ABSTRACT FINAL ID: 1966
CURRENT CATEGORY: Hepatitis C
CURRENT DESCRIPTORS: FO5. Therapeutics: New Agents (not approved, phase 2-3)
SESSION TYPE: Poster
SESSION TITLE: Hepatitis C: New Agents (Not Approved)
SESSION DAY & DATE: Tuesday, November 11, 2014
TITLE: HCVerso2: A phase III study of faldaprevir (FDV) plus deleobuvir (DBV) and ribavirin (RBV) for chronic HCV genotype (GT)-1b infection in treatment-naïve patients including those ineligible for pegylated interferon (PegIFN)
PRESENTER: David Nelson
AUTHORS/INSTITUTIONS: D.R. Nelson, University of Florida, Gainesville, Florida, UNITED STATES|P. Andreone, Università di Bologna, Azienda Ospedaliero-Universitaria, Policlinico Sant'Orsola-Malpighi, Bologna, ITALY|M. Colombo, Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, Università degli Studi di Milano, Milan, ITALY|F. Calinas, Centro Hospitalar de Lisboa Central, Lisbon, PORTUGAL|A. Olveira, La Paz University Hospital, Madrid, SPAIN|J. Delwaide, Centre Hospitalier Universitaire, Université de Liège, Liège, BELGIUM|D. Häussinger, Heinrich Heine University, Düsseldorf, GERMANY|D. Ouzan, Institut Arnault Tzanck, St Laurent du Var, FRANCE|S.I. Strasser, Royal Prince Alfred Hospital, Camperdown, New South Wales, AUSTRALIA|T. Asselah, Service d'Hépatologie, AP-HP Hôpital Beaujon, INSERM UMR 1149, CRI, Université Paris Diderot, Clichy, FRANCE|C. Cooper, Ottawa Hospital Research Institute, Ottawa , Ontario, CANADA|J.O. Stern, S. Aslanyan, Q. Deng, E. Wang, F.J. Mensa, Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, Connecticut, UNITED STATES|W.O. Boecher, Boehringer Ingelheim Pharma GmbH & Co. KG, Ingelheim, GERMANY|G. Kukolj, Boehringer Ingelheim Ltd/Ltée, Burlington, Ontario, CANADA|
**ABSTRACT BODY: Sponsorship
This study was sponsored by:
If this abstract was not sponsored please indicate 'none'. (Oral or Poster Submission):** Boehringer Ingelheim
ABSTRACT BODY: Abstract Body (Oral or Poster Submission): Background: The IFN-free, all oral combination of the protease inhibitor FDV 120 mg QD, the non-nucleoside polymerase inhibitor DBV 600 mg BID, and weight-based RBV was evaluated in HCV GT-1b infected treatment-naïve patients including those ineligible for PegIFN.
Methods: Non-cirrhotic patients, eligible/ineligible for PegIFN, were randomized to 16 weeks (w) (Arm 1; N=213) or 24w (Arm 2; N=211) of FDV+DBV+RBV. Placebo was used from 0–8w in Arm 1. Patients with compensated cirrhosis received open-label FDV+DBV+RBV for 24w (Arm 3; N=72). Primary endpoints: SVR12 with 16 vs 24w regimens (Arm 1 vs 2); and comparison with historical SVR rate of 68% (available DAAs at study start; SVR12 rates were adjusted by proportions of cirrhotic patients in comparable trials and assumed response in PegIFN-ineligible patients in each arm).
Results: Among 496 treated patients (male 49%, white 93%, *IL28B* CC 25%, F3 15% [Arms 1 and 2]), 13% were PegIFN ineligible. Comparable proportions of patients in Arms 1 (16w) and 2 (24w) achieved SVR12 (**Table**, 76% vs 82%, difference estimate 6.4, 95%CI -1.4–14.2, p=0.0532); SVR12 was 74% in Arm 3. Adjusted response rates were 76% after 16w (95%CI 71–81, p=0.002 vs historical control) and 81% after 24w (95%CI 76–86, p<0.0001 vs historical control). SVR12 rates were similar in patients eligible/ineligible for PegIFN. On-treatment virologic failure occurred in 16 (8%), 17 (8%), and 9 (13%) patients and relapse occurred in 18/174 (10%), 3/169 (2%), and 6/56 (11%) patients in Arms 1, 2, and 3, respectively. Rash (27%) and photosensitivity (19%) were mostly mild. Nausea (11%) was the only adverse event (AE) of at least moderate intensity to occur in >10% of patients in any arm. Severe/life-threatening AEs were reported in 13% of all patients. Overall, AEs were similar for Arms 1 and 2. AEs led to discontinuation of all medication in 6% of all patients. Grade 3/4 bilirubin elevations (mostly unconjugated) were observed in 48% of all patients.
Conclusions: In treatment-naïve, non-cirrhotic patients with HCV GT-1b infection, FDV+DBV+RBV for 16 or 24w resulted in comparable SVR12 rates (76% vs 82%), with similar tolerability profiles. Patients with cirrhosis achieved SVR12 of 74% (24w). The adjusted SVR12 rates for 16 or 24w in patients with or without cirrhosis were significantly higher than historical control.
(No Image Selected)
TABLE TITLE: Summary of efficacy (FDV+DBV+RBV; ITT)

