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Effectiveness of Sofosbuvir/Velpatasvir for 12 Weeks in HCV Genotype 3 Patients with Compensated Cirrhosis in Clinical Practice Cohorts from Around the World

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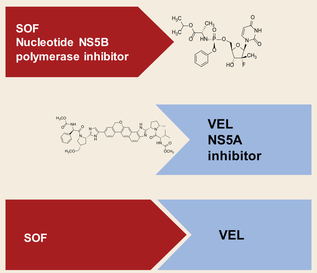
Introduction

- In clinical trials, the pan-genotypic single tablet regimen sofosbuvir/velpatasvir (SOF/VEL) achieved high SVR rates across all genotypes and fibrosis stages, with favorable safety and tolerability[1,2,3]
- Since approval, SOF/VEL has also been shown to be highly effective in multiple large real world cohorts
- GT 3 cirrhotic patients have historically been a more challenging population to treat, with limited real world data available to-date with SOF/VEL

Sofosbuvir/Velpatasvir: A Single Tablet Regimen (STR)



- Sofosbuvir (SOF)[4,5]
  - Potent antiviral activity against HCV GT 1–6
- Velpatasvir (VEL)[6-8]
  - Highly effective in GT 1–6
  - 2nd-generation NS5A inhibitor with improved resistance profile
- SOF/VEL Single Tablet Regimen (STR)
  - Once daily, single tablet, single duration, Oral (400/100 mg)
  - Taken with or without food

EPCLUSA® US full Prescribing Information, Gilead Sciences, Inc. Foster City, CA, November 2017

Objectives

- To assess the effectiveness of SOF/VEL-containing regimens in GT3 compensated cirrhotic patients enrolled in real world cohorts from around the globe

Methods

- Patients were treated according to local standards of care, with the presence of cirrhosis and addition of ribavirin determined by the treating physician according to local protocols
- Data were collated for GT3 patients with compensated cirrhosis who initiated SOF/VEL in clinical practice
  - Patients with a history of decompensation, prior exposure to an NS5A inhibitor, age <18 years or treatment duration >12 weeks were excluded
- Data from 17 real world cohorts from 8 countries are integrated in this multinational effectiveness analysis
  - mITT population assessed for safety; N=940
    - All patients meeting the inclusion criteria who initiated SOF/VEL
  - PP population assessed for treatment outcome; N=732:
    - All patients with a virologic outcome recorded for the sustained virologic response time point (SVR; ≥12 weeks after end-of-treatment)

Patients Recruited (mITT)

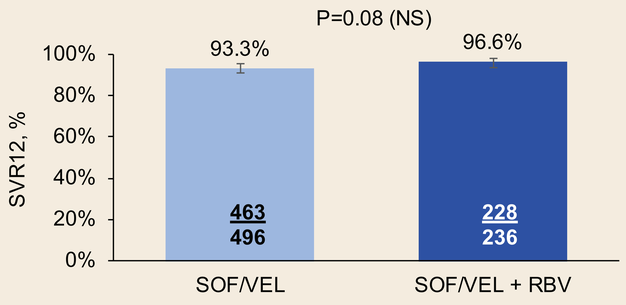
Country	SOF/VEL (N)	SOF/VEL+RBV (N)
Combined	**623**	**317**
Australia	35	6
Canada	101	8
France	1	0
Germany	56	69
Israel	2	1
Italy	121	61
Spain	70	9
UK	122	122
US	115	41

Results

Demographics and Baseline Characteristics (PP)

