


REPORTING ON AASLD 2017

**ADVANCES IN CHRONIC HEPATITIS C:
MANAGEMENT AND TREATMENT**

**COMPREHENSIVE EXPERT REVIEW AND
DISCUSSION OF KEY PRESENTATIONS**



AN INDEPENDENT CME ACTIVITY JOINTLY PROVIDED BY POSTGRADUATE INSTITUTE FOR MEDICINE AND VIRALED, INC.
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TREATMENT OF ACUTE HCV AND THE ISSUE OF REINFECTION

Jürgen Rockstroh, MD
Department of Medicine I
University of Bonn, Germany

TREATMENT OF ACUTE HCV

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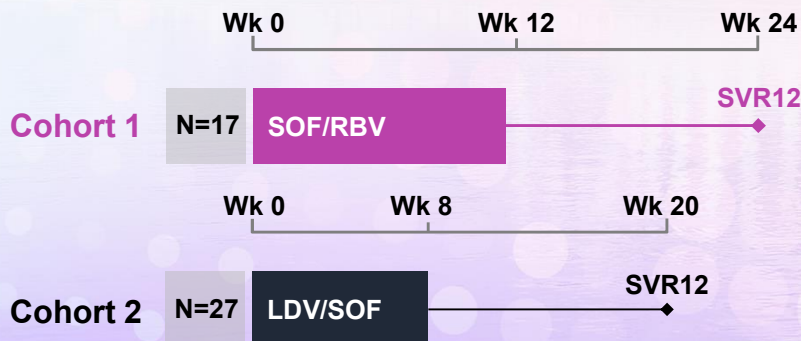
**100% SVR WITH 8 WEEKS OF LEDIPASVIR/SOFOSBUVIR
IN HIV-INFECTED MEN WITH ACUTE HCV INFECTION:
RESULTS FROM THE SWIFT-C TRIAL
(SOFOSBUVIR-CONTAINING REGIMENS WITHOUT INTERFERON
FOR TREATMENT OF ACUTE HCV IN HIV-1 INFECTED INDIVIDUALS)**

Susanna Naggie, Daniel S. Fierer, Michael Hughes, Arthur Y. Kim, Anne Luetkemeyer, Vincent Vu, Jhoanna Roa, Diana M. Brainard, John G. McHutchison, Marion G. Peters, Jennifer J. Kiser, Kristen M. Marks, Raymond T. Chung

Abstract 196

A5327: STUDY DESIGN

- Open label, two-cohort clinical trial (N=44)
- Cohort 1 - SOF 400mg QD + WBR for 12 weeks – completed¹
- Cohort 2 - LDV/SOF FDC QD for 8 weeks – follow-up complete
- Key eligibility criteria: Limited to GT1 or 4; Enrollment ≥ 12 and < 24 weeks from first laboratory evidence of acute infection



Naggie S, et al. CID 2016;1; Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196; Naggie S, et al. 66th AASLD; San Francisco, CA; November 13-17, 2015; Abst. 1094.

A5327 STUDY: DEMOGRAPHICS AND BASELINE CHARACTERISTICS

	LDV/SOF 8 weeks N=27
Age, years: median (IQR)	46 (38-50)
Male, n (%)	27 (100)
White, n (%)	11 (41)
Hispanic, n (%)	9 (33)
IV Drug Use Ever, n (%)	5 (19)
<i>IL28B</i> CC, n (%)	16 (59)
GT 1, n (%)	26 (96)
First HCV infection, n (%)	22 (81)
HCV RNA, log ₁₀ IU/mL: mean ± SD	5.34 ± 1.89
HCV RNA, log ₁₀ IU/mL: median (IQR)	6.17 (4.51-6.55)
Alanine aminotransferase (ALT), mg/dL: median (IQR)	133 (47-393)
Total bilirubin, mg/dL: median (IQR)	0.60 (0.50-1.20)
Time from first lab evidence of infection, days: median (IQR)	116 (98-156)
CD4, cells/μL: median (IQR)	561 (441-698)

