



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Montes, M;Nelson, M;Girard, PM;Sasadeusz, J;Horban, A;Grinsztejn, B;Zakharova, N;Rivero, A;Lathouwers, E;Janssen, K;Ouwerkerk-Mahadevan, S;Witek, J

Title:

Telaprevir combination therapy in HCV/HIV co-infected patients (INSIGHT study): sustained virologic response at 12 weeks final analysis

Date:

2014-11

Citation:

Montes, M., Nelson, M., Girard, P. M., Sasadeusz, J., Horban, A., Grinsztejn, B., Zakharova, N., Rivero, A., Lathouwers, E., Janssen, K., Ouwerkerk-Mahadevan, S. & Witek, J. (2014). Telaprevir combination therapy in HCV/HIV co-infected patients (INSIGHT study): sustained virologic response at 12 weeks final analysis. JOURNAL OF THE INTERNATIONAL AIDS SOCIETY, 17 (4 Suppl 3), pp.90-91. <https://doi.org/10.7448/IAS.17.4.19626>.

Persistent Link:

<https://hdl.handle.net/11343/255812>

License:

CC BY

Poster Sessions – Abstract P094

## Telaprevir combination therapy in HCV/HIV co-infected patients (INSIGHT study): sustained virologic response at 12 weeks final analysis

Montes, Marisa<sup>1</sup>; Nelson, Mark<sup>2</sup>; Marie Girard, Pierre<sup>3</sup>; Sasadeusz, Joe<sup>4</sup>; Horban, Andrzej<sup>5</sup>; Grinsztejn, Beatriz<sup>6</sup>; Zakharova, Natalia<sup>7</sup>; Rivero, Antonio<sup>8</sup>; Lathouwers, Erkki<sup>9</sup>; Janssen, Katrien<sup>10</sup>; Ouwerkerk-Mahadevan, Sivi<sup>10</sup> and Witek, James<sup>10</sup>

<sup>1</sup>HIV Unit, Internal Medicine, Hospital La Paz, Universidad Autónoma de Madrid, IdiPAZ, Madrid, Spain. <sup>2</sup>Chelsea and Westminster Hospital, London, UK. <sup>3</sup>Hôpital St Antoine, Paris, France. <sup>4</sup>Royal Melbourne and Alfred Hospitals, Melbourne, Australia. <sup>5</sup>Hospital of Infectious Diseases, Warsaw Medical University, Warsaw, Poland. <sup>6</sup>STD/AIDS Clinical Research Laboratory, Instituto de Pesquisa Clínica Evandro Chagas, Rio de Janeiro, Brazil. <sup>7</sup>Saint-Petersburg AIDS Center, St Petersburg, Russian Federation. <sup>8</sup>Hospital Universitario Reina Sofia-IMIBIC, Cordoba, Spain. <sup>9</sup>Janssen Infectious Diseases BVBA, Beerse, Belgium. <sup>10</sup>Janssen Research & Development LLC, Titusville, USA.

**Introduction:** We report the SVR12 final analysis of a phase 3 study of telaprevir in combination with peginterferon (P)/ribavirin (R) in HCV-genotype 1, treatment-naïve and -experienced patients with HCV/HIV co-infection (INSIGHT).

**Materials and Methods:** Patients receiving stable, suppressive HIV antiretroviral (ARV) therapy, containing atazanavir/ritonavir, efavirenz, darunavir/ritonavir, raltegravir, etravirine or rilpivirine, received telaprevir 750 mg q8h (1125 mg q8h if on efavirenz) plus P (180 µg once-weekly) and R (800 mg/day) for 12 weeks, followed by an additional 12 weeks (non-cirrhotic HCV treatment-naïve and relapse patients with extended rapid viral response [eRVR]) or 36 weeks (all others) of PR alone. Analysis was performed when all patients had completed the follow-up visit of 12 weeks after last planned dose.

**Table 1. HCV RNA viral responses (Snapshot)**

	Treatment naïve (N = 64)		Prior relapser (N = 29)		Prior partial responder (N = 18)		Prior null responder (N = 51)		Overall (N = 162)	
Response by eRVR										
Week 4 and 12 (eRVR)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	37	27	14	15	10	8	19	32	80	82
SVR12 planned (< 25 IU/mL)	31/37 (84)	10/27 (37)	13/14 (93)	5/15 (33)	10/10 (100)	3/8 (38)	16/19 (84)	5/32 (16)	70/80 (88)	23/82 (28)
Response by planned treatment duration										
Planned treatment duration (weeks)	24	48	24	48	48		48		24 or 48	
On-treatment virologic failure	2 (5)	12 (44)	0	1 (6)	5 (28)		21 (41)		41 (25)	
Relapse	2 (5)	2 (7)	0	1 (6)	0		3 (6)		8 (5)	
SVR12 planned (< 25 IU/mL)	31/37 (84)	10/27 (37)	12/13 (92)	6/16 (38)	13 (72)		21 (41)		93 (57)	

\*HPS COBAS® Taqman® (v2.0, Roche): lower limit of quantification of 25IU/mL, limit of detection of 15IU/mL (genotype 1).

Published 2 November 2014

**Copyright:** © 2014 Montes M et al; licensee International AIDS Society. This is an Open Access article distributed under the terms of the Creative Commons Attribution 3.0 Unported (CC BY 3.0) License (<http://creativecommons.org/licenses/by/3.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Results:** One hundred sixty-two patients were enrolled and treated (65 efavirenz, 59 atazanavir/ritonavir, 17 darunavir/ritonavir, 17 raltegravir, 4 etravirine). Mean age was 45 years, 78% were male, 92% were Caucasian; mean CD4 count was 687 cells/mm<sup>3</sup>. Sixty four patients (40%) were HCV treatment-naïve and 98 (60%) were treatment experienced (29 relapsers, 18 partial responders and 51 null responders). 64% were subtype 1a. 30% had bridging fibrosis (17%) or cirrhosis (13%). 19% of patients discontinued telaprevir, including 9% due to an adverse event (AE), 8% reaching a virologic endpoint and 2% for other reasons (non compliance or not defined). Treatment responses are shown in Table 1. There were no HIV RNA breakthroughs. Most frequently reported ( $\geq 20\%$  patients) AEs were pruritus 43%; fatigue 27%; rash 34%, anorectal events 30% and influenza-like illness (25%). Anemia was reported in 15% of patients; grade  $\geq 3$  haemoglobin decrease occurred in 2.5% of patients. 6% of patients experienced serious AEs.

**Conclusions:** In this phase 3 study of HIV-infected, HCV treatment-naïve and -experienced patients, 49% achieved eRVR and 57% reached SVR12. In patients with an eRVR, SVR12 rates were  $> 80\%$ , irrespective of prior treatment history.