ONLINE EXPERT POSTER REVIEW AND DISCUSSION Advances in Chronic Hepatitis C Management and Treatment

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A Randomized, Placebo-Controlled Trial of Oral Silymarin (Milk Thistle) For Chronic Hepatitis C: Final Results of the SYNCH Multicenter Study

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Abstract 228

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Silymarin for Hepatitis C Introduction

- Clinical studies have evaluated silymarin for the treatment of cirrhosis, alcoholic liver disease, and viral hepatitis
- The results have been inconsistent
- Previous studies have been confounded by:
 - Lack of well-defined efficacy endpoints
 - Inclusion of heterogeneous populations of patients with liver disease
 - Use of non-standardized silymarin preparations

Silymarin for Hepatitis C Dosing of Silymarin

- A standardized preparation of silymarin was used
 - Legalon[®] 140 (Rottapharm-Madaus)- Approved as a prescription drug in some countries in Europe and Asia
 - Customary oral dose is 140mg tid
- A phase I study identified doses to be used in this trial*
 - 3 to 5-fold higher than customary doses were chosen in order to provide highest likelihood of finding a therapeutic benefit
- Participants were randomized to receive silymarin (SM) or placebo for 24 weeks
 - 700 mg three times daily (5 capsules of SM tid)
 - 420 mg three times daily (3 caps of SM + 2 caps PLA tid)
 - Placebo (5 capsules of placebo tid)

* Hawke et al, 2010

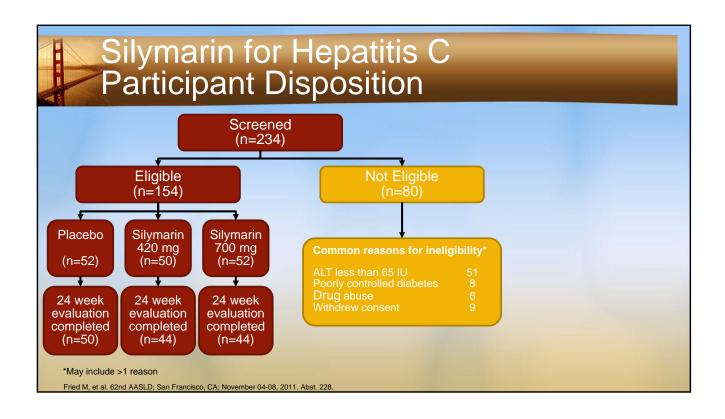
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Silymarin for Hepatitis C Efficacy Measurements

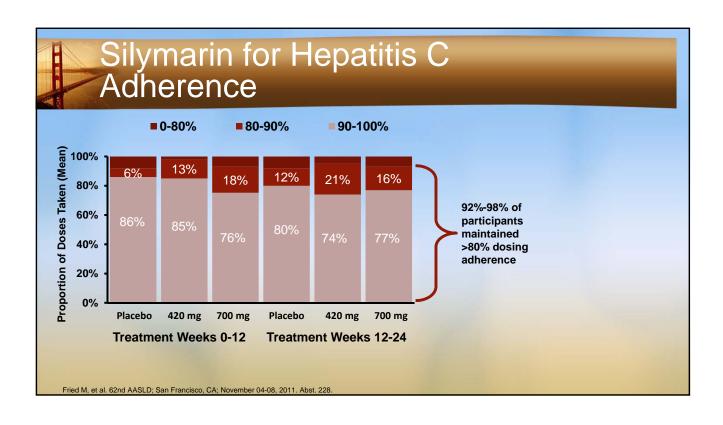
- Primary outcomes after 24 weeks of treatment:
 - Serum ALT < 45 IU (approximate ULN)

OR

- Serum ALT decline of at least 50% to < 65 IU (approximately 1.5X ULN)
- Multiple secondary outcomes:
 - Change in serum ALT and HCV RNA (Abbott RealTime HCV assay, Abbott Molecular)
 - Adverse events
 - Adherence (Medication cups returned/dispensed)
 - Quality of life instruments (CES-D, SF-36, CLDQ)
 - Silybin A pharmacokinetics



