Post 2017 AASLD Update

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Associate Professor – U Ottawa
Director- The Ottawa Hospital Viral Hepatitis Program
Disclosures

- **Industry**
  - Investigator: Merck, GS, ABV
  - Consultant/Advisor: Merck, GS, ABV
  - Speaker: Merck, ABV, GS

- **Government**
  - OHTN
  - CIHR
  - Health Canada
  - Ontario MOH
  - Ministerial Council
Standard of Care
8049 patients initiating therapy Jan–Dec 2016; 7651 patients completed therapy, 630 lost to follow-up
Data from providers and specialty pharmacies through Trio Health’s disease management program, assessing changes in treatment preferences and outcomes

Patient characteristics were largely similar for regimens initiated in 1H and 2H for all GTs (cirrhosis, TE, CKD stage, HIV, prior transplant)
Changes in composition of populations between 1H and 2H:
  - GT1: Cirrhosis decreased from 32% (1057/3295) to 26% (667/2596)
  - GT3 Cirrhosis decreased from 34% (132/388) to 26% (102/387) and TE decreased from 23% (88/391) to 16% (61/388)

Large shifts in treatment preferences from 1H to 2H 2016
Little impact on SVR

PPSVR remained the same or slightly increased (non-sig.) between 1H and 2H 2016 for nearly all subpopulations
7 Phase 2/3 clinical trials of 8 weeks and 12 weeks GLE/PIB in tx-naive GT3 (N=571; ENDURANCE-3, EXPEDITION-1 & -4, SURVEYOR-2 (parts 1–3), MAGELLAN-2)

<table>
<thead>
<tr>
<th></th>
<th>No cirrhosis 8 wk (n=208)</th>
<th>No cirrhosis 12 wk (n=294)</th>
<th>With cirrhosis 12 wk (n=69)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, n (%)</td>
<td>123 (59)</td>
<td>167 (57)</td>
<td>41 (59)</td>
</tr>
<tr>
<td>White, n (%)</td>
<td>180 (87)</td>
<td>258 (88)</td>
<td>64 (93)</td>
</tr>
<tr>
<td>Age [yr], median (range)</td>
<td>46 (20–76)</td>
<td>49 (22–71)</td>
<td>56 (35–70)</td>
</tr>
<tr>
<td>F0-2</td>
<td>82%</td>
<td>89%</td>
<td>-</td>
</tr>
<tr>
<td>HCV RNA [log\text{ }_{10}\text{IU/mL}, median (range)]</td>
<td>6.1 (1.2–7.5)</td>
<td>6.2 (3.4–7.6)</td>
<td>6.2 (4.2–7.2)</td>
</tr>
<tr>
<td>HIV coinfection, n (%)</td>
<td>22 (11)</td>
<td>0</td>
<td>4 (6)</td>
</tr>
<tr>
<td>CKD stage 4–5, n (%)</td>
<td>0</td>
<td>11 (4)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Post transplant, n (%)</td>
<td>0</td>
<td>24 (8)</td>
<td>0</td>
</tr>
<tr>
<td>NS5a RAS</td>
<td>28%</td>
<td>17%</td>
<td>19%</td>
</tr>
</tbody>
</table>

SVR12 not significantly affected by black race, fibrosis status, OST, recent drug use, or history of IDU, viral load, or RAS

Results support FDA-approved indications for GLE/PIB for treatment-naive patients with GT3 infections
No statistically significant difference in SVR12 rates (8 vs 12 weeks) for any subgroup

Recent drug use was defined as injection drug use reported within 12 months prior to screening and/or positive UDS not accounted for by prescribed concomitant medications

OST, opioid substitution therapy; IDU, injection drug use; UDS, urine drug screen
mITT SVR12 by Viral Characteristics Subgroups: Treatment-naïve patients without cirrhosis, 8 vs 12 weeks

No statistically significant difference in SVR12 rates (8 vs 12 weeks) for any subgroup

* Baseline polymorphisms (BL Polys) at amino acid positions: NS3: 155, 156, 168; NS5A: 24, 28, 30, 31, 58, 92, 93
EBR/GZR for 8/52 in Tx-naïve GT1b with Non-severe Fibrosis: Interim Results of the STREAGER Study

