**Time to Viral Suppression Is Not Related to Achievement of SVR12 in HCV GT1-infected Patients Treated With ABT-450/Ritonavir/Ombitasvir and Dasabuvir With or Without Ribavirin**

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**INTRODUCTION**

- Patients who are treated with the standard of care for HCV GT1 infection have historically included those infected with cirrhosis and those with decompensated cirrhosis.
- Patients with cirrhosis have shown high rates of viral suppression but low rates of sustained virologic response (SVR).
- Patients with decompensated cirrhosis have shown high rates of viral suppression but low rates of SVR.

**OBJECTIVES**

- To determine the association between the time of initial virologic suppression (defined as HCV RNA <25 IU/mL) and achievement of SVR12 in patients with cirrhosis or decompensated cirrhosis.
- To determine the association between the time of initial virologic suppression and treatment outcomes in patients with and without cirrhosis.
- To determine the association between the time of initial virologic suppression and treatment outcomes in patients with and without RBV.

**METHODS**

**OVERALL STUDY DESIGN**

- This study was a post hoc analysis of all cirrhotic and non-cirrhotic patients with HCV GT1 infection who were treated with the 3D regimen in the SAPPHIRE-I, SAPPHIRE-III, PEARL-I, PEARL-II, and TURQUOISE-II trials.
- All patients were treated with a 12-week regimen of ABT-450/R, OTV, OMB, and DSV with or without RBV.
- All patients were treated with a 12-week regimen of ABT-450/R, OTV, OMB, and DSV with or without RBV.

**RESULTS**

- **Patients with cirrhosis** showed that the time of initial virologic suppression was significantly associated with SVR12 rates.
- **Patients without cirrhosis** showed that the time of initial virologic suppression was not significantly associated with SVR12 rates.

**CONCLUSIONS**

- Patients with cirrhosis who achieved early virologic suppression had high rates of SVR12.
- Patients without cirrhosis who achieved early virologic suppression had low rates of SVR12.

**REFERENCES**