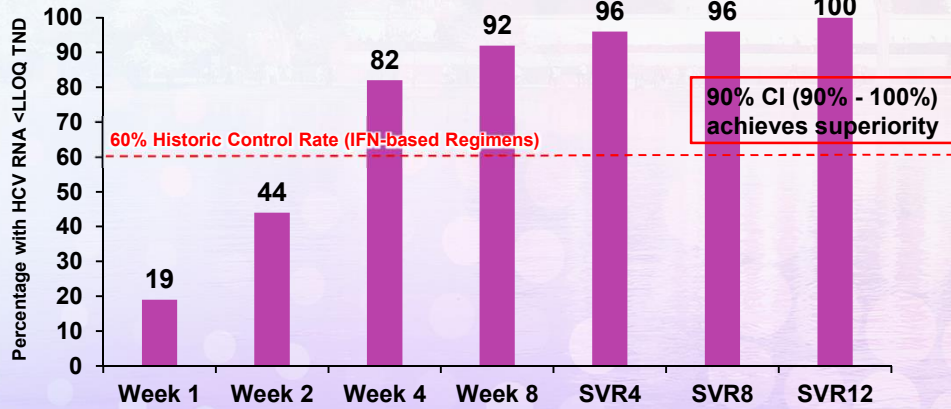
Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196.

A5327 STUDY: RESULTS - ANTIRETROVIRAL REGIMENS

	LDV/SOF 8 weeks N=27
Receiving HIV treatment at screen, n (%)	27 (100)
Boosted-PI, n (%)	7 (26)
Darunavir/r	3 (11)
Atazanavir/r	4 (15)
NNRTI, n (%)	9 (30)
Efavirenz	3 (11)
Rilpivirine	5 (19)
Nevirapine	1 (4)
Integrase, n (%)	14 (52)
Raltegravir	3 (11)
Dolutegravir	6 (22)
Elvitegravir	5 (18) 9 TDF-boosted
NRTI, n (%)	27 (100)
Tenofovir/emtricitabine	23 (85)
Abacavir/lamivudine	4 (15)

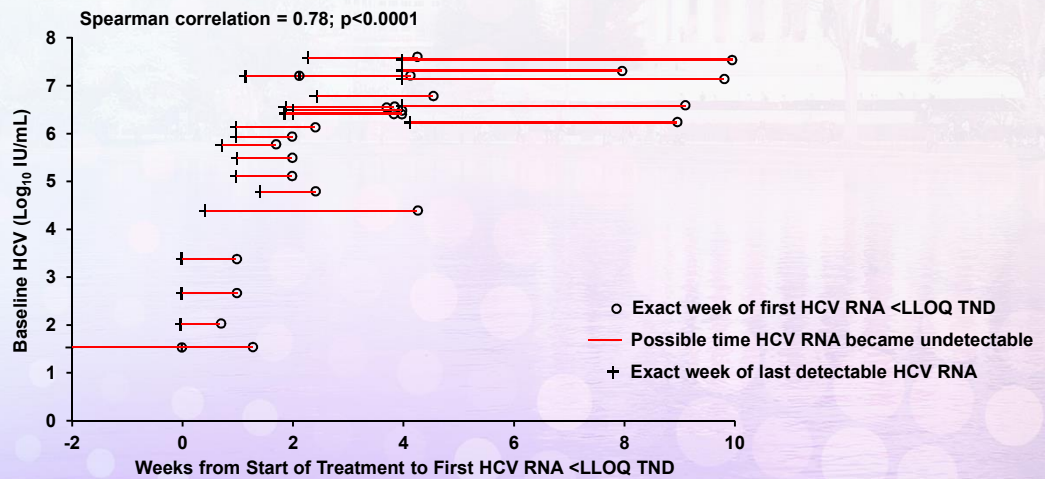
Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196.

A5327 STUDY: RESULTS - ON TREATMENT AND SVR



Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196.

