Efficacy and Safety of 8 Weeks of Glecaprevir/Pibrentasvir in Treatment-Naïve Adults With HCV Genotype 1–6 and Aspartate Aminotransferase to Platelet Ratio Index (APRI) ≤1

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INTRODUCTION

• WHO global target of HCV elimination by 2030 depends on access to testing and treatment and willingness to act.
• Linkage to care following HCV diagnosis is a gap in the HCV care cascade. A per-protocol analysis of the absence of HCV using either laboratory or clinical guidelines.

METHODS

• APRI = (AST/platelets, x 100)/10
• Presence of HLA alleles associated with an increased risk of HCV infection were determined.
• A secondary endpoint was also met, with an overall SVR12

OBJECTIVE

Evaluate whether treatment-naïve patients with APRI ≤1 would achieve high SVR12 rates with 8 week G/P regimens.

METHODS

• G/P: glecaprevir and pibrentasvir, single-arm, multicenter study conducted from August 7, 2017 to August 14, 2018;

RESULTS

• Patients were enrolled in Bulgaria, Canada, France, Germany, Poland, Puerto Rico, Russia, Spain, U.S.A.; the United States of America.

ENDPOINTS AND ANALYSES

• SVR12 was the primary endpoint of this study; secondary endpoints include SVR12 rates, treatment response, safety, and tolerability.

Efficacy

The primary efficacy endpoint was met, with an overall SVR12 rate of 97.6% and 99% for HCV GT1–6 in the mITT and ITT populations, respectively.

Safety

Overall, 124 (54%) patients experienced AE of which 8 (3%) patients had grade 3 AE.

DISCUSSIONS

Aspartate Aminotransferase to Platelet Ratio Index (APRI) ≤1 patients achieved high SVR12 rates with 8 week G/P regimens.

REFERENCES