Summary of efficacy (FDV+DBV+RBV; ITT)			
n (%)	16w (N=213)	24w (N=211)	24w (C) (N=72)
SVR12 PegIFN eligible PegIFN ineligible	161 (76) 143/187 (76) 18/26 (69)	173 (82) 149/184 (81) 24/27 (89)	53 (74) 43/60 (72) 10/12 (83)
Week 4 HCV RNA <25 IU/mL, detected or undetected <25 IU/mL, undetected	198 (93) 162 (76)	197 (93) 150 (71)	68 (94) 49 (68)
EoTR, HCV RNA undetected	183 (86)	183 (87)	61 (85)
SVR4	171 (80)	177 (84)	56 (78)
C, patients with cirrhosis.			

TABLE FOOTER: C, patients with cirrhosis.

Financial Conflict of Interest: David Nelson: Yes conflict of interest;Abbot:Grant/Research Support;BMS:Grant/Research Support;Beohringer Ingelheim:Grant/Research Support;Gilead:Grant/Research Support;Genentech:Grant/Research Support;Merck:Grant/Research Support;Merck:Advisory Committees or Review Panels;Bayer:Grant/Research Support;Idenix:Grant/Research Support;Vertex:Grant/Research Support;Jansen:Grant/Research Support | Pietro Andreone: Yes conflict of interest;Roche:Grant/Research Support;Roche:Speaking and Teaching;Roche:Advisory Committees or Review Panels;Janssen-Cilag:Advisory Committees or Review Panels;Gilead:Advisory Committees or Review Panels;Gilead:Grant/Research Support;MSD/Schering-Plough:Advisory Committees or Review Panels;MSD/Schering-Plough:Speaking and Teaching;Abbvie:Advisory Committees or Review Panels;Boehringer Ingelheim:Advisory Committees or Review Panels;Gilead:Speaking and Teaching | Massimo Colombo: Yes conflict of interest;Glaxo Smith-Kline:Speaking and Teaching;BRISTOL-MEYERS-SQUIBB:Speaking and Teaching;SCHERING-PLOUGH:Speaking and Teaching;ROCHE:Speaking and Teaching;NOVARTIS:Speaking and Teaching;GILEAD:Speaking and Teaching;VERTEX:Speaking and Teaching;BRISTOL-MEYERS-SQUIBB:Advisory Committees or Review Panels;SCHERING-PLOUGH:Advisory Committees or Review Panels;ROCHE:Advisory Committees or Review Panels;GILEAD:Advisory Committees or Review Panels;BRISTOL-MEYERS-SQUIBB:Grant/Research Support;ROCHE:Grant/Research Support;GILEAD:Grant/Research Support;Glaxo Smith-Kline:Speaking and Teaching;BRISTOL-MEYERS-SQUIBB:Speaking and Teaching;SCHERING-PLOUGH:Speaking and Teaching;ROCHE:Speaking and Teaching;NOVARTIS:Speaking and Teaching;GILEAD:Speaking and Teaching;VERTEX:Speaking and Teaching;BRISTOL-MEYERS-SQUIBB:Advisory Committees or Review Panels;SCHERING-PLOUGH:Advisory Committees or Review Panels;ROCHE:Advisory Committees or Review Panels;GILEAD:Advisory Committees or Review Panels;BRISTOL-MEYERS-SQUIBB:Grant/Research Support;ROCHE:Grant/Research Support;GILEAD:Grant/Research Support;Janssen Cilag:Advisory Committees or Review Panels;Achillion:Advisory Committees or Review Panels;Sanofi:Speaking and Teaching | Filipe Calinas: Yes conflict of interest;Merck Sharp & Dohme:Advisory Committees or Review Panels;Roche Pharmaceuticals:Advisory Committees or Review Panels;Bristol Myers Squibb:Speaking and Teaching;Gilead Sciences:Speaking and Teaching;Merck Sharpe :Stock Shareholder;Gilead sciences:Advisory Committees or Review Panels;AbbVie:Advisory Committees or Review Panels;Boehringer Ingelheim:Consulting;Janssen:Advisory Committees or Review