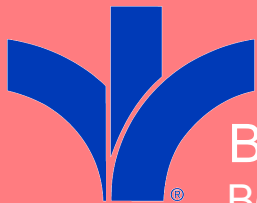


HOW TO OPTIMIZE TREATMENT IN GT3 PATIENTS

Mitchell L Shiffman, MD
Director
Liver Institute of Virginia
Bon Secours Health System
Richmond and Newport News, VA



Bon Secours Liver Institute of Virginia
Bon Secours Medical Group

Good Help to Those in Need ®

DISCLOSURES CONFLICTS OF INTEREST

Company	Roles
Abbvie	Advisor meetings, Grant support, Speaker
American Regent	Speaker
Bayer	Speaker
Beckman-Colter	Grant support
Bristol Myers-Squibb	Advisor meetings, grant support, Speaker
Conatus	Grant support
CymaBay	Grant support
Galectin	Grant support
Genfit	Grant support
Gilead	Advisor meetings, Grant support, Speaker
Intercept	Grant support, Advisor meetings, Speaker,
Immuron	Grant support
Merck	Grant support, Advisor meetings, Speaker,
NGMBio	Grant support
Novartis	Grant support

PATIENT CASE

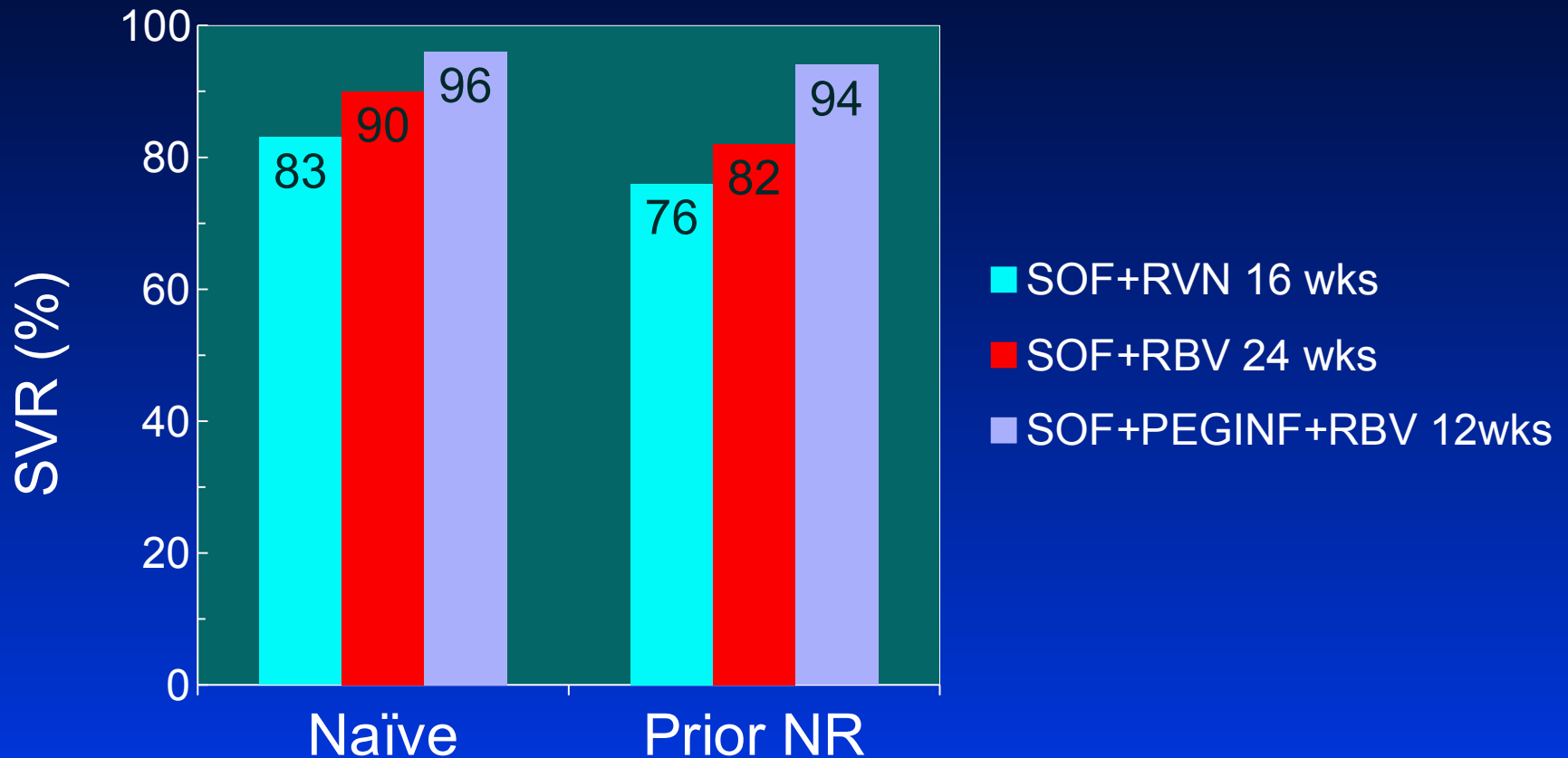
GENOTYPE 3. NO CIRRHOSIS

- 28 year old Caucasian female
- Intravenous drug use since age 18 years.
- Previous treatment with PEGINF and RBV
- Just entered a 3 month drug treatment program in lieu of incarceration
- BMI 24
- No fibrosis by Fibroscan (4.6 kPa)
- HCV RNA Log 7.1 IU
- HB antigen (-), Anti-Hbcore (+), Anti-Hbsurface (-)

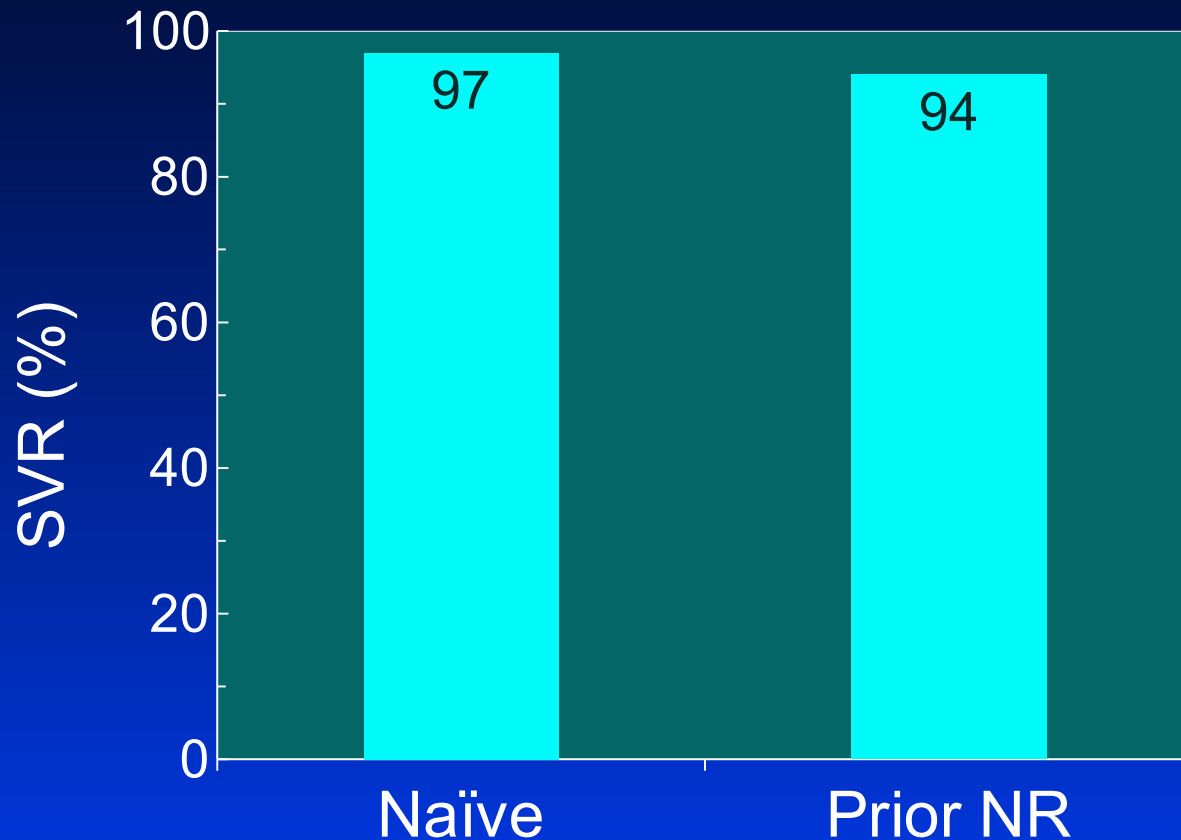
HCV GENOTYPE 3. NO CIRRHOSIS RECOMMENDATIONS?

