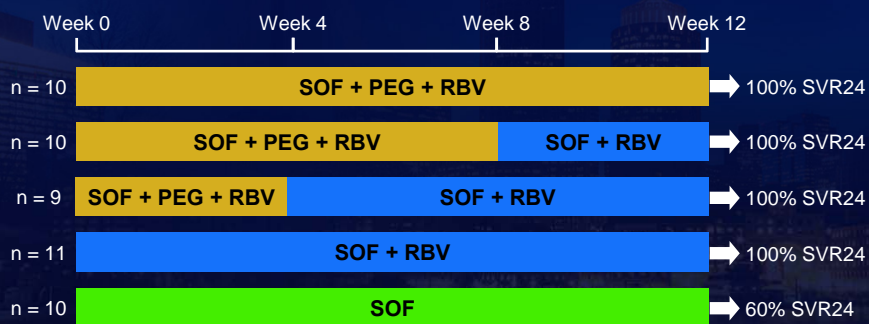


# Once Daily Sofosbuvir (GS-7977) Regimens in HCV Genotype 1-3: The ELECTRON Trial

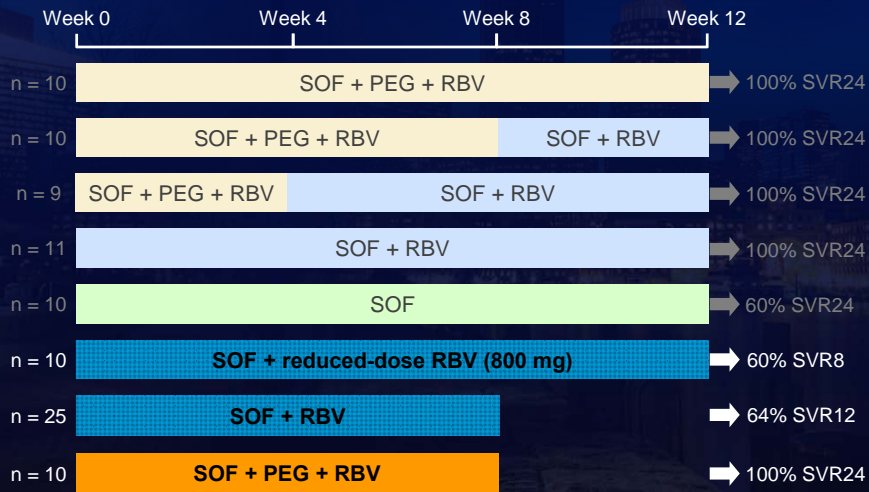
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Abstract LB-1

## ELECTRON: Genotype 2/3 Cohorts

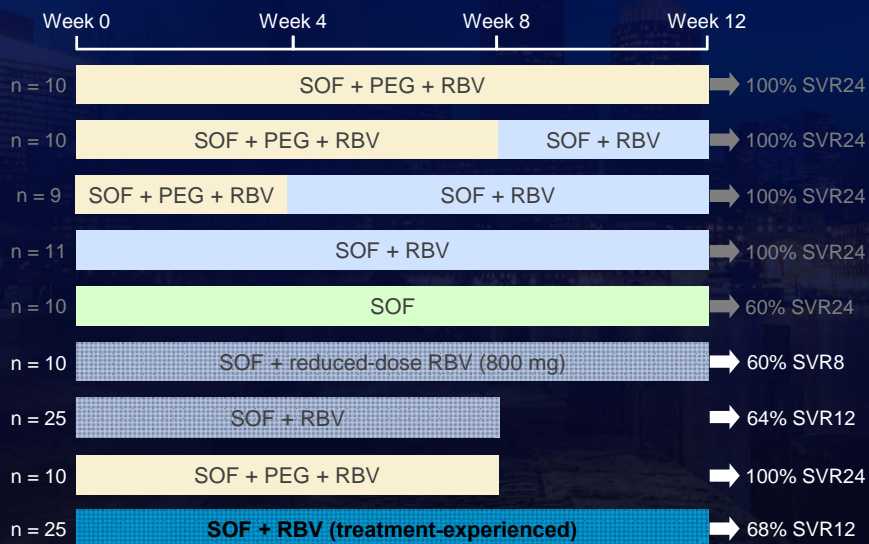


# ELECTRON: Genotype 2/3 Cohorts



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# ELECTRON: Genotype 2/3 Cohorts



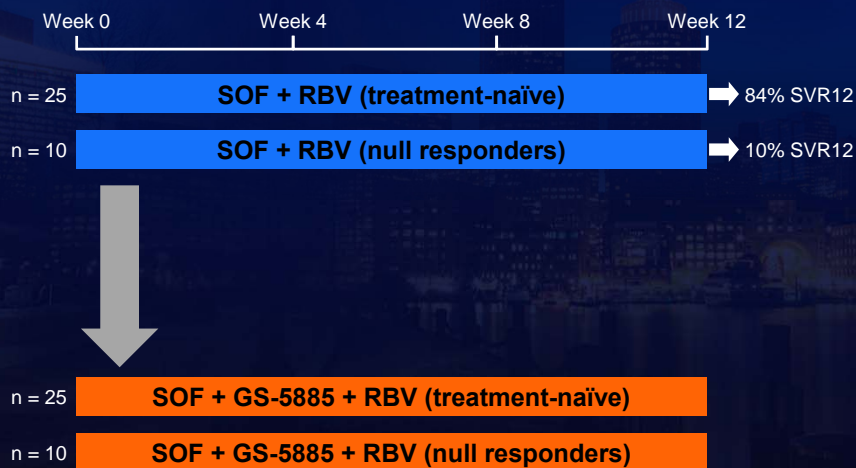
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## Summary of Results in Genotype 2/3