A5327 STUDY: RESULTS - BASELINE HCV RNA AS PREDICTOR OF VIRAL KINETICS



Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196.

A5327 STUDY: RESULTS - SAFETY SUMMARY ON TREATMENT, 28 DAYS F/U

	Patients, n (%)	LDV/SOF 8 Weeks
		N=27
Overall safety	Grade \geq 2 AEs	9 (33)
	Grade 3–4 AE diagnosis/sign/symptom	2 (7)
	Grade 3–4 AE laboratory abnormality	3 (11)
	Serious AE	1 (unrelated)
	Treatment D/C due to AE	0
	Death	0

- CD4 counts increased between baseline and 24-week f/u
 - No patient had confirmed HIV virologic rebound

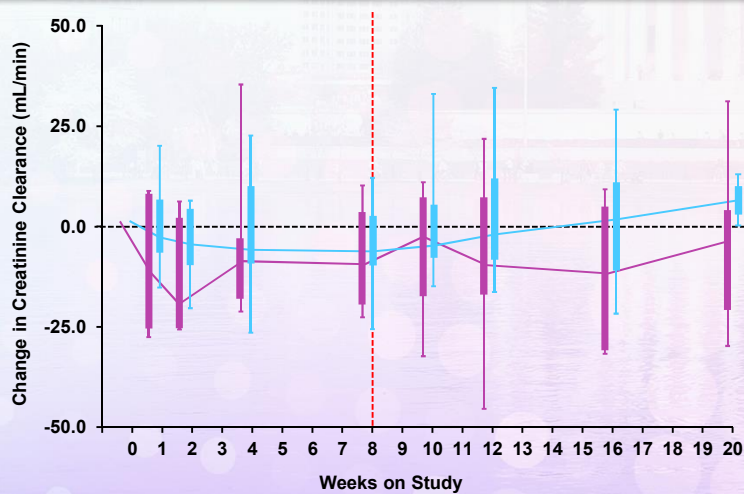
Grade 2 AE: vomiting, cough, abdominal pain, nasal drainage/congestion, fatigue;

Grade 3 AE: trauma skull fracture, shingles, dental pain

Grade 3 Lab AE: elevated Tbili in participants on ATV, lipase

Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196.

A5327 STUDY: PHARMACOLOGIC BOOSTING IMPACT ON RENAL TOXICITY THRESHOLDS - CRCL CHANGE

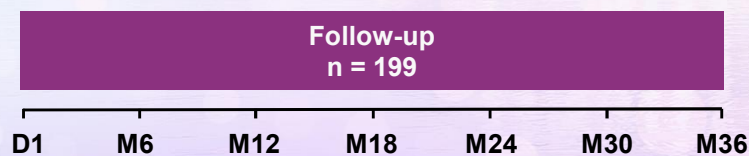


Naggie S, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 196.

HCV REINFECTION

C-EDGE CO-STAR PART B: 3-YEAR OBSERVATIONAL FOLLOW-UP TRIAL

- Open to all participants who received ≥ 1 dose of EBR/GZR in Part A
- Assessments every 6 months
 - HCV RNA^a
 - Comparison of viral sequences at baseline and virologic recurrence to determine reinfection^b
 - Urine drug screen
 - Participant-reported behaviors
 - Behavioral questionnaire: self-reported drug use



M, month.

^a HCV RNA determined with Cobas® AmpliPrep/Cobas® Taqman™ HCV Test, version 2.0.

^b Genotype determined by Abbott RealTime HCV Genotype II. Next-generation sequencing performed on sequences at the NS3 and NS5A regions with $\approx 1\%$ sensitivity threshold.

Dore G, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 195.

