Results (cont)

Follow-Up

Patients with HIV/HCV coinfection have increased risk of accelerated liver disease

Safety Analysis:

- Clinical (AE, serious AE, AE leading to discontinuation and death) and laboratory abnormalities
- SVR12: HCV RNA < LLOQ, TD or TND at post treatment Week 12

- Exclusion criteria
  - Age ≥ 18 years with no treatment options
  - High risk of hepatic decompensation or death within 12 months if left untreated
  - Current entry was not on maintenance treatment (extrahepatic manifestations/comorbidities)

Inclusion criteria

- HBV/HCV coinfected patients
- Progression to cirrhosis and hepatic decompensation

Table 1. Baseline Demographic and Disease Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>DCV + SOF</th>
<th>DCV + SOF + RBV</th>
<th>RBV alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>55</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Gender, n (%)</td>
<td>Male: 28/27 (96) 7/9 (78) 29/32 (91)</td>
<td>Male: 28/27 (96) 7/9 (78) 29/32 (91)</td>
<td>Male: 28/27 (96) 7/9 (78) 29/32 (91)</td>
</tr>
</tbody>
</table>

Platelets, median (range) 200– < 350 /mm3 11 (50) 2 (28.5) 13 (45)

Efficacy Population

N = 55

Primary endpoint

Secondary endpoints

A statistically significant difference (p < 0.0001) was observed in the percentage of patients with any treatment-emergent grade 3 or 4 TOX

Figure 5. SVR12 (mITT) by Subgroups

Figure 6. SVR12 (mITT) by Antiviral Regimens

Figure 7. Changes in Liver Function From Baseline

Figure 8. Changes in HIV RNA/CD4 Cell Count

References

2. The authors thank the patients and their families for their support and dedication, and physicians and research staff at all program sites
3. For a complete list of authors, please see the Acknowledgments
4. ClinicalTrials.gov identifier: NCT01877868

Poster 1058

Corresponding author:

Jürgen Rockstroh (Jürgen.Rockstroh@ulb.uni-bonn.de)