

# Real-world data on elbasvir/grazoprevir for HCV infection in HIV/non-HIV patients

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## Background and Aim

- Elbasvir/Grazoprevir (EBV/GZR) is a two-drug fixed-dose combination containing 50 mg of EBV and 100 mg of GZR in a single tablet.
- EBV/GZR is approved for treatment of chronic hepatitis C infection in patients with or without compensated cirrhosis infected with HCV genotypes 1a, 1b, and 4.
- There are few real-world data on the effectiveness of EBV/GZR for treatment of chronic hepatitis C.
- We assessed the effectiveness and safety of EBV/GZR in the Madrid Registry of Use of DAA for HCV (Madrid RUA-VHC), a large prospective registry of individuals receiving direct-acting antivirals (DAAs) for the treatment of HCV infection.

## Methods

### RUA-VHC (Madrid Registry of Use of DAA for HCV)

- Prospective registry of adults ( $\geq 18$  years) undergoing therapy with DAAs for HCV infection in the region of Madrid
  - Madrid-CoRe (Madrid Coinfection Registry)
  - Madrid-MoRe (Madrid Monoinfection Registry)
- Compulsory for all hospitals from the Madrid Regional Health Service (SERMAS)
- 21,157 patients registered between Nov 2014 and Jul 2018

### Key inclusion criteria

- Treatment with EBV/GZR
- Scheduled to finish treatment on or before March 1, 2018
- Retreatment after all-oral DAAs were excluded

### Primary endpoint

- Week 12 sustained viral response (SVR<sub>12</sub>) by intention-to-treat analysis (ITT) and by modified ITT (m-ITT), excluding patients who discontinued therapy for reasons other than adverse events (AEs)

### Secondary endpoints

- Viral relapse
- Viral breakthrough
- Discontinuation of treatment due to AEs
- Discontinuation of treatment for reasons other than AEs

## Flow chart

21,157 patients with HCV infection initiated DAA-based Rx in Madrid from Nov 2014 to Jul 2018

