Sofosbuvir/Ledipasvir plus Ribavirin achieves high SVR12 in genotype-3 patients with compensated cirrhosis and similar to Sofosbuvir plus Daclatasvir. A multicentre real life cohort

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Background and aims: Current antiviral therapy for HCV genotype (GT) 3-associated cirrhosis achieves suboptimal sustained virological response (SVR) rates. Daclatasvir (DCV) + Sofosbuvir (SOF) ± ribavirin (RBV) is the only all-oral recommended option due to lower SVR rates of SOF/LDV in patients with cirrhosis. We aimed to evaluate the efficacy and safety of 12 and 24-week SOF+DCV or SOF/LDV ± RBV in a real-life cohort of GT3 patients with cirrhosis.

Patients and methods: Multicenter observational study from two different databases: HepaC-AEEH and Community of Madrid Regional registry. All HCV-cirrhotic patients mono-infected by GT3 and treated with SOF plus a NS5A inhibitor (DCV or LDV) ± RBV between May 2014 and October 2015 were included.

Results: 282 patients were included: 83% male, age 54 years (26-82), 124 (44%) treatment-experienced, 48 (17%) decompensated, 130 (46%) FibroScan >20 kPa and 65 (23%) MELD score >10. 195 (69%) received SOF+DCV and 87 (31%) SOF/LDV. Overall, 88% received RBV. The addition of RBV and extension to 24 weeks were higher in the SOF/LDV group (95% vs. 84%, p=0.004; 83% vs. 62%, p<0.001). A higher percentage of decompensated patients were treated with DCV (21% vs. 10%, p=0.029). 208 patients have reached week 12 of follow-up. Overall SVR12 was 93.8% (195/208), 94% with SOF+DCV and 93.5% with SOF/LDV. SVR12 rates are summarized in table. 13 failures were observed (9 relapses, 1 virological failure, 3 deaths). Previous treatment did not impact on SVR. Platelet <75,000/mL was the only factor associated with non-SVR12 (RR: 3.50; 95%CI 1.23-9.94; p=0.019). In patients with MELD <10 or albumin >3.5 mg/dL, type of NS5A inhibitor did not impact on SVR12 (93% vs 97%, RR 0.96, 95%CI 0.89-1.04; 93% vs 96%, RR 0.97, 95%CI 0.90-1.05, respectively). Only 16 patients (5.7%) presented serious adverse events (SAE), including 3 deaths (1.1%) and 6 discontinuations.
Percentage of SAEs and deaths was higher in decompensated patients (18% vs. 3.1%, p<0.001, 4% vs. 0.4%, p=0.08). SVR12 of all cohort will be presented at the meeting.

**Conclusions:** SOF/LDV+RBV achieved high SVR12 rates in GT3 patients with compensated cirrhosis, similar to SOF+DCV, both with low rates of serious adverse events.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Child A</th>
<th>SVR n (%)</th>
<th>95 CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOF+DCV+RBV</td>
<td>82/87 (94.2%)</td>
<td>0.87-0.98</td>
<td></td>
</tr>
<tr>
<td>SOF+DCV</td>
<td>17/18 (94.4%)</td>
<td>0.72-0.99</td>
<td></td>
</tr>
<tr>
<td>SOF/LDV</td>
<td>61/64 (95.3%)</td>
<td>0.86-0.99</td>
<td></td>
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<tr>
<td>SOF/LDV+RBV</td>
<td>7/9 (77.7%)</td>
<td>0.39-0.97</td>
<td></td>
</tr>
<tr>
<td>SOF/LDV+RBV</td>
<td>4/4 (100%)</td>
<td>0.39-1</td>
<td></td>
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</tbody>
</table>

Disclosures:
Sonia Alonso - Consulting: Abbvie, Gilead; Speaking and Teaching: Abbvie, Bayer, MSD
Javier Crespo - Advisory Committees or Review Panels: Abbvie, Janssen, BMS; Grant/Research Support: MSD, Gilead
Antonio Olveira - Consulting: MSD; Speaking and Teaching: Abbvie, Gilead, MSD
Jose L Calleja - Advisory Committees or Review Panels: Gilead, Abbvie ; Speaking and Teaching: Abbvie, Gilead, Janssen, BMS
Juan Arenas - Advisory Committees or Review Panels: Abbvie; Speaking and Teaching: MSD, BMS, Gilead
Rafael Granados - Advisory Committees or Review Panels: Abbvie; Consulting: Janssen; Speaking and Teaching: Abbvie, Janssen, Gilead
Martin Prieto - Advisory Committees or Review Panels: Gilead, Abbvie, Bristol
Xavier Forns - Consulting: gilead, abbvie, jansen
Juan Turnes - Advisory Committees or Review Panels: Gilead, Abbvie, Janssen, BMS; Speaking and Teaching: MSD, Gilead, Janssen, BMS, Abbvie
Rafael Esteban - Speaking and Teaching: MSD, BMS, Novartis, Gilead, Glaxo, MSD, BMS, Novartis, Gilead, Glaxo, Janssen

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