can achieve 80-90% SVR rates in patients with cirrhosis
- Rbv addition and 12-24 week course recommended in cirrhotics
- SOF + DCV for 24 weeks recommended in Rbv unables
- In decompensated patients, add Rbv and treat for 24 weeks

Terrault N, AASLD 2015

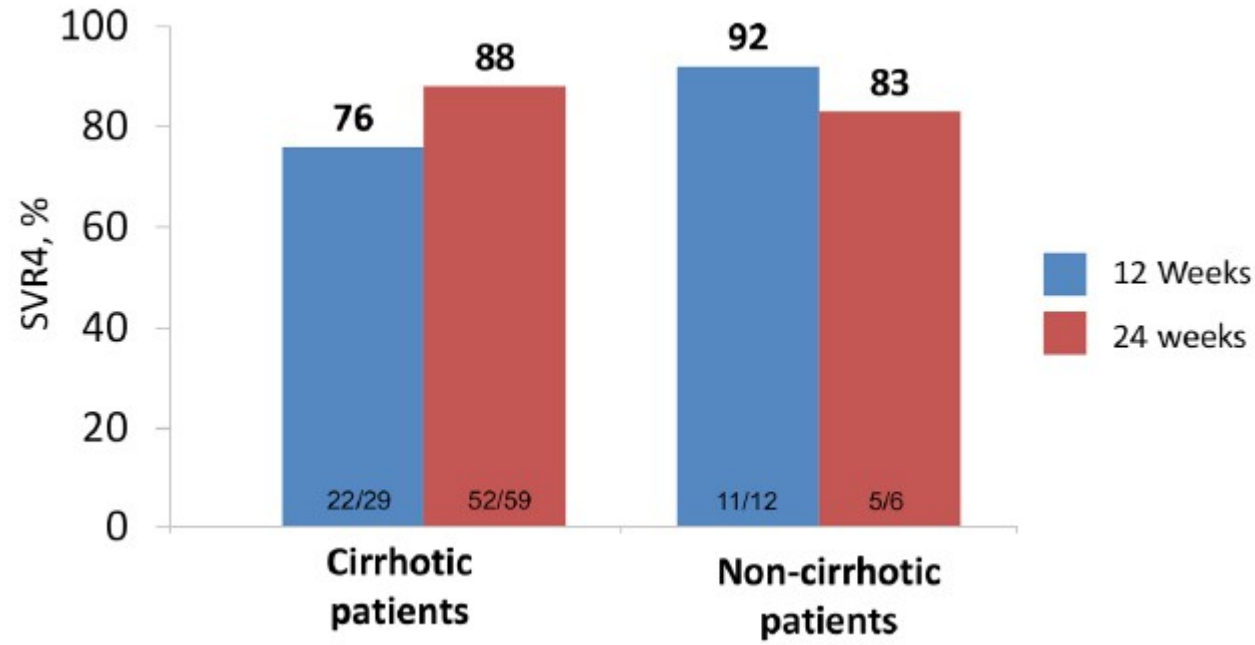
Sofosbuvir + Daclatasvir +/- RBV for HCV-3 Patients Multicenter European CUP



Welzel et al, AASLD 2015 Abs 37

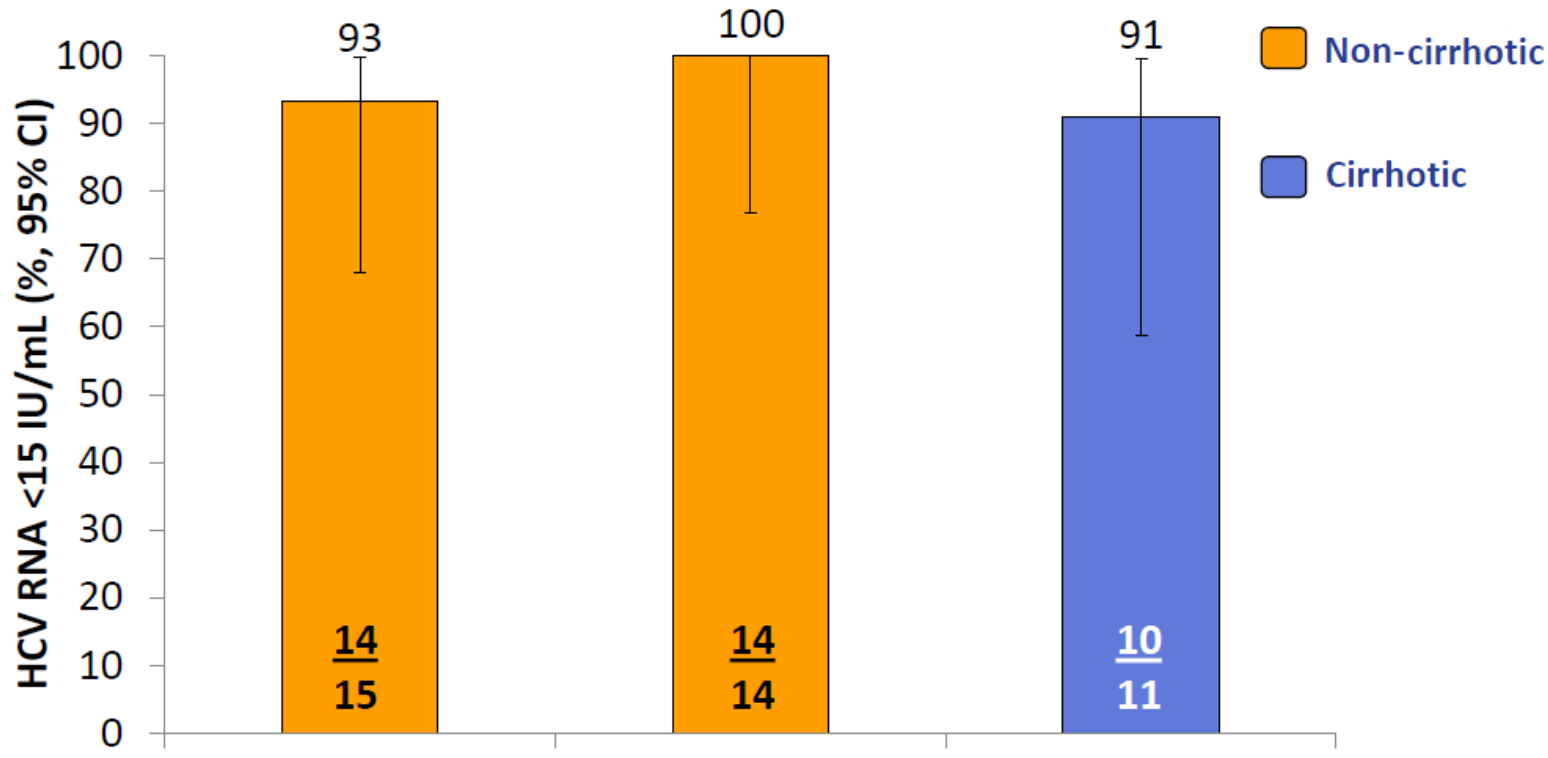
Sofosbuvir Based Therapy in Real-life in France
HEPATHER: SOF/DCV in GT3

