UNITY-2: Daclatasvir/Asunaprevir/Beclabuvir ± RBV for HCV Genotype 1 With Cirrhosis

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BACKGROUND

Chronic HCV infection is associated with progressive liver disease that is reported in up to 70% of patients with cirrhosis.1-3,5-7

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METHODS

METHODS (cont)

RESULTS (cont)

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SUMMARY

Both DCV-TRIO and DCV-TRIO + RBV therapies were generally safe and well tolerated, with low rates of liver disease and AE leading to discontinuation.

One patient had concurrent ALT > 10 x ULN at baseline and a stage IV fibrosis at Week 4 and discontinued treatment. Lab abnormalities resolved after discontinuation of study drug, and adherence was similar.

The most commonly observed AEs were fatigue, headache, nausea, and diarrhea.

Higher A1C rates were observed in patients exposed to regimens with RBV.

Figure 1: Legend

Twice-daily fixed-dose combination (FDC) with or without weight-based ribavirin, in treatment-naive or treatment-experienced patients

Table 1: Demographic and Baseline-Characteristics

Table 2: Virologic Outcomes

Table 3: On-Treatment Safety and Tolerability

Table 4: Efficacy at SVR12

Table 5: On-Treatment Safety and Tolerability

Table 6: On-Treatment Safety and Tolerability

Table 7: On-Treatment Safety and Tolerability

Table 8: On-Treatment Safety and Tolerability

Table 9: On-Treatment Safety and Tolerability

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Table 16: On-Treatment Safety and Tolerability

Table 17: On-Treatment Safety and Tolerability

Table 18: On-Treatment Safety and Tolerability

Table 19: On-Treatment Safety and Tolerability

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Table 36: On-Treatment Safety and Tolerability

Table 37: On-Treatment Safety and Tolerability

Table 38: On-Treatment Safety and Tolerability

Table 39: On-Treatment Safety and Tolerability

Table 40: On-Treatment Safety and Tolerability

Table 41: On-Treatment Safety and Tolerability