Silymarin for Hepatitis C Participant Characteristics **Placebo** Silymarin Silymarin 700 420Mg Characteristic P-value mg (n=50) (n=52)(n=52)Age (median) 54 yrs 54 yrs 0.31 56yrs 0.08 White or Caucasian 45 (88%) 36 (72%) 33 (65%) **Black or African American** 5 (10%) 11 (22%) 15 (29%) Body mass index 29.1 28.5 30.2 0.29 History of diabetes 8 (15%) 6 (12%) 7 (14%) 0.88 **Platelets** 180 173 177 0.98 Albumin (g/dl) 4.1 4.3 4.1 0.37 **HCV Genotype 1** 88% 94% 92% 0.59 HCV RNA (log₁₀ IU) 6.4 6.3 6.1 0.18 Evidence of cirrhosis 11 (21%) 14 (28%) 18 (35%) 0.31 44% 42% 0.92 History of any milk thistle use 46% Fried M, et al. 62nd AASLD; San Francisco, CA; November 04-08, 2011. Abst. 228.



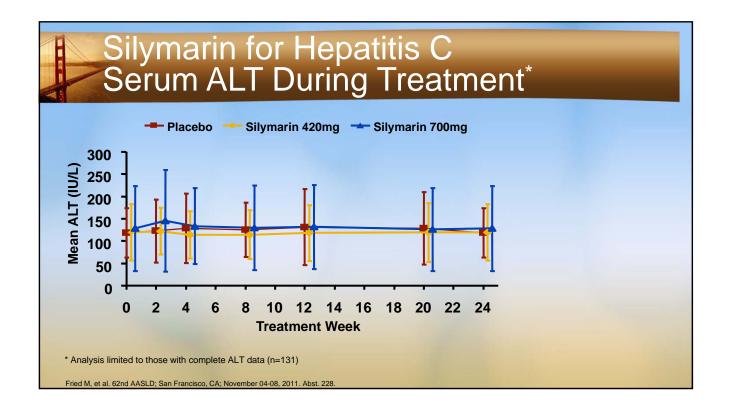
Silymarin for Hepatitis C ITT Analysis of Primary Endpoints

Endpoint	Placebo (n=52)	Silymarin 420 mg (n=50)	Silymarin 700mg (n=52)	<i>P</i> -value
ALT <u><</u> 45 IU	1 (1.9%)	2 (4%)	2 (4%)	0.8
Serum ALT decline of at least 50% to < 65 IU	2 (3.8%)	1 (2%)	2 (3.8%)	0.8
Either of the above	2 (3.8%)	2 (4%)	2 (3.8%)	1.0

Silymarin for Hepatitis C Analysis of Secondary Endpoints

Endpoint*	Placebo	Silymarin 420 mg	Silymarin 700 mg	<i>P</i> -value
Change in ALT (IU/L)	-4.3	-14.4	-11.3	0.75
Change in HCV RNA (log ₁₀ lU)	0.07	-0.03	0.04	0.54
Changes in Quality of Life				
CESD score	-0.26	-0.73	-0.41 (12.5) ^{M8}	0.97
SF36 (Physical)	-0.69	-2.86	-0.27	0.18
SF36 (Mental)	0.24	0.35	-0.90	0.68
Chronic Liver Disease Questionnaire (CLDQ)	0.12	-0.10	-0.03	0.26

^{*} Data provided as mean values



Silymarin for Hepatitis C Adverse Events

	Placebo	Silymarin 420mg	Silymarin 700mg	<i>P</i> values*
	(n)	(n)	(n)	
Adverse events*	34	31	29	0.84
Serious AEs	1	6**	5	0.08
Most common classes of AEs				
Gastrointestinal	4	8	6	0.56
Musculoskeletal	4	2	3	0.70
Dermatologic	3	0	4	0.67
Infection	3	1	3	0.44
Physical Injury	1	1	3	0.65
Others	19	19	10	0.17

^{*}Most AEs were mild-moderate

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Silymarin for Chronic HCV Summary

- This randomized, placebo-controlled, double-blinded study:
 - Administered a well-characterized silymarin product for a prolonged period
 - Focused on a specific liver disease
 - Enrolled a large cohort across 4 US centers
 - Had excellent adherence with study medication
 - Employed well-defined treatment outcomes
- There was no significant change in serum ALT activity in the silymarin treatment arms
- Similarly, symptom scores and quality of life measures were unchanged during silymarin treatment

^{**}One death by suicide 12 weeks post-treatment