Interim analysis of GZR/EBR for 8 weeks in 53 HCV GT1b patients without severe fibrosis (Fibroscan <9.5 kPa and Fibrotest <0.59/Fibrometer <0.63) and w/o advanced kidney disease

- Well tolerated with no grade 3 or 4 AEs reported
- AEs >10%:
  - Asthenia (28%)
  - Headache (23%)
  - Digestive disorders (13%)

Demographic

<table>
<thead>
<tr>
<th></th>
<th>N=53</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, n (%)</td>
<td>32 (60)</td>
</tr>
<tr>
<td>Mean age (SD), years</td>
<td>53 (12)</td>
</tr>
<tr>
<td>Mean BMI (SD), kg/m²</td>
<td>24.5 (3.7)</td>
</tr>
<tr>
<td>BL viral load ≤800,000 IU/mL, n (%)</td>
<td>21 (40)</td>
</tr>
<tr>
<td>Fibroscan® (F0–F1), n (%)</td>
<td>46 (87)</td>
</tr>
</tbody>
</table>

Virologic response (%)

- SVR4: 51/51
- SVR12: 51/52

Excludes 1 patient with GT1e who relapsed

EBR/GZR for 8 weeks has similar efficacy and safety compared with the 12-week regimen in treatment-naïve patients with GT1b
Cohort prospective study in Saudi Arabia evaluating the safety and efficacy of an 8-week LDV/SOF in GT4

- 52 HCV GT4 subjects comprised the ITT population
- 45 TN NC patients were included in the PP analysis

### Baseline demographics

| N=45 |  
| Mean age (years) | 43.98 |
| Male, n (%)      | 26 (57.78) |
| BMI, mean (SD)   | 26.44 (5.82) |

<table>
<thead>
<tr>
<th>Genotype, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
<tr>
<td>4e</td>
</tr>
<tr>
<td>4acd</td>
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<table>
<thead>
<tr>
<th>Fibrosis score, n</th>
</tr>
</thead>
<tbody>
<tr>
<td>F0</td>
</tr>
<tr>
<td>F1</td>
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<tr>
<td>F2</td>
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<table>
<thead>
<tr>
<th>HCV characteristics</th>
<th>N=45</th>
</tr>
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<tbody>
<tr>
<td>RNA, log_{10} IU/ml (SD)</td>
<td>6.25 (6.32)</td>
</tr>
<tr>
<td>RNA ≥ 6x10^6 IU/ml, n (%)</td>
<td>3 (6.67)</td>
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<tr>
<th>Comorbidities, n (%)</th>
</tr>
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<tbody>
<tr>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Sickle cell disease</td>
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<tr>
<td>Hypothyroidism</td>
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<tr>
<th>Concomitant medication, n (%)</th>
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<tbody>
<tr>
<td>Average per patient</td>
</tr>
<tr>
<td>Proton pump inhibitor*</td>
</tr>
<tr>
<td>*esomeprazole, omeprazole</td>
</tr>
</tbody>
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- Male (age 66) diagnosed with diabetes and hypertension taking esomeprazole had post-treatment relapse
- Patient’s HCV values were within normal range throughout the study

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### Efficacy Outcomes

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<tr>
<td>HCV RNA &lt;LLOQ, n/N (%)</td>
</tr>
<tr>
<td>At week 4 during treatment</td>
</tr>
</tbody>
</table>

| EOT, n (%) |
| At week 8 | 45 (100%) |

<table>
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<th>Post-treatment, n (%)</th>
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<tbody>
<tr>
<td>SVR12 (week 20) [95% CI]</td>
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<tr>
<th>Overall virologic failure n (%)</th>
</tr>
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<tbody>
<tr>
<td>On treatment breakthrough</td>
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<tr>
<td>Post-treatment relapse</td>
</tr>
</tbody>
</table>

- 8-week LDV/SOF treatment of HCV GT4 patients achieved SVR12 of 98% and was well tolerated with no serious AEs