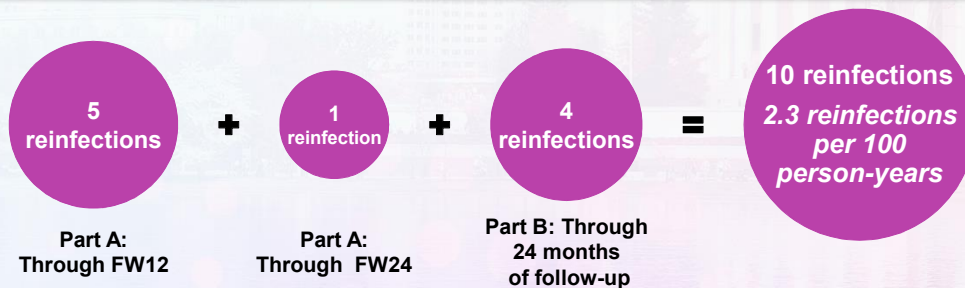
C-EDGE CO-STAR PART B: ONGOING RISK BEHAVIOR—URINE DRUG SCREEN

	Participants With Urine Drug Screen Results					
	Part A Day 1 (n = 199)	Part B Enrollment (n = 192)	6-Month Follow-up (n = 190)	12-Month Follow-up (n = 177)	18-Month Follow-up (n = 172)	24-Month Follow-up (n = 111)
Any positive urine drug screen ^a	59%	60%	59%	62%	59%	60%
Amphetamines	7%	8%	8%	5%	6%	2%
Cocaine	10%	12%	11%	14%	13%	20%
Opioids	22%	27%	21%	24%	27%	22%
Benzodiazepines	24%	24%	23%	21%	23%	21%
Cannabinoids	23%	28%	28%	29%	28%	32%

^a Excludes methadone and buprenorphine.

Dore G, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 195.

C-EDGE CO-STAR PART B: INCIDENCE OF REINFECTION



All Reinfections: From End of Treatment Through 24 Months of Follow-up

• 10 reinfections • 426 person-years • 2.3 reinfections per 100 person-years (95% CI: 1.1, 4.3)

Persistent Reinfections: From End of Treatment Through 24 Months of Follow-up (includes only those participants with persistent HCV RNA)

• 7 reinfections • 429 person-years • 1.6 reinfections per 100 person-years (95% CI: 0.7, 3.4)

Clearance of reinfection was observed in 3/10 (30%) reinfection cases

CI, confidence interval; FW, follow-up week.

Dore G, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 195.

C-EDGE CO-STAR PART B: INCREASED RISK OF REINFECTION BASED ON REPORTED INJECTION DRUG USE DURING FOLLOW-UP

199 participants enrolled in Part B
From the end of treatment through all available follow-up

74 participants (37%)
reported injection drug use

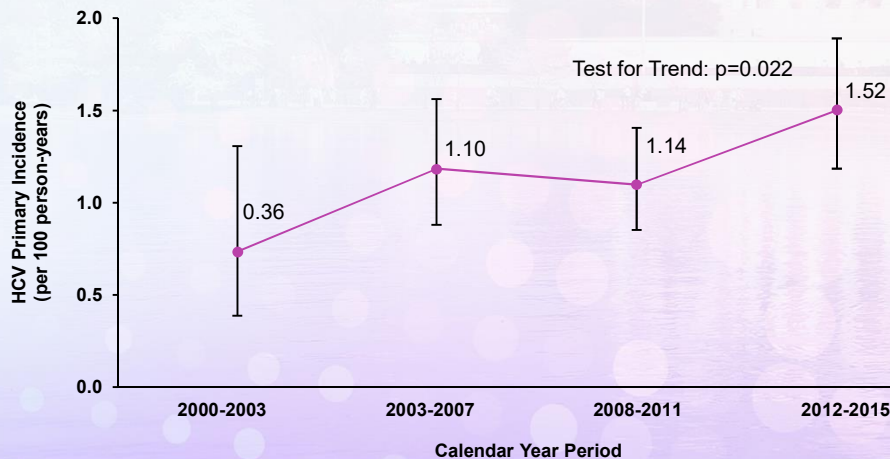
125 participants (63%)
reported NO injection drug use