- A. Sofosbuvir + Valpatasvir
- B. Sofosbuvir + Daclatasvir
- C. Sofosbuvir + PEGINF + Ribavirin
- D. Wait for Sofosbuvir + Valpatasvir + Voxalaprevir
- E. Wait for Glecaprevir + Pibrentasvir
- F. Defer treatment

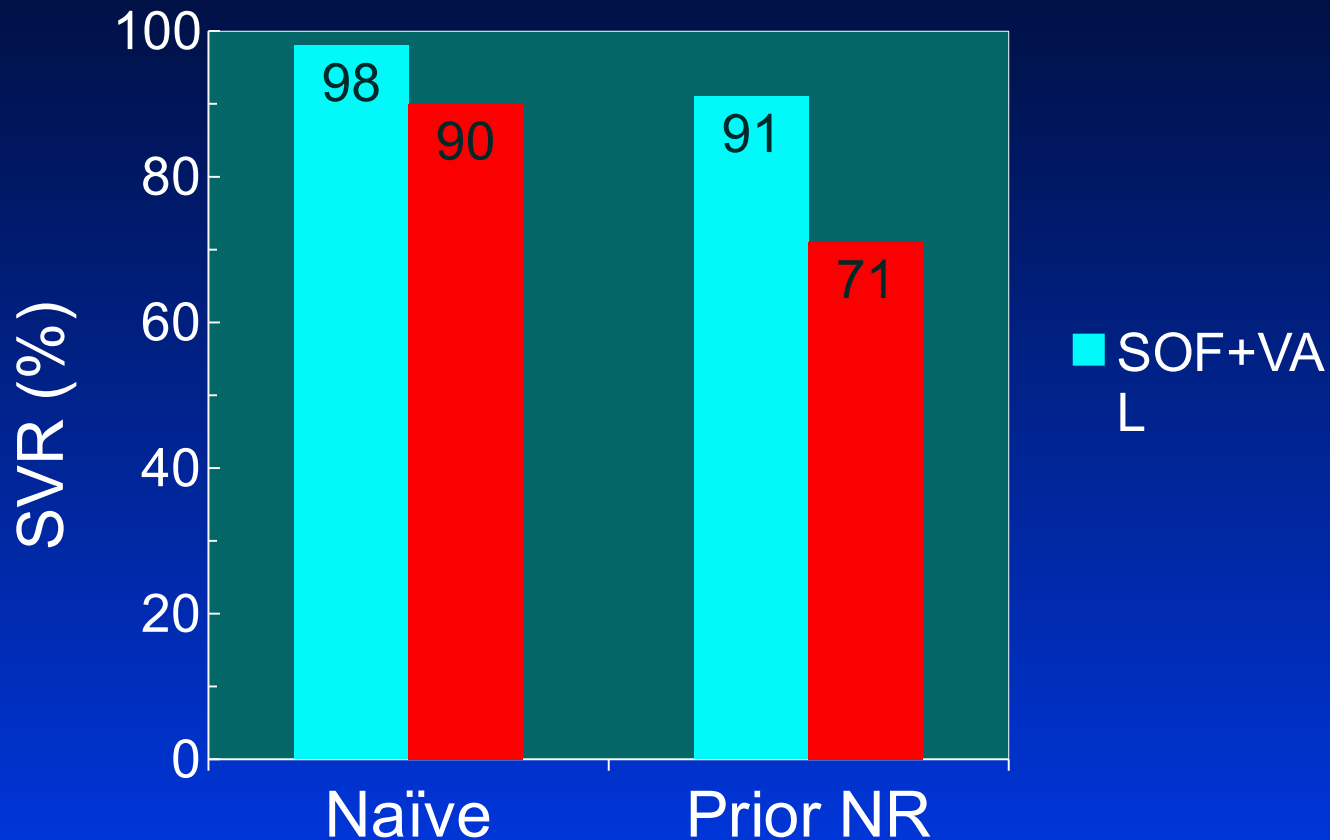
TREATMENT OF HCV GT 3 SOFOSBUVIR AND RIBAVIRON



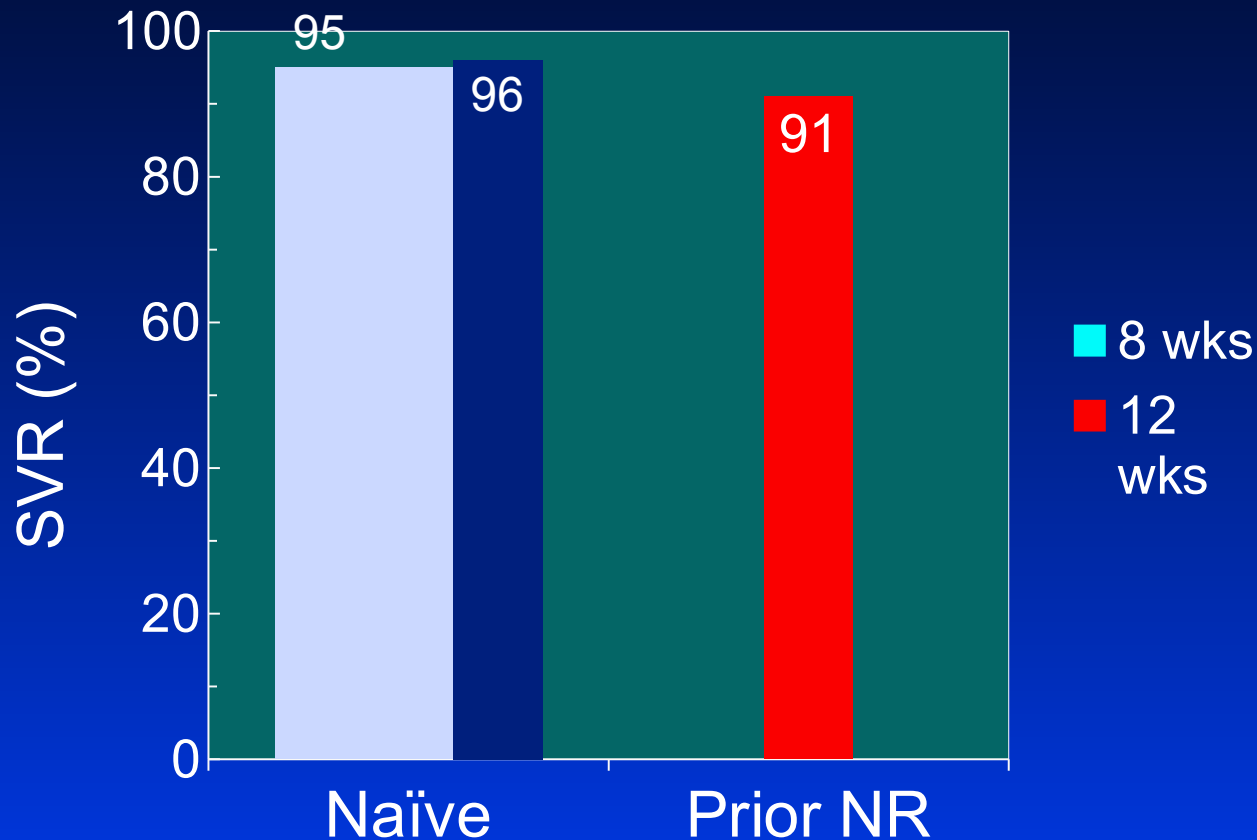
TREATMENT OF HCV GT 3 SOFOSBUVIR AND DACLATASVIR



