



ADVANCES IN CHRONIC HEPATITIS C: MANAGEMENT AND TREATMENT

INDEPENDENT REPORTING ON AASLD 2015

COMPREHENSIVE EXPERT REVIEW AND DISCUSSION OF KEY PRESENTATIONS

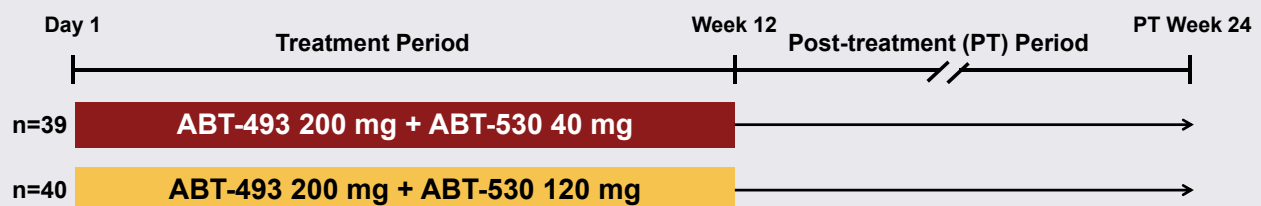
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THE COVERAGE IS NOT SANCTIONED BY THE CONFERENCE ORGANIZERS AND IS NOT AN OFFICIAL PART OF THE CONFERENCE PROCEEDINGS.

98%–100% SVR4 in HCV Genotype 1 Non-Cirrhotic Treatment-Naïve or Pegylated Interferon/Ribavirin Null Responders with the Combination of the Next Generation NS3/4A Protease Inhibitor ABT-493 and NS5A Inhibitor ABT-530 (SURVEYOR-1)

Fred Poordad, Franco Felizarta, Armen Asatryan, Tarek I. Hassanein, Humberto I. Aguilar, Jacob P. Lalezari, J. Scott Overcash, Teresa Ng, Ran Liu, Chih-Wei Lin, Federico J. Mensa, Jens Kort;v Barr, Heather L. Platt, Michael Robertson, Mark S. Sulkowski

Abstract 41

SURVEYOR-I Part 1: Study Design

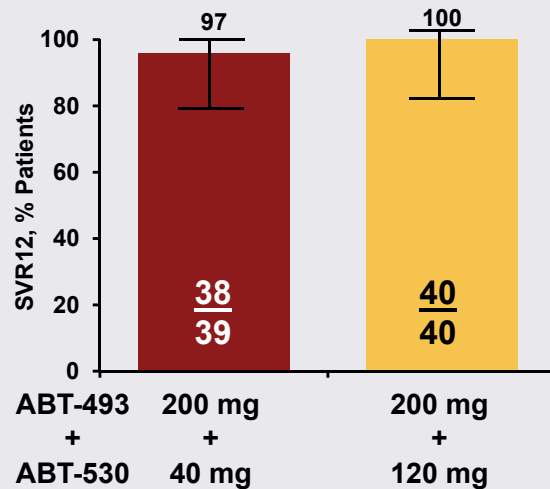


Key Pharmacokinetics:

- Once-daily oral dosing
- Minimal metabolism and primary biliary excretion
- No renal excretion (<1%)

SURVEYOR-I Part 1: ITT SVR12 Rates

- 100% (29/29) treatment-experienced patients achieved SVR12
- 98% (49/50) treatment-naïve patients achieved SVR12



Poordad F, et al. 66th AASLD; San Francisco, CA; November 13-17, 2015; Abst. 41.

