A Phase 3, Global, Multicenter, Open-Label Study to Investigate the Efficacy of Elbasvir/Grazoprevir Fixed-Dose Combination for 8 Weeks in Treatment-Naïve, HCV GT1b-Infected Patients, with non-severe fibrosis : STREAGER

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INTRODUCTION

Genotype 1b is the most common HCV genotype globally, accounting for the largest proportion of infections in Europe, Latin America, Russia, Turkey, and East Asia. Reducing treatment duration can improve adherence and reduce drug exposure. Accordingly, we evaluate the efficacy of 8 weeks of the NS5A inhibitor elbasvir 50 mg/d (EBR) and protease inhibitor grazoprevir 100mg/d (GZR) among treatment-naïve, with non-severe fibrosis.

PATIENTS AND METHODS

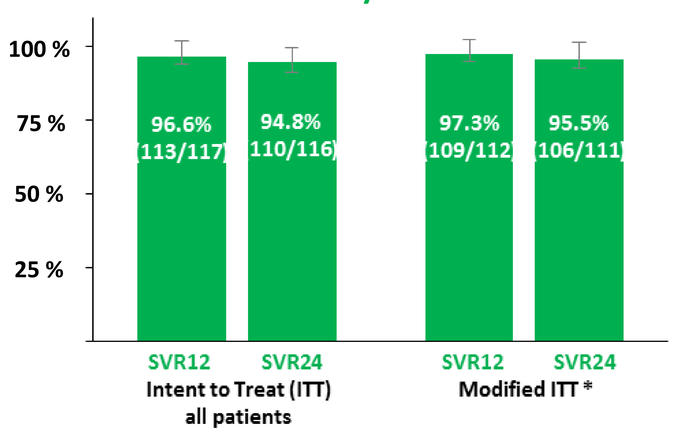
Analysis included 112 treatment-naïve (TN) patients, with non-severe fibrosis (Fibroscan®<9.5 kPa and Fibrotest®<0.59), HCV GT1b mono-infected patients enrolled in STREAGER trial, a study which included 117 patients. Historic labs were used for enrollment. Subsequent genotyping by sequencing identified 5 patients with non-1b genotype (2 GT1a, 1 GT1h, 1 GT1e and 1 GT1l); these patients are excluded from the analysis population. The primary end point was the proportion of patients with HCV RNA below the lower limit of quantification (LLOQ) 12 weeks after treatment (SVR12).

RESULTS

Patient Characteristics

	All patients N=112
Female, n (%)	77 (69)
Age, mean (SD)	54 (13)
BMI, mean (SD)	24.4 (4.3)
ALAT > N, n (%)	51 (46)
Baseline viral load, n (%)	
≤800,000 IU/mL	42 (37.5)
>800,000 IU/mL	70 (62.5)
Fibrosis :	
Fibroscan® (F0-F1 <7,1kPa), n (%)	100 (89)
Fibrotest® (F0-F1 <0,32), n (%)	69 (62)
APRI < 1, n (%)	107 (96)
FIB-4 < 1.45 , n (%)	74 (66)
FIB-4 < 2.5 , n (%)	111(99)
Hépascore® < 0.50 , n/N (%)	81/99 (82%)

Efficacy results



** Five patients were excluded from the analysis as they had a genotype non-1b*

Characteristics of the 5 relapsers

	BMI Kg/m2	ALT ULN	Viral load IU/mL	Fibrosis Score	Date of relapse	RAS at baseline	RAS at relapse
Patient 1	31.4	1.6	14.000.000	6.4 kPa (F0-F1)	FU 12	Y93H[a]	Y93H[a]
Patient 2	25.5	0.7	16.437.573	5.1 kPa (F0-F1)	FU 4	L31M[a] Y93H[a]	L31M[a] Y93H[a]
Patient 3	22.5	1.25	8.250.000	4.9 kPa (F0-F1)	FU 12	Y93H[a]	L31M[a] Y93H[a]
Patient 4	28.3	0.9	1 819 701	6.3 kPa (F0-F1)	FU 24	Y93H[a]	Y93H[a] L31F[a]
Patient 5	20.3	0.5	5 736 800	4.3 kPa (F0-F1)	FU 24	Y56F[b] Y93H[a]	Y56F[b] R155W[b] L31V[a] Y93H[a]

[a] NS5A RAS [b] NS3 RAS

Mean age was 54 ± 13 years, 69 % were Female, viral load higher than 800.000 IU/ml: 70/112 (62.5%); ALT higher than the upper limit of normal: 51/112 (46%). Using Fibrotest® (FT), 69 patients had a F0-F1 fibrosis score (FT<0.32); by Fibroscan® (FS) 100 had F0-1 fibrosis score (FS<7.1 kPa). By the end of treatment (EOT) at 8 weeks, 94.6% (106/112) of patients had HCV RNA<LLOQ, 4.5% had HCV RNA quantifiable (5/112) and for 1 patient the result was not interpretable. Four weeks after EOT (SVR4), 99% of patients had HCV RNA<LLOQ (111/112). Twelve weeks after EOT (SVR12) 97.3% (109/112) of patients had HCV RNA<LLOQ. Overall, 3 patients relapsed at week 12 and 2 other patients at week 24 post-treatment despite reaching SVR12. SVR24 results was 95.5% (106/111), one patient is lost to follow-up. No adverse event grade III or IV was observed. The main adverse events with a frequency higher than 10% were asthenia (28%), headache (23%) and digestive disorders (13%).

CONCLUSION

High SVR12 (109/112, 97.3%) and SVR24 (106/111, 95.5%) with a favourable tolerability profile and no significant adverse effect was observed in a TN non severe fibrosis GT1b-infected population treated 8 weeks by Elbasvir/ Grazoprevir combination therapy