TREATMENT OF HCV GT 3 SOFOSBUVIR AND VELPATASVIR



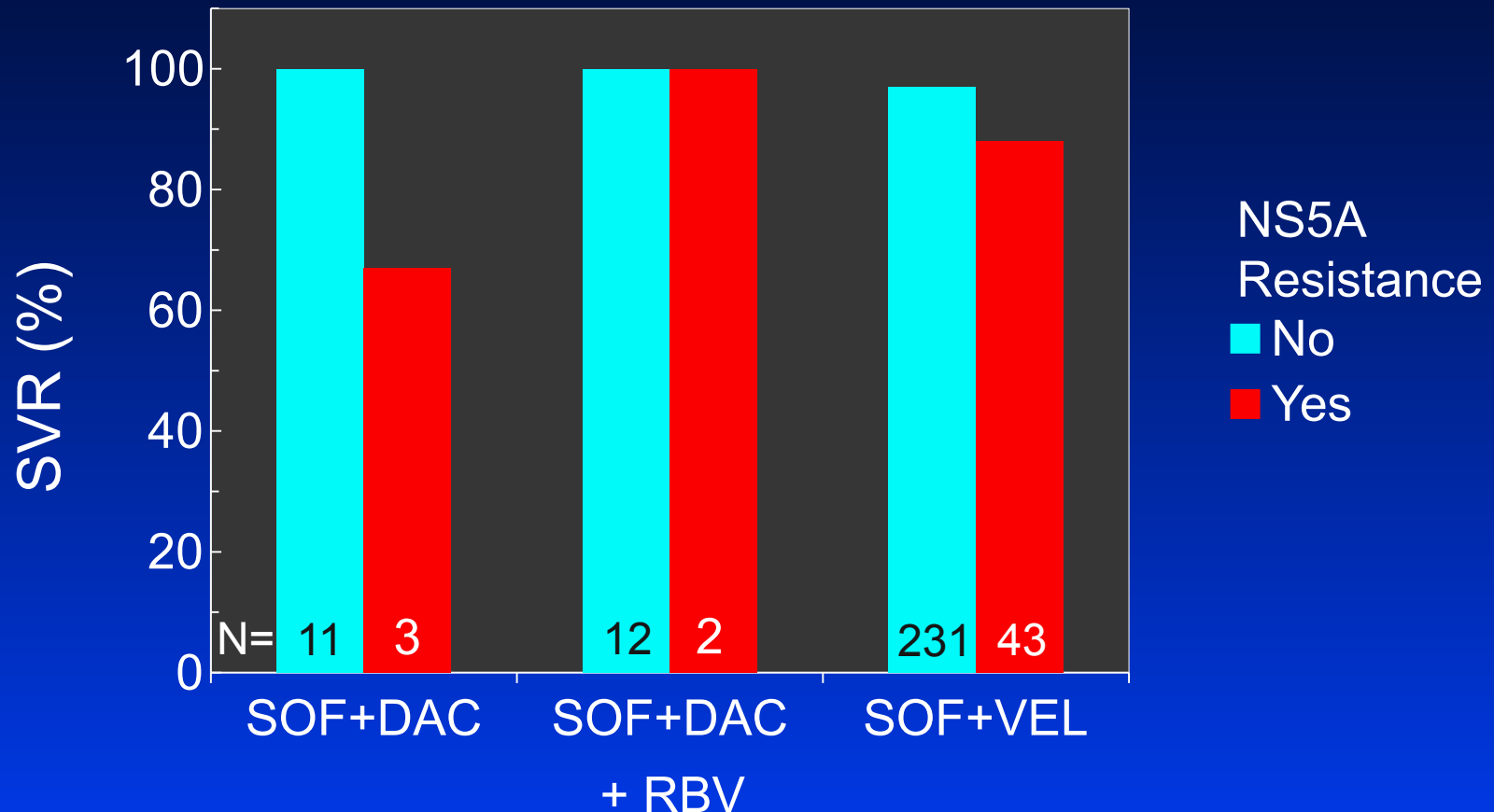
TREATMENT OF HCV GT 3 GLECAPREVIR AND PIBRENTASVIR



TREATMENT OF GENOTYPE 3 SUMMARY

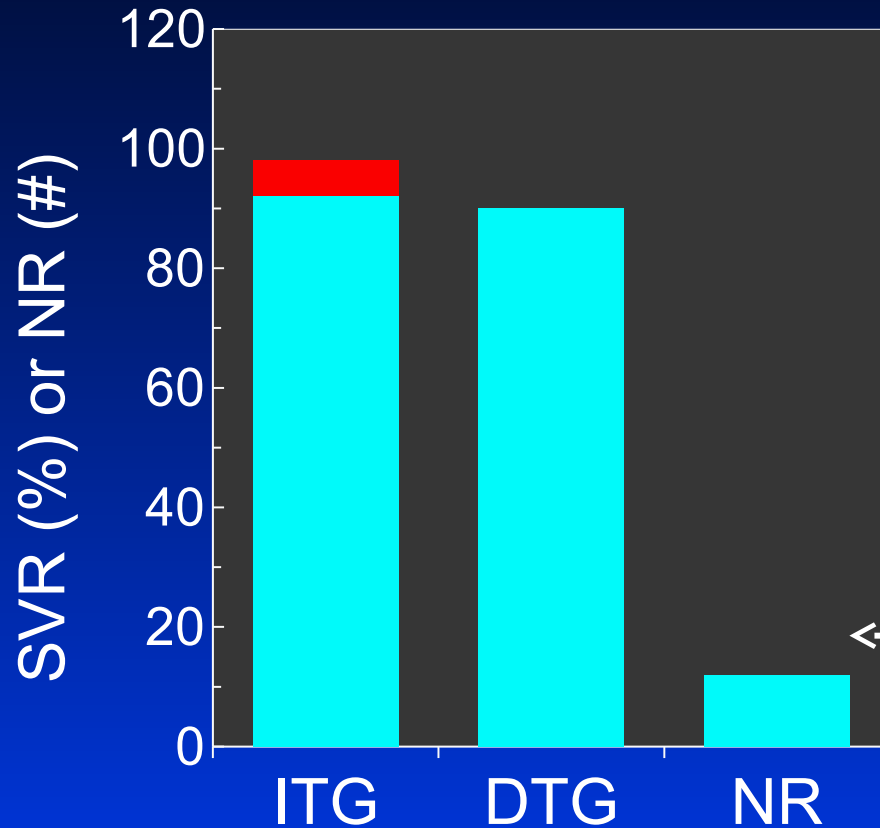
Regimen	Weeks	Naïve	NR
SOF + RBV	16	83	76
SOF + RBV	24	90	82
SOF + PEGINF + RBV	12	96	94
SOF + DAC	12	97	94
SOF + VEL	12	98	91
GLE + PIP	8	95	
GLE + PIP	12		91
GLE + PIP	16		96

HCV GENOTYPE 3 IMPACT OF RESISTANCE



C Herzode et al. EASL 2016.
KV Kowdley et al. EASL 2016.

CHRONIC HCV TREATMENT OF PWID



- N= 301
 - At least 80% adherent to Opioid agonist therapy
 - GT 1, 4, 5, 6
 - Elbasvir and Grazoprevir
- ← 33% of NR due to reinfection

HCV GENOTYPE 3. NO CIRRHOSIS RECOMMENDATIONS?

- A. Sofosbuvir + Valpatasvir
- B. Sofosbuvir + Daclatasvir
- C. Sofosbuvir + PEGINF + Ribavirin
- D. Wait for Sofosbuvir + Valpatasvir + Voxalaprevir
- E. Wait for Glecaprevir + Pibrentasvir
- F. Defer treatment

GENOTYPE 3. NO CIRRHOSIS ISSUES TO DISCUSS

- Why does genotype 3 have a lower SVR?
 - Steatosis
 - Resistant associated variants
- Retreatment of non-responders
 - Who should defer therapy
 - Role of ribavirin
- Treatment of PWID
- Treatment of patients with previous exposure to HBV