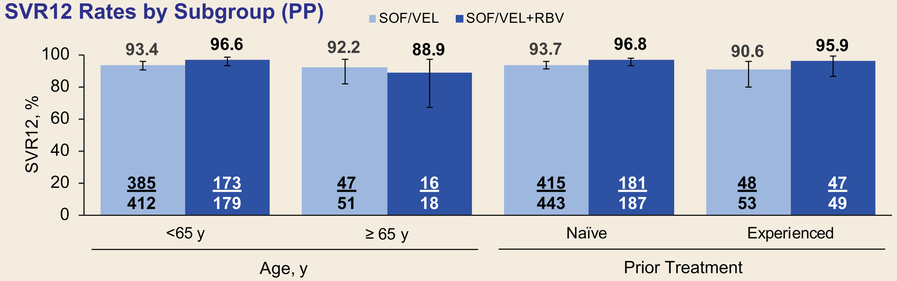
	SOF/VEL (n=496)	SOF/VEL+RBV (n=236)
Age, n (%)	463 (93)	197 (83)
Mean, y (range)	55 (25-85)	53 (25-83)
Gender, n (%)	463 (93)	197 (83)
Male, n (%)	334 (72)	147 (75)
Ethnicity, n (%)	400 (80)	167 (71)
White, n (%)	268 (67)	127 (76)
Treatment-experienced, n (%)	53 (11)	49 (21)
FibroScan, n (%)	338 (68)	128 (54)
Median kPa (IQR)	16.1 (13.0-21.8)	19.1 (13.8-29.9)
Platelets x10^3/mm^3, n (%)	333 (67)	137 (58)
Median x10^3/mm^3, (IQR)	130 (94-169)	116 (76-159)
Albumin, n (%)	234 (47)	109 (46)
Median g/dL (IQR)	4.0 (3.7-4.3)	4.0 (3.6-4.2)

Overall SVR12 Rates (PP)



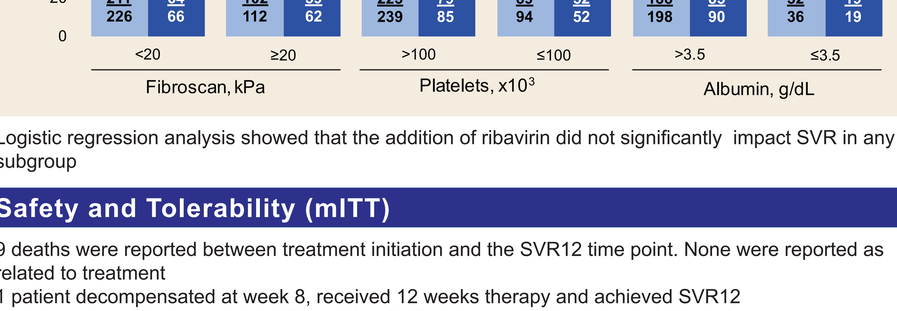
- SOF/VEL:
  - 5.4% (27/496) patients experienced virologic failure (2 on treatment)
- SOF/VEL+RBV:
  - 3.4% (8/236) patients experienced virologic failure

SVR12 Rates by Subgroup (PP)



- Peg-IFN+RBV experienced patients: SOF/VEL achieved 95% (41/43) SVR12 versus 97% (33/34) with RBV

SVR12 Rates by Subgroup (PP)



- Logistic regression analysis showed that the addition of ribavirin did not significantly impact SVR in any subgroup

Safety and Tolerability (mITT)

- 9 deaths were reported between treatment initiation and the SVR12 time point. None were reported as related to treatment
- 1 patient decompensated at week 8, received 12 weeks therapy and achieved SVR12
- 4 patients were diagnosed with HCC at/after SVR12 time point (1 achieved SVR12; 3 relapsed)
- 21/939 patients received <12 weeks treatment:
  - 4 patients for unknown reason: 3 achieved SVR12
  - 4 died on treatment and 1 discontinued due to an AE (did not achieve SVR)
  - 1 patient experienced breakthrough
  - 11 were lost to follow-up or discontinued due to non-compliance or loss of insurance

Conclusions

- These GT3 patients with compensated cirrhosis from multiple real world cohorts around the world achieved a high SVR rate with SOF/VEL, consistent with the available clinical trial data

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Disclosures

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