SURVEYOR-I Part 1: Treatment Failure

One Patient in the Low Dose Arm Relapsed at Post-treatment Week 4

	Patient Characteristics
Treatment arm	ABT-493 200 mg + ABT-530 40 mg
Age, years	55
Gender	Male
Race	White
Baseline fibrosis stage	F0 – F1
HCV subgenotype	1a
<i>IL28B</i> genotype	C/C
Treatment experience	Naïve
Resistant variants at baseline	None
Resistant variants at relapse	NS5A: Q30K + H58D

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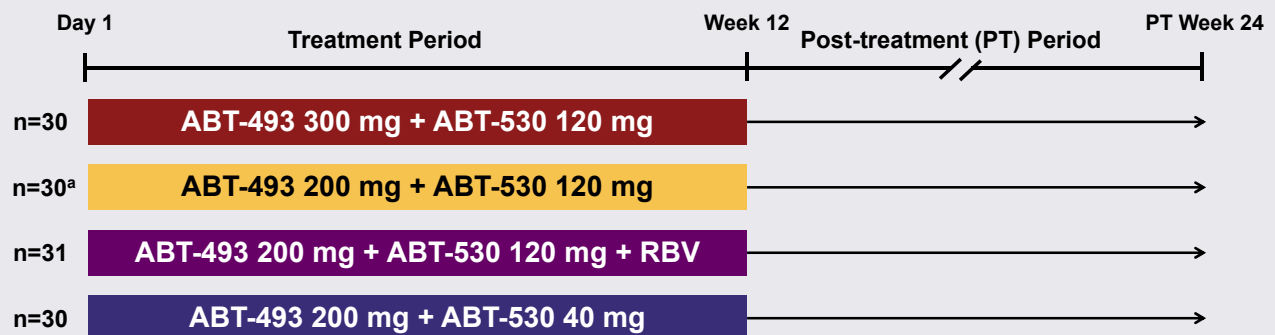
High SVR4 Rates Achieved With the Next Generation NS3/4A Protease Inhibitor ABT-493 and NS5A Inhibitor ABT-530 in Non-Cirrhotic Treatment-Naïve and Treatment- Experienced Patients With HCV Genotype 3 Infection (SURVEYOR-2)

Paul Y. Kwo, Michael Bennett, Stanley Wang, Hugo E. Vargas, David L. Wyles, J. Scott Overcash,
Peter J. Ruane, Benedict Maliakkal, Asma Siddique, Bal R. Bhandari, Fred Poordad, Ran Liu, Chih Wei Lin,
Teresa Ng, Federico J. Mensa, Jens Kort

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SURVEYOR-II Part 1 (GT3): Study Design

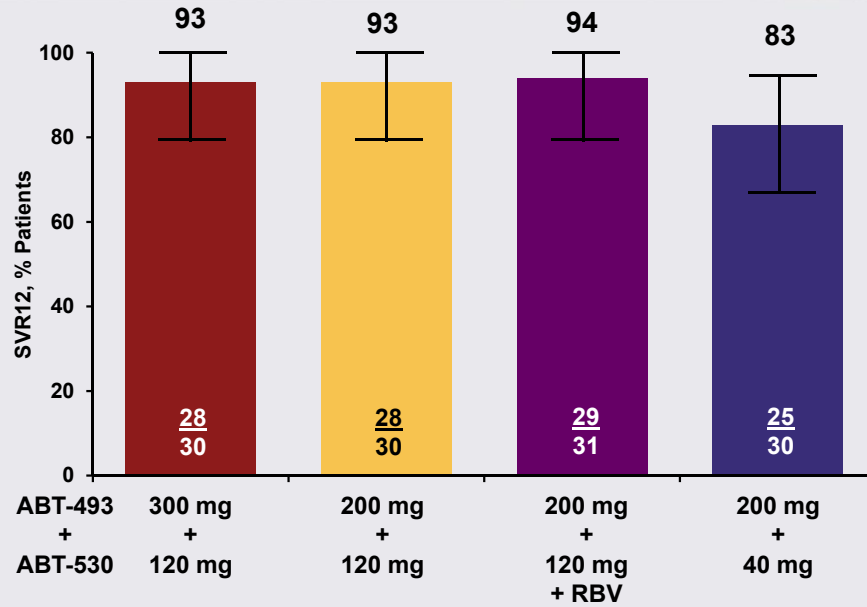
SURVEYOR-II is an open-label, multicenter phase 2 trial evaluating the safety and efficacy of co-administered ABT-493 and ABT-530, at varying doses, ± ribavirin (RBV), in patients with HCV GT2 or GT3 infection



ClinicalTrials.gov: NCT02243293.
N=121.

