A Sub-Analysis of Puerto Rican Hepatitis C Infected Patients Enrolled in Phase 2 & 3 Glecaprevir-Pibrentasvir Clinical Program

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Presented at HIV & Hepatitis in the Americas 2019 • Bogotá, Colombia • 4–6 April 2019

BACKGROUND

- Chronic hepatitis C virus (HCV) infection is a leading cause of cirrhosis and advanced liver disease, and achieving a sustained virologic response (SVR) is associated with reduced risk of developing cirrhosis, hepatic decompensation, and death.
- Glecaprevir (G)/PIB protease inhibitor and pibrentasvir (NS5A inhibitor) are direct-acting antivirals (DAA) co-formulated as a once-daily, fixed-dose combination regimen (G/P) to treat genotype (GT) 1–6 HCV infection.
- HCV therapies with simpler treatment algorithms and shorter treatment duration are critical to achieving the World Health Organization goal of eliminating HCV by the year 2030.

G/P is Approved for Patients with HCV GT1–6 Infection


OBJECTIVE

- To describe the clinical characteristics and virologic response rate of patients in Puerto Rico treated with G/P in phase 2, 3, and 3b clinical studies

METHODS

- Data were pooled from 14 Phase 2, 3, and 3b clinical trials conducted in 32 countries and representing 3,233 treatment-naïve and treatment-experienced patients with chronic HCV GT1–6 infection who received G/P once-daily for 8, 12, or 16 weeks.
- Included studies were SURVEYOR-I and -II, ENDURANCE-1, ENDURANCE-2, and M16-133 (APRI study).
- Patients included in this sub-analysis were those who participated in these trials in sites in Puerto Rico

ENDPOINTS & ANALYSIS

- Percentage of patients with SVR12 (HCV RNA <lower limit of quantification 12 weeks after the last dose of study drug)
- The SVR12 was determined in the intent-to-treat (ITT) population which included all patients who received one dose of study drug and in a modified ITT (mITT) population which excluded patients with nonvirologic failure
- Percentage of patients with treatment-emergent adverse events (AE), including AEs leading to discontinuation, AEs occurring in ≥5% of patients, and serious AEs

ADHERENCE

- Adherence for study drug within the treatment period was calculated as the percentage of tablets taken relative to the total tablets expected to be taken.
- Patients were considered adherent if the percentage was between 80% and 120% (if a patient took more tablets than expected over a treatment period, adherence would be >100%)
- Adherence was summarized for patients who received glecaprevir and pibrentasvir as coformulated tablets

RESULTS

- From the 3,233 patients included in the G/P phase 2, 3, and 3b program, this sub-analysis included 79 (2.4%) patients from sites in Puerto Rico.
- The Puerto Rico population was predominantly infected with HCV genotype 1 and was predominantly treatment-naïve (Table 1).
- The population included 25 (32%) patients with compensated cirrhosis (Table 1).
- Over a quarter of patients had HIV co-infection and nearly half reported injection drug use (Table 1).
- Additional baseline patient and viral characteristics are shown in Table 1.

Efficacy

The overall SVR12 rate was 97.5% (77/79; 95% confidence interval: 91.2–99.3) in the ITT population (Figure 1).

- There were no patients who did not achieve SVR12 due to nonvirologic reasons, both of whom were missing SVR12 data.
- The SVR12 rate in the mITT population was 100% (77/77; 95% confidence interval: 95.2–100) (Figure 1).

Figure 1. Efficacy of G/P in Patients in Puerto Rico from the G/P Clinical Trial Program

SAFETY

- Overall, 38 patients (48%) experienced an AE, most of which were Grade 1 or 2 (mild-to-moderate) in severity (Table 2).
- The most common AEs (occurring in ≥5% of patients) were pruritus, diarrhea, fatigue, and headache (Table 2).
- Serious AEs were reported in four patients (5%) (Table 2).
- No serious AEs were assessed by investigators to be related to study drug.
- There were no AEs or serious AEs leading to discontinuation of study drug.
- There were no deaths during the treatment period or during follow-up.
- There were 4 (5%) Grade ≥3 laboratory abnormalities, none of which were deemed to be clinically meaningful (Table 2).

Table 2. Treatment-emergent Adverse Events

<table>
<thead>
<tr>
<th>Safety, n(%)</th>
<th>N=79</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any AE</td>
<td>38 (48)</td>
</tr>
<tr>
<td>Any DAA-related AE*</td>
<td>13 (16)</td>
</tr>
<tr>
<td>Serious AE</td>
<td>4 (5)</td>
</tr>
<tr>
<td>DAA-related serious AE*</td>
<td>0</td>
</tr>
<tr>
<td>AE leading to discontinuation of study drug</td>
<td>0</td>
</tr>
<tr>
<td>Any fatal AE</td>
<td>0</td>
</tr>
<tr>
<td>Deaths</td>
<td>0</td>
</tr>
<tr>
<td>AEs occurring in ≥5% of total population</td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>5 (6)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4 (5)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>4 (5)</td>
</tr>
<tr>
<td>Headache</td>
<td>4 (5)</td>
</tr>
<tr>
<td>Any Grade 3 laboratory abnormality</td>
<td>4 (5)</td>
</tr>
</tbody>
</table>

* Investigator in AbbVie-sponsored clinical trial.

REFERENCES

2. Rosado-Carrió B: Investigator in AbbVie-sponsored clinical trial.
3. Lovell S: Investigator in AbbVie-sponsored clinical trial.
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DISCLOSURES & ACKNOWLEDGMENTS

Medical writing support was provided by Scott Battle, PhD, of Medical Expressions, funded by AbbVie.

The design, study conduct, analyses, and financial support of the study were provided by AbbVie. AbbVie participated in the interpretation of data, reviews, and approval of the content. All authors had access to all relevant data and participated in writing, review, and approval of this presentation.

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