

## POSTER PRESENTATION

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# Treatment of hepatitis C genotype 1 patients with severe fibrosis or compensated cirrhosis: the telaprevir early access program in patients from Romania

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## Background

HEP3002 is an ongoing, open-label, early access program of telaprevir in 16 countries, for patients with genotype 1 hepatitis C with severe fibrosis or compensated cirrhosis. This interim analysis is of 16 week data from the 209 patients from Romania.

## Methods

Patients were treated with telaprevir in combination with peginterferon alfa and ribavirin (PR) for 12 weeks, followed by PR for 12 or 36 weeks. Severe fibrosis/cirrhosis was defined by liver biopsy (Metavir F3-4 or Ishak 3-6) or non-invasive tests. Platelet count >90,000/cmm was required at entry. HCV RNA was evaluated at baseline and Weeks 4 and 12 of treatment. Virological response was defined as serum HCV RNA not detected, for the Intent to Treat (ITT) population.

## Results

Mean age was 52 years; 47% were male and 100% Caucasian, 59% had HCV RNA levels  $\geq 800,000$  IU/mL, 58%/42% had severe fibrosis/cirrhosis, 2% had genotype 1a, 14% were treatment naïve, 75% prior relapsers, 3% prior partial responders, 7% prior null responders and 1% had prior viral breakthrough. HCV RNA responses (percent undetectable) at weeks 4 and 12 (ITT analysis) are shown in Table 1.

**Table 1**

Percent HCV RNA not detected	Week 4 (RVR)	Week 4+12 (eRVR)	Week 12
Treatment-naïve (n=30)	73%	70%	93%
Prior relapser (n=156)	85%	81%	94%
Prior partial responder (n=6)	100%	83%	83%
Prior null responder (n=15)	80%	73%	80%
Overall <sup>a</sup> (n=209)	83%	79%	92%

<sup>a</sup>includes 2 patients with prior virological break-through, not in four categories above

Nine patients (4%) discontinued TVR due to adverse events, including six (3%) for rash and one (<1%) for anaemia. The rate of serious adverse events was 9% and no patients died during the study.

## Conclusion

In this telaprevir early access program for hard-to-cure patients with severe fibrosis or compensated cirrhosis, early on-treatment virological responses are encouraging. Rates of discontinuation of telaprevir for adverse events were similar to Phase 3 trials.

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