1,620 patients met inclusion criteria

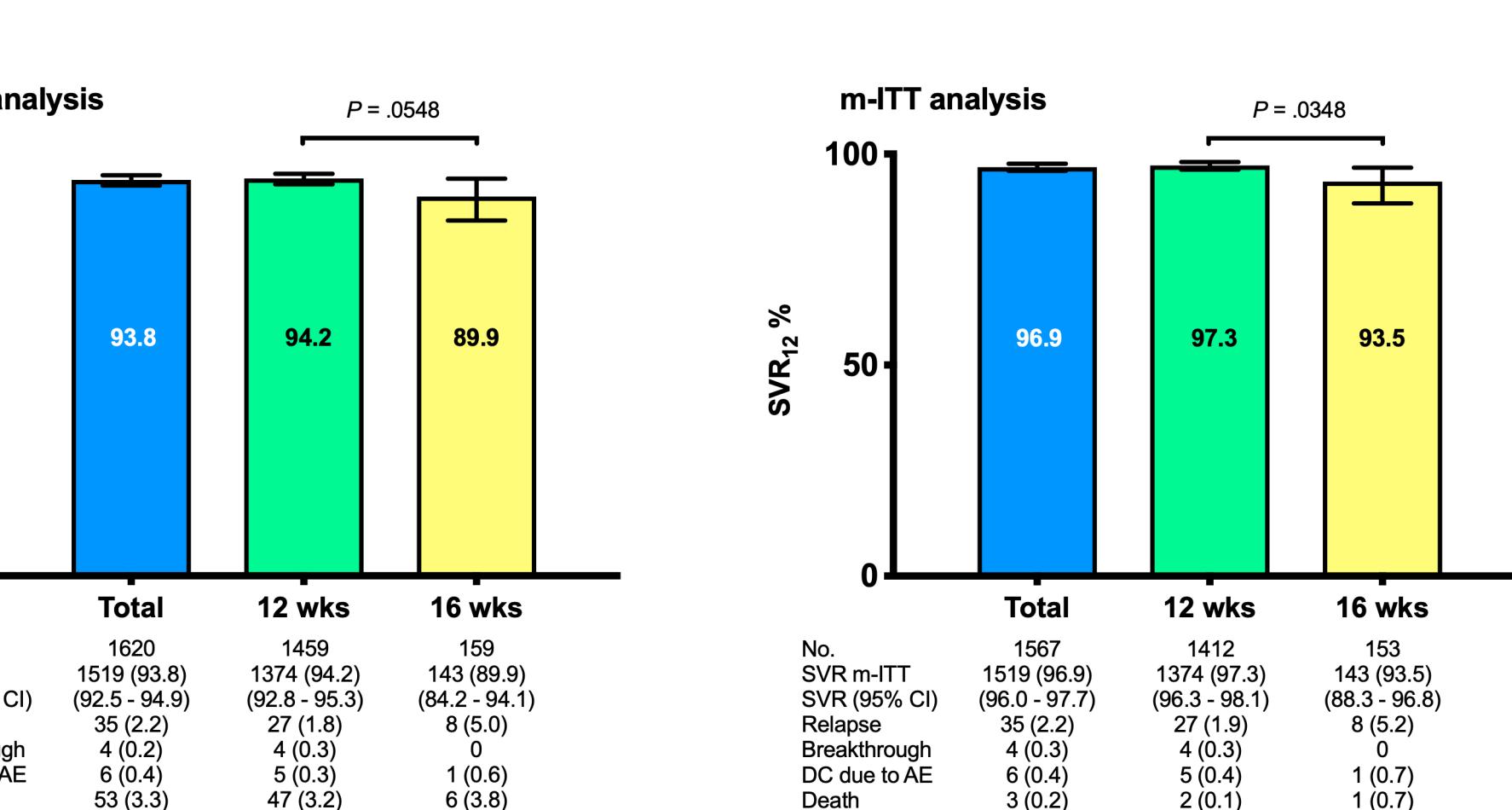
1,486 HCV-monoinfected patients (MoP)  
134 HIV/HCV-coinfected patients (CoP)

## Characteristics of the study population

Variables	MoP	CoP	P	Total
N=1,486	N=134			N=1,620
Age – median (IQR)	59 (52-69)	51 (44-54)	<0.001	58 (51-69)
Male sex – n (%)	733 (49.3)	118 (88.1)	<0.001	851 (52.5)
Prior anti-HCV therapy – n (%)	345 (23.2)	35 (26.1)	0.45	380 (23.5)
Genotype – n (%)			<0.001	
1a	224 (15.1)	50 (37.3)		274 (16.9)
1b	1107 (74.5)	25 (18.7)		1132 (69.9)
1 not subtyped	14 (0.9)	2 (1.5)		16 (1.0)
4	141 (9.5)	57 (42.5)		198 (12.2)
HCV RNA Log IU/mL – Median (IQR)	6.3 (5.7-6.7)	6.1 (5.6-6.7)	0.34	6.3 (5.7-6.7)
HCV RNA > 800.000 IU/mL – n (%)	990 (66.6)	88 (65.7)	0.82	1078 (66.5)
Cirrhosis – n (%)	226 (15.2)	20 (14.9)	0.13	246 (15.2)
Transient elastography – n (%)				
No	58 (3.9)	4 (3.0)		62 (3.8)
Yes	1428 (96.1)	130 (97.0)		1558 (96.2)
Stiffness IPa – Median (IQR)	6.3 (4.9-9.3)	6.9 (5.1-9.0)	0.47	6.3 (4.9-9.3)
Duration of therapy			<0.001	
8 wk	2	0		2 (0.1)
12 wk	1,351 (90.9)	108 (80.6)		1,459 (90.1)
16 wk	133 (9.0)	26 (19.4)		159 (9.8)
Use of ribavirin	111 (7.5)	20 (14.9)	0.002	131 (8.1)

