Introduction: In pivotal trials shortening of triple treatment containing telaprevir (TVR) was possible in up to 58%*. Drawbacks are complex guidelines and a profound knowledge of treatment practices for different patient populations. Here we analyse whether this is feasible under real life conditions.

Methods: The PAN study is a non-interventional study conducted by the Association of German Gastroenterologists in Private Practice (bng) in collaboration with Roche. Selected patients got TVR plus peginterferon alfa-2a/ribavirin (Peg-IFN/RBV). We restricted the analysis to treatment naïve patients infected with genotype-1 who have started treatment until March 31st, 2012 and had documentations of at least 24 weeks completed.

Results: Overall 269 patients were included in the present analysis. Patients had a mean age of 46.6 years and a mean BMI of 25.6 kg/m2. 60.2% were male, 97.0% were Caucasian, 8.9% had one diagnostic measure consistent with cirrhosis, and the mean HCV RNA was 6.1 log10 IU/mL. 33.5% and 48.0% of the patients were infected with HCV G1a and G1b, respectively. (18.6% unknown subtype). Percentages of all virological responses as HCV-RNA undetectable or <10IU/ml are given in the table shown below. However, in real life a large number of HCV-RNA determinations were not assignable or not valid at the given time points. Of the 47 patients with a valid HCV RNA at w4 and w12 41 had had an extended RVR (eRVR) and of them 82.9% an SVR.

RBV or Peg-IFN dose modifications occurred in the first 10 weeks. Rates of haemoglobin <8.5 g/dL or ≥8.5 but <10 g/dL in the first 12 weeks and thereafter were similar with 13.1 or 34.0% and 9.0 and 26.2%, respectively. Rash and rash like symptoms were different in the first 12 weeks and thereafter with 42.0% and 4.5%, respectively.

Conclusion: Real world experiences with telaprevir plus peginterferon alfa-2a/ribavirin are generally consistent with the results of the published phase 3 trials, if treatment complies with SPC recommendations. Otherwise a lot of possible shorter treatments were not achieved due to inadequate therapy management.

Acknowledgement: This research was supported by Roche Pharma AG, Germany.

Table 1: Virological responses during different time points of treatment

<table>
<thead>
<tr>
<th></th>
<th>Visits completed</th>
<th>valid HCV-RNA (=100%)</th>
<th>Discontinuations in total (%)</th>
<th>viral load undetectable and/or &lt;10 IU/ml (%)</th>
<th>valid HCV-RNA at w4 and w12 (=100%)</th>
<th>viral load undetectable and/or &lt;10 IU/ml (%)</th>
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</thead>
<tbody>
<tr>
<td>week 4</td>
<td>269</td>
<td>210</td>
<td>2.9</td>
<td>68.1</td>
<td></td>
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<tr>
<td>week 12</td>
<td>269</td>
<td>193</td>
<td>15.0</td>
<td>79.8</td>
<td>168</td>
<td>64.9</td>
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<tr>
<td>week 24</td>
<td>269</td>
<td>201</td>
<td>22.9</td>
<td>71.6</td>
<td>155</td>
<td>75.5</td>
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<tr>
<td>EoT week 24</td>
<td>121</td>
<td>92</td>
<td>15.2</td>
<td>80.4</td>
<td>67</td>
<td>86.6</td>
</tr>
<tr>
<td>follow up after 24w tx</td>
<td>87</td>
<td>78</td>
<td>12.8</td>
<td>82.1</td>
<td>47</td>
<td>83.0</td>
</tr>
</tbody>
</table>

**Co-Author Disclosure Status**

The following authors have completed their AASLD 2013 disclosure:

Stefan Christensen: No Answer.
Klaus Boeker: No Answer.
Christoph Eisenbach: No Answer.
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