

Confirmation of High SVR Rates after Shortening Duration of Treatment with Peginterferon alfa-2a (PEG) and Ribavirin (RBV) in Chronic Hepatitis C (CHC) Patients with RVR in Real Life

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INTRODUCTION

- ▶ Whether patients need intensified treatment with protease inhibitor to achieve SVR depends on their response to IFN. Studies showed that SVR in patients with RVR (HCV-RNA undetectable at week 4) and low viral load (LVL) is high and treatment duration can be reduced while maintaining high SVR rates. But is this true under real life conditions?
- ▶ The Association of German Gastroenterologists in Private Practice (bng, Berufsverband Niedergelassener Gastroenterologen Deutschlands e.V.) in cooperation with Roche, Germany, is conducting a realworld nationwide observational study including screening and treatment phases to determine the quality of treatment for chronic hepatitis C (CHC) in routine clinical practice.

OBJECTIVE

- ▶ In this interim analysis patients receiving shortened therapy with PEG-interferon alfa-2a 180 µg and ribavirin were compared with patients receiving standard duration of therapy.

METHODS

- ▶ This evaluation is part of a large ongoing German multi-centre, open-label observational study including anti-HCV-positive adults with detectable HCV RNA. The nature of this study allowed dosing and duration of both peginterferon alfa-2a (40KD) and ribavirin to be at the discretion of the physician.
- ▶ The screening data include age, sex, weight, height, duration and source of infection, prior antiviral treatment, clinical symptoms, histology, genotype, viral load, concomitant diseases and social status.
- ▶ This data set includes patients who completed treatment with peginterferon alfa-2a (40KD) plus ribavirin. The data collection was performed online via the internet.
- ▶ The documented data should reflect the clinical routine as intended by the doctors in charge. Therefore, the statistical analysis remains descriptive.
- ▶ Due to the ongoing character of the study, the status of data was frozen on February 10th, 2011, including queries solved.

RESULTS

Patients

- ▶ Between January 2008 and February 2011 data of 3810 patients completing a period consisting of 6 months for GT 2/3 or 12 months for GT 1 plus 6 months follow-up were recorded.
- ▶ This analysis included 745 naive patients of Genotype 1/2/3 with RVR and achievement of planned end of treatment. These patients were analysed in two groups:
 - **SHORT:** 165 patients got shortened treatment: GT 1 with 20-28 weeks of therapy (n=110) and GT 2/3 with 14-18 weeks of therapy (n=55).
 - **STANDARD:** 580 patients with standard duration of treatment:
 - GT 1 with 40-52 weeks of therapy (N=168) and
 - GT 2/3 with 22-26 weeks of therapy (N=412).

Baseline data

- ▶ 64.8% of patients were male, 35.2% female.
- ▶ The mean age of the patients was 38.7 years.
- ▶ The mean BMI was 24.8 kg/m².
- ▶ The mean duration of infection was 10.5 years.
- ▶ There were no major differences between genotypes or patients with shorter vs standard therapy.
- ▶ 91.7% of GT 1 and 96.4% of GT 2/3 patients with shortened treatment had LVL (≤ 800,000 IU/ml). Patients with standard treatment duration and RVR had low viral load in 59.5% of GT 1 and 61.1% of GT 2/3 patients.
- ▶ Baseline data are presented in Table 1.

Treatment

- ▶ Standard treatment duration were 47.8 and 24.0 weeks in GT 1 and GT 2/3 patients whereas shortened therapies were 24.4 and 15.9 weeks, respectively (see Fig. 1).
- ▶ 110/278 patients (39.6%) with GT1 and 55/467 patients with GT 2/3 (11.8%) got shorter treatment duration.