- AEs reported in 18/52 subjects (34.6%)
- Most common Aes include:
  - Headache (26.3%)
  - Fatigue (18.4%)
  - Asthenia (13.2%)
  - Nausea (10.5%)
  - Pruritus (10.5%)
#1096, Landis:
VEL-SOF-based Regimens in GT1–6: HCV-TARGET Study

**HCV-TARGET**: Real-world safety and efficacy of SOF/VEL ± RBV 12 wk in 520 patients with HCV GT1–6 in North America and Europe

<table>
<thead>
<tr>
<th>Baseline demographics, n (%)</th>
<th>SOF/VEL N=407</th>
<th>SOF/VEL + RBV N=119</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>228 (56)</td>
<td>88 (74)</td>
</tr>
<tr>
<td>Age ≥60 yr</td>
<td>164 (40)</td>
<td>49 (43)</td>
</tr>
<tr>
<td>HCV genotype</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GT1</td>
<td>68 (17)</td>
<td>38 (34)</td>
</tr>
<tr>
<td>GT2</td>
<td>159 (39)</td>
<td>16 (14)</td>
</tr>
<tr>
<td>GT3</td>
<td>156 (38)</td>
<td>52 (46)</td>
</tr>
<tr>
<td>Other</td>
<td>24 (6)</td>
<td>7 (6)</td>
</tr>
<tr>
<td>Treatment-experienced</td>
<td>67 (17)</td>
<td>66 (58)</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>113 (28)</td>
<td>81 (72)</td>
</tr>
<tr>
<td>History of hepatic decompensation</td>
<td>30 (7)</td>
<td>57 (50)</td>
</tr>
<tr>
<td>CKD Stage 4/5</td>
<td>9 (2)</td>
<td>—</td>
</tr>
<tr>
<td>Dialysis</td>
<td>6 (1)</td>
<td></td>
</tr>
<tr>
<td>HCV RNA (log_{10} IU/mL)</td>
<td>6.2 (1.8–8.2)</td>
<td>6.0 (2.1–8.0)</td>
</tr>
</tbody>
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VEL-SOF-based Regimens in GT1–6: HCV-TARGET Study

HCV-TARGET: Real-world safety and efficacy of SOF/VEL ± RBV 12 wk in 520 patients with HCV GT1–6 in North America and Europe

- SOF/VEL was used predominantly among GT2/3 TN patients
- SOF/VEL + RBV was mostly used in cirrhotics with prior decompensation, DAA failures, and GT3 TE patients
- SOF/VEL ± RBV demonstrated high efficacy (SVR12 97.1% for SOF/VEL and 92.5% for SOF/VEL + RBV) and good tolerability in this real-world cohort, with 1% D/C due to AEs
Results support FDA-approved indications for GLE/PIB patients with compensated cirrhosis
Baseline demographics: N=147

- Age (years), mean (range): 59 (29–80)
- Male, n (%): 116 (79)
- White, n (%): 121 (82)
- GT1: 145 (99)
  - GT1a / GT1b: 113 (77) / 30 (20)
- GT6: 2 (1)
- Cirrhosis, n (%): 49 (33)
- HCV RNA (log₁₀ IU/mL), mean (range): 6.3 (4.5–7.6)
- Treatment-experienced, n (%): 76 (52) for NS5A+N5B, 61 (41) for NS5A+NS3±N5B, 9 (6) for NS5A±others, 1 (<1)
- Any RAS, n (%): 131/145 (90)

High SVR12 rates were observed in NS5A inhibitor-experienced patients treated with SOF/VEL/VOX for 12 weeks:
- 96% in NS5A+NS5B-exposed patients
- 98% in NS5A+NS3±NS5B-exposed patients
- Baseline RASs were common but did not impact SVR12 rates

Of the 4 patients with VF, 2 developed treatment-emergent RASs:
- 1 had NS3 Y56H and D168A/V, and NS5A L31L/M
- 1 had NS3 V36V/A

AEs, n (%): N=147

- Any AE: 112 (76)
- AE in >10% of patients:
  - Fatigue: 31 (21)
  - Headache: 29 (20)
  - Diarrhea: 28 (19)
  - Nausea: 21 (14)
- Grade 3–4 AE: 7 (5)
- SAE: 6 (4)
- Treatment-related SAE: 0
- D/C due to AE: 0
- Death: 0
- Grade 3–4 lab abnormalities: 16 (11)
ONGOING RISK BEHAVIOR—REPORTED DRUG USE

Participants may have reported both injection and noninjection drug use.

