Daclatasvir in Combination With Peginterferon Alfa-2a and Ribavirin for Treatment-Naive Patients With HCV Genotype 4 Infection: Phase 3 COMMAND-4 Study

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BACKGROUND
- Worldwide, 65% of patients with chronic HCV infection are infected with HCV genotypes 1, 4, or 6.
- GT 4 genotypes are in Europe, the Middle East, and North Africa, with increasing prevalence in Southern Europe.
- Current options for HCV genotype 4 are limited to peginterferon-based regimens in combination with ribavirin and direct-acting antivirals (DAAs).

METHODS
- Phase 3, randomized, double-blind, placebo-controlled study
- Primary endpoint: SVR12

RESULTS
- Table 1. Demographic and Baseline Disease Characteristics

Table 2. Other Efficiency Equivalents

Table 3. Virologic Failures

Table 4. On-Treatment Safety and Tolerability

SUMMARY
- SVR12 rates were significantly higher with DCV + pegIFN/RBV than with pegIFN/RBV alone.
- SVR12 rates were lower in GT 4-5 patients with a history of prior treatment failure.
- Most polymorphic amino acid associated with resistance was L30C/Q/R.
- The most frequent laboratory adverse events wereematologic abnormalities, gastrointestinal and metabolic disturbances.
- These data support further evaluation of DCV for GT 4 infection in combination with other agents, including all oral DAAs.

REFERENCES
- C. Hézode and colleagues. J. Hepatol. 2015;63:1008-1014.