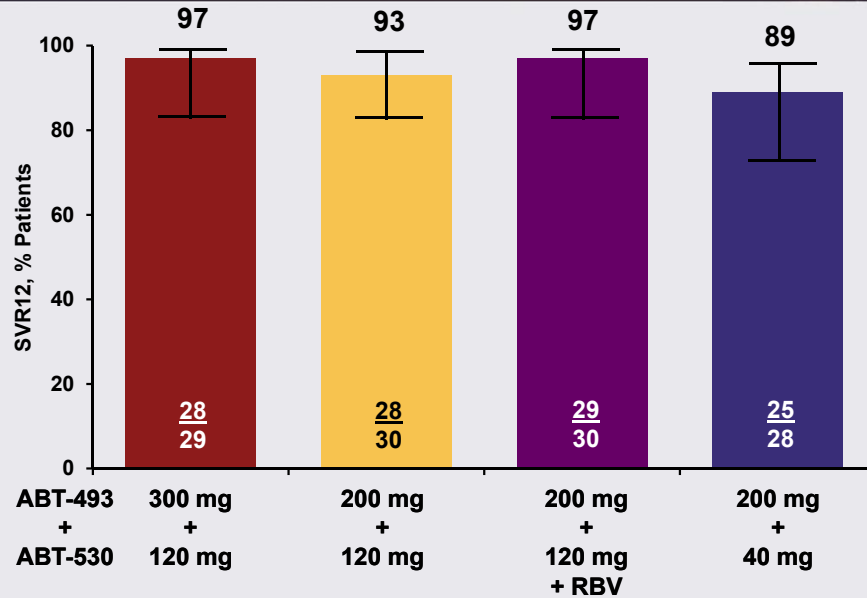
Kwo P, et al. 66th AASLD, San Francisco, CA, November 13-17, 2015; Abst. 248.

SURVEYOR-II Part 1 (GT3): ITT SVR12 Rates by Treatment



Kwo P, et al. 66th AASLD; San Francisco, CA; November 13-17, 2015; Abst. 248.

SURVEYOR-II Part 1 (GT3): Per Protocol SVR12 Rates by Treatment*



*Excluding non-virologic failures.

Kwo P, et al. 66th AASLD; San Francisco, CA; November 13-17, 2015; Abst. 248.

SURVEYOR-II Part 1 (GT3): Amino Acid Variant Analysis by Population Sequencing

Only one virologic failure (relapse) occurred in patients receiving ABT-493 300 mg + ABT-530 120 mg

- At baseline, no NS3 variants and one NS5A (A30K) variant were identified
- At relapse, a double NS3 variant (Y56H + Q168R) and a double NS5A variant (A30K + Y93H) were identified

Prevalence of Baseline Variants^a for Each Treatment Arm

	ABT-493 300 mg + ABT-530 120 mg (n = 30)	ABT-493 200 mg + ABT-530 120 mg (n = 30)	ABT-493 200 mg + ABT-530 120 mg + RBV (n = 31)	ABT-493 200 mg + ABT-530 40 mg (n = 30)
NS3 only, n	5	3	6	3
NS5A only, n	5	8	2	3
NS3 & NS5A, n	0	1	3	1
Total, n (%)	10 (33%)	12 (40%)	11 (35%)	7 (23%)

Variant Positions

- NS3: 56, 80, 155, 156, 166, and 168
- NS5A: 24, 28, 29, 30, 31, 32, 58, 92, and 93

a. Variants included are based on resistance-associated positions; they may not confer resistance to ABT-493 or ABT-530.

Kwo P, et al. 66th AASLD; San Francisco, CA; November 13-17, 2015; Abst. 248.