- SOF combined with RBV for 12 weeks is associated with very high rates of SVR in patients infected with HCV genotype 2/3
- A reduced rate of SVR is associated with:
  - Lowered RBV dose (800 mg/day)
  - Shortened treatment duration (8 weeks)
  - Prior failure with PEG/RBV

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## ELECTRON: Genotype 1 Cohorts



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## Efficacy in Genotype 1 Patients

Patients with HCV RNA <LOD over Time, n/N (%)

	SOF + RBV		SOF + GS-5885 + RBV	
	Treatment-naïve (n = 25)	Null responder (n = 10)	Treatment-naïve (n = 25)	Null responder (n = 9)
<b>Week 1</b>	8/25 (32)	1/10 (10)	11/25 (44)	0/9 (0)
<b>Week 2</b>	17/25 (68)	7/10 (70)	22/25 (88)	4/9 (44)
<b>Week 4</b>	25/25 (100)	10/10 (100)	25/25 (100)	8/9 (89)
<b>EOT</b>	25/25 (100)	10/10 (100)	25/25 (100)	9/9 (100)
<b>SVR4</b>	22/25 (88)	1/10 (10)	25/25 (100)*	3/3 (100)†
<b>SVR12</b>	21/25 (84)	1/10 (10)	--	--

HCV RNA analyzed by TaqMan® HCV Test 2.0 with limit of detection (LOD) of 15 IU/mL

\*Includes one patient who stopped all treatment for SAE at week 8

†Data collection ongoing

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## Adverse Events in Genotype 1 Patients

	SOF + RBV		SOF + GS-5885 + RBV	
	Treatment-naïve (n = 25)	Null responder (n = 10)	Treatment-naïve (n = 25)	Null responder (n = 9)
<b>SAEs*</b>	1 (4)	0	2 (8)	0
<b>AEs that Led to Discontinuation</b>	0	0	1 (4)†	0
<b>≥Grade 2 AEs‡</b>	10 (40)	3 (30)	12 (48)	2 (22)
<b>Anemia</b>	0	1 (10)	5 (20)	0
<b>Headache</b>	1 (4)	0	1 (4)	0
<b>Depression</b>	0	1 (10)	2 (8)	0
<b>Ligament Sprain</b>	1 (4)	1 (10)	0	0

\*SAEs considered unrelated to SOF (urethral injury, pyelonephritis, enterovesical fistula + diverticulitis + diverticular perforation).

†Stopped all treatment at Week 8 at time of partial colectomy for diverticular perforation.

‡In more than 1 patient.

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## Grade 3 and 4 Laboratory Abnormalities in Genotype 1 Patients

	SOF + RBV		SOF + GS-5885 + RBV	
	Treatment-naïve (n = 25)	Null responder (n = 10)	Treatment-naïve (n = 25)	Null responder (n = 9)
<b>Grade 3</b>	11 (44)	4 (40)	13 (52)	2 (22)
<b>Grade 4</b>	0	0	0	0
<b>ALT</b>	1 (4)	0	0	0
<b>Total Bilirubin</b>	1 (4)	0	0	0
<b>Hemoglobin</b>	3 (12)	3 (30)	5 (20)	2 (22)
<b>Prothrombin Time</b>	1 (4)	0	2 (8)	0
<b>Urine Occult Blood*</b>	5 (20)	2 (20)	9 (36)	0

\*Majority of occult blood findings unconfirmed or in females

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## Summary: Sofosbuvir in HCV Genotype 1

- 12 weeks SOF + RBV provided SVR12 in 84% of treatment-naïve, but only in 10% of null responders
- Addition of GS-5885 increased efficacy of SOF + RBV
  - 100% SVR4 in treatment-naïve patients
  - No impact of HCV genotype subtype, IL28B status, BMI
  - No additional safety or tolerability issues detected
  - No virologic failures

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A background image of a city skyline at night, with lights reflecting on water. The title 'Conclusions' is overlaid in yellow text on a dark blue gradient.

## Conclusions

- In HCV genotype 2 or 3 infection, sofosbuvir + RBV for 12 weeks appears to be a safe and effective regimen for both treatment-naïve and previously treated patients
  - Durations of less than 12 weeks or reduced RBV dose may adversely impact treatment efficacy
- In HCV genotype 1 infection, sofosbuvir + GS-5885 + RBV for 12 weeks appears to be a safe and effective regimen for treatment-naïve patients
  - Awaiting full results in prior null responders