Table 1: Baseline data

| | SHORT | | STANDARD | | TOTAL |
|---|-------------|-------------|-------------|-------------|-------------|
| | GT 1 | GT 2/3 | GT 1 | GT 2/3 | |
| N | N=110 | N=55 | N=168 | N=412 | N=745 |
| Gender male | 61.8% | 54.5% | 67.3% | 66.0% | 64.8% |
| female | 38.2% | 45.5% | 32.7% | 34.0% | 35.2% |
| Age (mean ± SD in years) | 37.7 ± 11.3 | 38.0 ± 11.9 | 40.2 ± 11.2 | 38.4 ± 10.0 | 38.7 ± 10.6 |
| BMI | 24.8 ± 3.9 | 24.0 ± 3.2 | 25.1 ± 4.7 | 24.8 ± 4.4 | 24.8 ± 4.3 |
| Duration of infection (years) | 8.9 ± 8.6 | 10.0 ± 8.6 | 10.6 ± 8.6 | 11.0 ± 8.5 | 10.5 ± 8.6 |
| LVL (≤800,000 IU/ml; %) | 91.7% | 96.4% | 59.5% | 61.1% | 67.9% |
| Main sources of infection (multiple responses possible) | | | | | |
| blood products | 13.6% | 9.1% | 10.7% | 8.3% | 9.0% |
| iv drugs | 39.1% | 67.3% | 39.9% | 53.2% | 49.3% |
| sexual | 11.8% | 1.8% | 12.5% | 5.3% | 7.4% |
| medical action | 8.2% | 5.5% | 8.3% | 4.6% | 5.7% |
| unknown | 30.0% | 16.4% | 31.0% | 28.6% | 29.3% |

Table 2: Virological Response

| | SHORT | | STANDARD | | TOTAL |
|------|-------|--------|----------|--------|-------|
| | GT 1 | GT 2/3 | GT 1 | GT 2/3 | |
| EVR | 98.8% | 98.6% | 100.0% | 97.4% | 98.1% |
| EoTR | 96.4% | 96.4% | 100.0% | 96.6% | 96.8% |
| SVR | 84.5% | 85.1% | 78.2% | 77.7% | 80.4% |

