SIMEPREVIR (TMC435) WITH PEGINTERFERON/RIBAVIRIN FOR TREATMENT OF CHRONIC HCV GENOTYPE 1 INFECTION IN EUROPEAN PATIENTS WHO RELAPSED AFTER PREVIOUS INTERFERON-BASED THERAPY: THE PROMISE TRIAL

EUROPEAN PATIENTS WHO RELAPSED AFTER PREVIOUS INTERFERON-BASED THERAPT: THE PROMISE TRIAL M. Biermer¹; X. Forns,² E. Lawitz,³ S. Zeuzem,⁴ E. J. Gane,⁵ J. P. Bronowicki,⁶ P. Andreone,⁷ A. Horban,⁸ A. S. Brown,⁹ M. Peeters,¹⁰ O. Lenz,¹⁰ S. Ouwerkerk-Mahadevan,¹¹ G. De La Rosa,¹² R. Kalmeijer,¹³ M. Beumont-Mauviel¹⁰ ¹Janssen Germany, Neuss, Germany; ²Liver Unit, Hospital Clinic, Institut d'Investigacions Biomédiques August Pi i Sunyer (IDIBAPS) and Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD), Barcelona, Spain; ³Texas Liver Institute, University of Texas Health Science Center, San Antonio, TX, USA; ⁴J.W. Goethe University Hospital, Frankfurt, Germany; ⁵Auckland Hospital Clinical Studies Unit, Auckland, New Zealand; ⁶INSERM U954, Université de Lorraine, Centre Hospitalier Universitaire de Nancy, Vandoeuvre Les Nancy, France; ⁷Dipartimento di Scienze Mediche e Chirurgiche, University of Bologna, Bologna, Italy; ⁸Medical University of Warsaw, Wolska, Warsaw, Poland; ⁹Imperial College Healthcare NHS Trust, London, UK; ¹⁰Janssen Infectious Diseases BVBA, Beerse, Belgium; ¹¹Janssen Research & Development, Beerse, Belgium; ¹²Janssen Global Services, LLC, Titusville, NJ, USA ¹³Janssen Research & Development, Titusville NJ, USA Titusville, NJ, USA.

Background/aims: Simeprevir (SMV) is a one pill, once-daily (QD), oral HCV NS3/4A protease inhibitor. PROMISE was a randomised, double-blind, Phase III trial evaluating SMV plus peginterferon α-2a/ribavirin (PR) vs placebo (PBO)/PR in genotype (GT)1 HCV patients who relapsed after previous interferon-based therapy. Efficacy and safety data from PROMISE are presented for European patients. Methods: Patients received SMV 150mg QD (12wks) with PR (24 or 48wks; based on response-guided therapy), or PBO (12wks) plus PR (48wks). Patients were stratified by HCV GT1 subtype and IL28B GT. Primary efficacy endpoint: sustained virological response at 12wks (SVR12). Results: 274/393 (69.7%) patients were European (male 64.6%, white 97.8%, HCV GT1a/1b 29.2/70.4%, IL28B CC/CT/TT 22.6/65.3/12.0%, METAVIR F3/F4 14.7/14.0%); 18.5% of European HCV GT1a patients had Q80K. SVR12 was higher with SMV/PR versus PBO/PR in the European population overall and by patient subgroup [Table]. 173/184 SMV/PR patients (94.0%) were eligible for 24wks PR; 90.8% of these patients achieved SVR12. 81.5% of SMV/PR- and 3.4% of PBO/PR-treated patients achieved rapid virological response. On-treatment failure (3.3% vs 20.0%) and viral relapse rates (11.9% vs 43.5%) were lower with SMV/PR versus PBO/PR. In the SMV/PR arm (Wks1-12), most common AEs included fatigue, headache and influenza-like illness. Most were Grade 1/2 (Grade 3/4, 19.6%); no AEs resulted in SMV withdrawal. SAEs possibly related to SMV were infrequent (1.1%). No fatal AEs occurred. Conclusion: SMV confers clinical benefit and is generally well tolerated in European HCV GT1-infected patients.

| Table: Rates of sustained virological response at 12wks (SVR12) | | |
|---|-----------------|---------------|
| SVR12, n/N (%) | | |
| | SMV/PR | PBO/PR |
| All patients | 206/260 (79.2*) | 49/133 (36.8) |
| All European patients | 161/184 (87.5*) | 40/90 (44.4) |
| Patients who met RGT criteria | 157/173 (90.8) | n/a |
| IL28B genotype CC | 38/41 (92.7) | 13/21 (61.9) |
| IL28B genotype CT | 106/121 (87.6) | 25/58 (43.1) |
| IL28B genotype TT | 17/22 (77.3) | 2/11 (18.2) |
| HCV GT 1a | 52/59 (88.1) | 8/22 (36.4) |
| HCV GT 1a with Q80K | 6/8 (75.0) | 4/7 (57.1) |
| HCV GT 1a without Q80K | 45/50 (90.0) | 4/15 (26.7) |
| HCV GT 1b | 109/125 (87.2) | 32/68 (47.1) |
| METAVIR score F0-F2 | 105/119 (88.2) | 34/70 (48.6) |
| METAVIR score F3 | 26/30 (86.7) | 2/9 (22.2) |
| METAVIR score F4 | 23/27 (85.2) | 3/10 (30.0) |
| *n (0.001 va DBO/DB) DCT reasonable quided thereasy | | |

p<0.001 vs PBO/PR; RGT, response-guided therapy

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