91 PEARL-III: 12 WEEKS OF ABT-450/R/267+ABT-333 ACHIEVED SVR IN >99% OF 419 NAÏVE HCV GENOTYPE 1B-INFECTED ADULTS WITH OR WITHOUT RIBAVIRIN

Ferenci P 1, Nyberg A 2, Enayati P 3, Bernstein D 4, Baruch Y 5, Caruntu FA 6, Chulanov V 7, Janczewska E 8, Younes Z 9, *Marinho R 10, Rizzardini G 11, Gervain J 12, Planas R 13, Moreno C,14 Xie W 15, Collins C 15, Cohen D 15, King M 15, Podsadecki T 15, Reddy KR 16

Background: ABT-450 is an HCV protease inhibitor (dosed with ritonavir 100mg, ABT-450/r) identified by AbbVie and Enanta. ABT-267 is an NS5A inhibitor, and ABT-333 is a nonnucleoside polymerase inhibitor. Genotype 1b(GT1b) infection is the most common subtype globally representing a large unmet need for treatment. In a prior study, 50/50 treatment-naïve subjects with GT1b infection who received this regimen for 12 weeks with or without ribavirin(RBV) achieved SVR. We report findings from a multinational phase 3 trial of co-formulated ABT-450/r/ABT-267 and ABT-333, with and without RBV, in non-cirrhotic treatment-naïve HCV GT1b-infected adults.

Methods: PEARL-III was a double-blind controlled trial. Subjects were randomized (1:1) to 12 weeks of treatment with ABT-450/r/ABT-267(150mg/100mg/25mg QD) and ABT-333(250mg BID), with weight-based RBV(1000mg or 1200mg daily divided BID, Arm A) or placebo for RBV(Arm B).

Results: 419 subjects received the regimen. SVR12 rates (intent-to-treat) were 99.5%(Arm A) and 99.0%(Arm B). Baseline characteristics including age, sex, race, IL28B genotype, and fibrosis stage were not associated with lower response with either regimen. 19 subjects in Arm A and 0 in Arm B(P<0.001) had haemoglobin <10g/dL. RBV dose modifications occurred in 19 subjects due to adverse events; all achieved SVR12. The most common adverse events in Arms A and B were headache(24.3% vs. 23.4%) and fatigue(21.4% vs. 23.0%). No subjects discontinued due to adverse events.

Conclusions: ABT-450/r/ABT-267 and ABT-333 was highly efficacious and safe with or without RBV for the treatment of HCV GT1b-infected non-cirrhotic treatment-naïve adults. RBV is not needed in this population.

1Universitaetsklinik fuer Innere Medizin III, Vienna, Austria; 2Kaiser Permanente, San Diego, CA, USA; 3California Liver Institute, Los Angeles, CA, USA; 4 North Shore University Hospital, Manhasset, NY, USA and a multicentric group