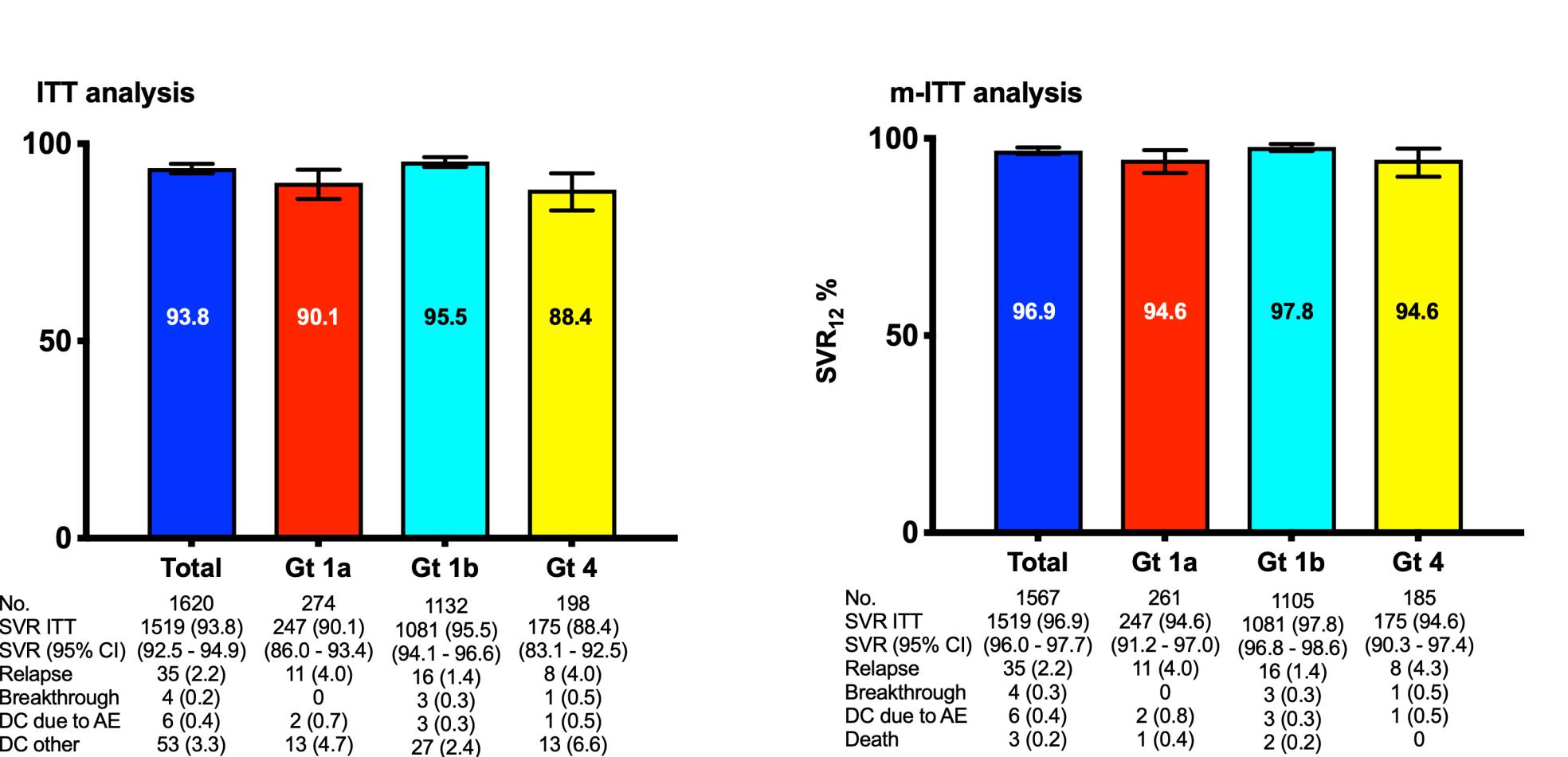
MoP = HCV monoinfected patients. CoP = HIV/HCV coinfected patients