Rate of reinfection:
4.2 reinfections/100 person-years
95% CI: 1.5, 9.2

Rate of reinfection:
0.4 reinfections/100 person-years
95% CI: 0.0, 2.3

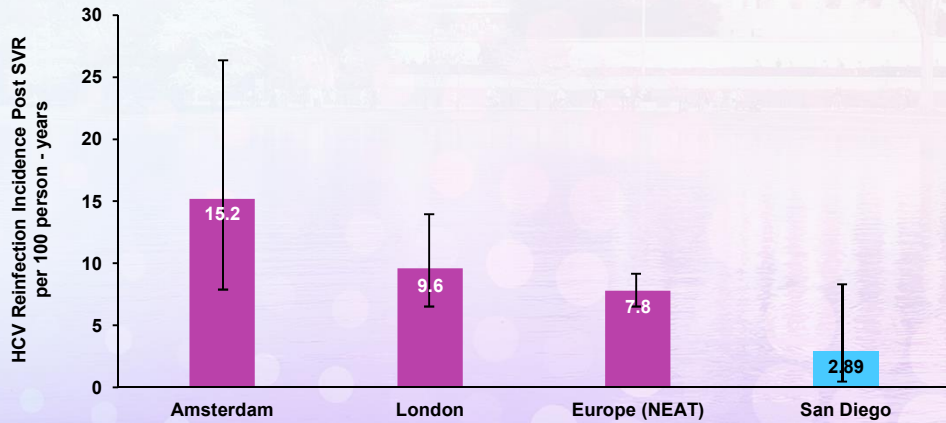
Dore G, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 195.

INCREASING HCV PRIMARY INCIDENCE AMONG HIV+ MSM IN SAN DIEGO



Chaillon A, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 124.

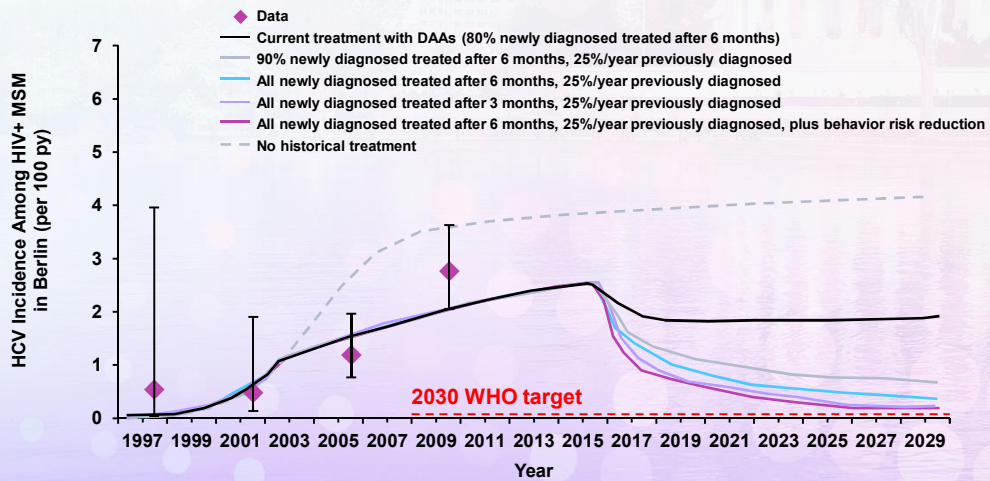
HCV REINFECTION INCIDENCE AFTER SVRAMONG HIV+ MSM



1. Lambers et al. AIDS 2011; 25(17):F21-7.
2. Martin LCS et al. AIDS 2013; 27:2551-2557
3. Ingiliz P et al. J Hepatol 2017;66:282-287.
4. Chailion A et al. submitted

Chailion A, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 124.

CAN HCV BE ELIMINATED AMONG HIV-INFECTED MSM IN BERLIN?



Ingiliz P, et al. 68th AASLD; Washington, DC; October 20-24, 2017; Abst. 1050.