Child-Pugh, n(%)	
A (F3/F4)	420 (69.9)
B	55 (9.2)
C	19 (3.2)
Missing data	107 (17.8)



Hezode et al, EASL Vienna 2015, LP05

MK-2 C-SWIFT. HCV-3 SVR12 Following PI + NS5B + NS5A, ITT*

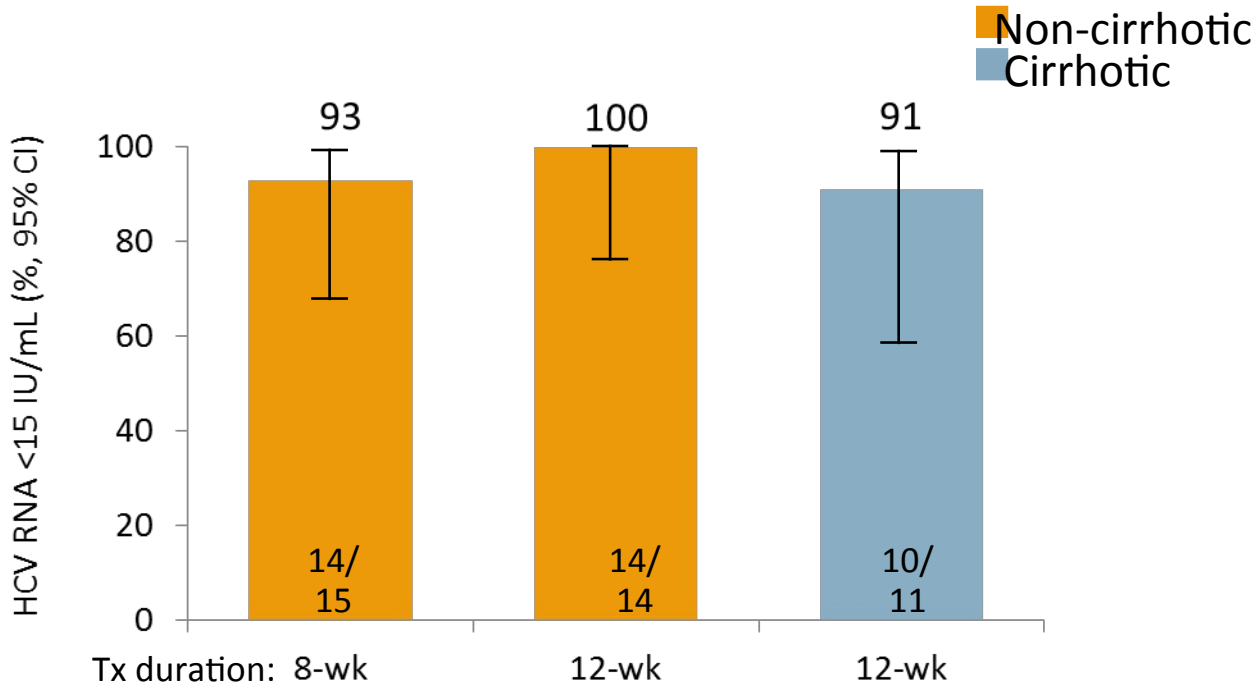


Treatment Duration	8 weeks	12 weeks	12 weeks
Breakthrough	0	0	0
Relapse	1	0	1
Early discon.	0	0	1*

* excluded patients who discontinued early due to reasons other than virologic failure

Poordad F, et al. EASL 2015, Vienna. #O006

C-SWIFT: GZR/EBR + SOF In Cirrhotic And Noncirrhotic, Treatment-naive HCV_3 Patients



Breakthrough	0	0	0
Relapse	1	0	1
Early discon.	0	0	1*

*mITT excluded pts who discontinued early due to reasons other than VF

Poordad F, et al. EASL 2015, Vienna. #O006