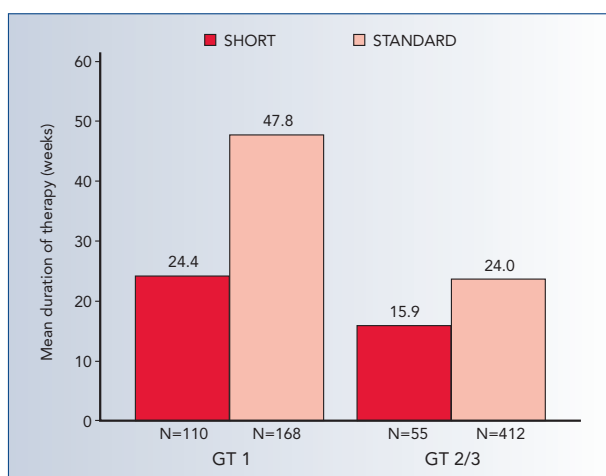


Fig. 1. Duration of treatment

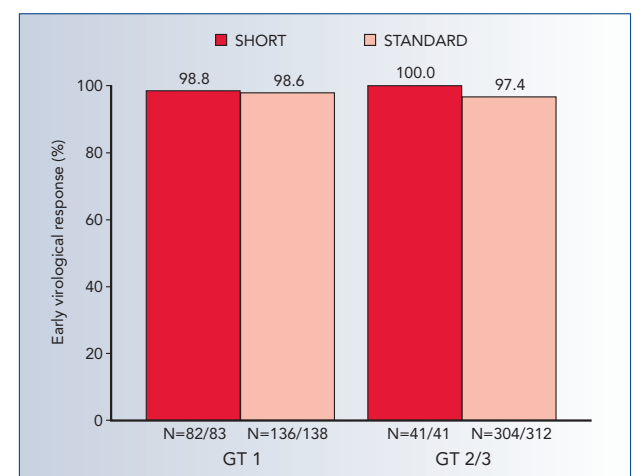


Fig. 2. EVR

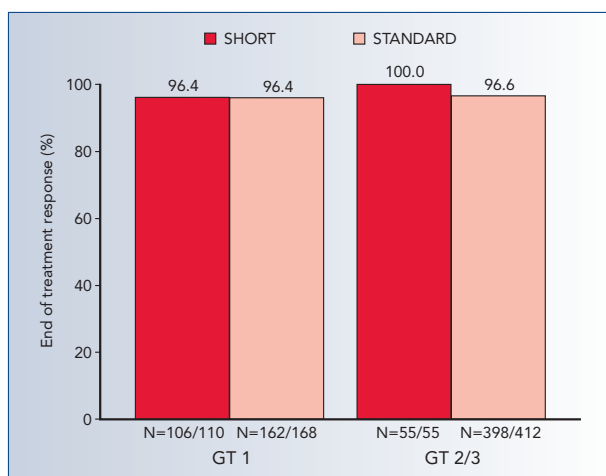


Fig. 3. EoTR

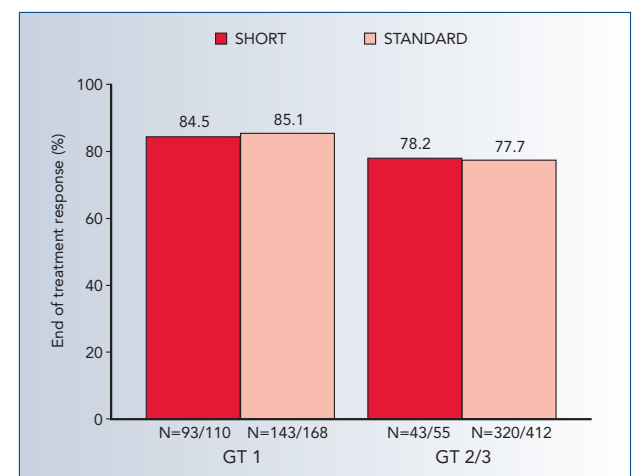


Fig. 4. SVR

Table 3: Adverse Events

| | SHORT | | STANDARD | | TOTAL |
|-------------------------------|--------------|--------------|---------------|---------------|---------------|
| | GT 1 | GT 2/3 | GT 1 | GT 2/3 | |
| Pat. with adverse events (AE) | 68.2% (N=75) | 58.2% (N=32) | 70.2% (N=118) | 62.1% (N=256) | 64.6% (N=481) |
| Pat. with serious AEs (SAE) | 1.8% (N=2) | 1.8% (N=1) | 3.6% (N=6) | 0.7% (N=3) | 1.6% (N=12) |

Virological response

- ▶ Virological response data are shown in Table 2 and Fig. 2, 3 and 4.
- ▶ The Sustained Virological Response (SVR; HCV RNA qualitatively undetectable 24 weeks after end of treatment) was 84.5% for GT1 patients with shortened therapy and 85.1% for patients with standard duration of therapy. For GT2/3 patients the respective rates were 78.2% and 77.7% (see Fig. 4).

Adverse events

- ▶ Rates of adverse events (AE) and serious adverse events (SAE) were 68.2%, 1.8% in GT 1 and 58.2%, 1.8% in GT 2/3 with shorter therapy and 70.2%, 3.6% in GT 1 and 62.1%, 0.7% in GT 2/3 with standard therapy (see Table 3).

CONCLUSIONS

- ▶ In real life patients with RVR were considered eligible for shorter therapy only with LVL in the vast majority of cases.
- ▶ These patients reached high rates of SVR, similar to standard therapy in patients with RVR.
- ▶ Shorter treatment duration led to better tolerability especially in GT 1 patients.
- ▶ This analysis with very high SVR rates particular in GT 1 patients argues for a 4 week PEG/RBV period to identify RVR patients.
- ▶ This approach will reduce the burden of adverse events and result in a tailored economic approach.