## Treatment outcomes at 12 vs 16 weeks\*



\*2 patients treated for 8 weeks not included; both achieved SVR

## Treatment outcomes by HCV Genotype\*



\*16 patients with non-subtyped Genotype not included; all achieved SVR

## Results of logistic regression models to identify independent baseline predictors of treatment failure by m-ITT analysis

Variable	Univariable	P	Multivariable model 1*	OR (95% CI)	P	Multivariable model 2†
Age						
<50	1.14 (0.55 - 2.37)	0.730	1.39 (0.64 - 3.04)	0.404		
≥50						
Sex						
Male	1.00		1.00			
Female	0.99 (0.66 - 1.77)	0.985	1.39 (0.74 - 2.61)	0.302		
Cirrhosis						
No	1.00		1.00			
Yes	1.55 (0.76 - 3.18)	0.227	1.65 (0.79 - 3.44)	0.181		
Unknown	2.00 (0.46 - 8.63)	0.354	2.26 (0.51 - 10.05)	0.284		
HCV genotype						
1b	1.00		1.00			
1a	2.57 (1.21 - 5.47)	0.014	2.77 (1.13 - 6.82)	0.026	2.96 (1.38 - 5.08)	0.005
4	2.55 (1.30 - 5.01)	0.006	2.48 (1.00 - 6.15)	0.050	2.59 (1.32 - 5.08)	0.006
HCV RNA IU/mL						
< 800.000	1.00		1.00			
≥ 800.000	1.94 (0.96 - 3.92)	0.066	2.07 (0.97 - 4.40)	0.059	2.16 (1.06 - 4.42)	0.035
HIV-infection						
No	1.00		1.00			
Yes	2.33 (1.07 - 5.09)	0.034	1.75 (0.71 - 4.30)	0.225		
Treatment duration						
12 weeks	1.00		1.00			
16 weeks	2.53 (1.23 - 5.18)	0.011	0.44 (0.08 - 2.38)	0.339		
Ribavirin						
No	3.15 (1.53 - 6.49)	0.002	3.02 (0.57 - 16.01)	0.194		

\*Multivariable model 1 is a fully adjusted one, including every variable detailed in the first column.

†Multivariable model 2 includes variables with a P-value <0.05 in the multivariable analysis.

## Conclusions

- The results of this large prospective real-world study analyzing treatment outcomes for EBV/GZR against HCV in DAA-naïve patients were similar to those found in pivotal clinical trials
- Factors associated with treatment failure included infection by HCV G1a or G4 and liver cirrhosis by ITT analysis, as well as infection by HCV G1a or G4 and HCV RNA ≥800K IU/mL by m-ITT analysis.
- HIV-infection was not associated with response to treatment

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## HIV-related variables in HIV/HCV coinfected patients

Variables	Total
N=134	
HIV risk factor – n (%)	
Injection drug use	78 (58.2)
Men who have sex with men	42 (31.3)
Heterosexual relations	3 (2.2)
Other/unknown	11 (8.2)
ART – n (%)	
No	7 (5.2)
Yes	127 (94.8)
ART regimen before DAA – n (%)	
2nRTI+1PI	0
2nRTI+1 INSTI	97 (76.4)
2nRTI+1nnRTI	21 (16.5)
PI monotherapy	1 (0.8)
Other	21 (15.7)
ART change prior to DAA Rx – n (%)	
No	75 (59.1)
Yes	47 (37.0)
Unknown	5 (3.9)
Baseline CD4+/mm <sup>3</sup> – n (%)	
Unknown	74 (55.2)
Known	60 (44.8)
Median (IQR)	685 (472-668)
HIV-RNA – n (%)	
Unknown	12 (9.0)
Known	122 (91.0)
Detectable	5 (4.1)
Undetectable	117 (95.9)

## Treatment outcomes: MoP vs CoP