**CO-STAR Part B: Ongoing 3-year observational follow-up**
Patients were followed-up every 6 months to assess reinfection, urine drug screen, and patient-reported behaviors.

- **GT1, GT4, and GT6**
- **TN, receiving opiate agonist therapy ± cirrhosis (N=199)**

### Follow-up

- **M0**
- **M6**
- **M12**
- **M18**
- **M24**
- **M30**
- **M36**

**Completed FU visits to date**

- n=194
- n=180
- n=172
- n=43

**Increase risk of reinfection based on patient-reported injection drug use**

- 74 patients (37%) reported injection drug use
- 125 patients (63%) reported no injection drug use

**Rate of reinfection**

- **4.2/100 person-yr**
  - 95% CI 1.5–9.2
- **0.4/100 person-yr**
  - 95% CI 0.0–2.3

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**Key Points**

- HCV reinfection among participants on OAT following EBR/GZR therapy is uncommon, despite ongoing drug use.
- Rates of reinfection are greater for patients with recent injection drug use.
INCIDENCE OF REINFECTION

All Reinfections: From End of Treatment Through 24 Months of Follow-up

- 10 reinfections
- 426 person-years
- 2.3 reinfections per 100 person-years (95% CI: 1.1, 4.3)

Persistent Reinfections: From End of Treatment Through 24 Months of Follow-up
(includes only those participants with persistent HCV RNA)

- 7 reinfections
- 429 person-years
- 1.6 reinfections per 100 person-years (95% CI: 0.7, 3.4)

Clearance of reinfection was observed in 3/10 (30%) reinfection cases

CI, confidence interval; FW, follow-up week.
Within a multidisciplinary model of care, treatment of HCV-infected PWUD with all-oral regimens is safe and highly effective. These data support feasibility of designating PWUD as a priority population to receive HCV treatment in real-world setting.

Retrospective analysis: 195 HCV-infected patients with current/recent drug use (PWUD) (documented by urine drug screen) who initiated all-oral HCV therapy at Vancouver Infectious Diseases Centre since June 2015.

- 155 (79%) patients completed Tx
- 6 (3%) patients lost to follow-up
- 3 (1.5%) D/C

### Virologic response overall and by treatment regimen

<table>
<thead>
<tr>
<th>Treatment Regimen</th>
<th>Overall</th>
<th>SOF-based</th>
<th>OBV/PTV/r + DSV-based</th>
<th>EBR/GZR</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVR, %</td>
<td>94</td>
<td>96</td>
<td>93</td>
<td>100</td>
</tr>
</tbody>
</table>

HCV treatment regimens:
- 86 with SOF (59 with LDV, 23 with RBV)
- 66 with OBV/PTV/r + DSV (56 with RBV)
- 29 with EBR/GZR

### Safety

- 1 death, unrelated to HCV or its treatment
- 9 cases of virologic failure, all post-treatment relapses
- No cases of recurrent viremia (follow-up 6–21 months post-treatment)
Special Populations
Switching HIV regimen to E/C/F/TAF or R/F/TAF and subsequent treatment of HCV with LDV/SOF was safe and effective.

HIV Disease Characteristics

<table>
<thead>
<tr>
<th></th>
<th>E/C/F/TAF n=74</th>
<th>R/F/TAF n=74</th>
<th>Total n=148</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, median (range)</td>
<td>52 (26-70)</td>
<td>55 (25-69)</td>
<td>53 (25-70)</td>
</tr>
<tr>
<td>Male</td>
<td>78%</td>
<td>70%</td>
<td>74%</td>
</tr>
<tr>
<td>Black</td>
<td>41%</td>
<td>42%</td>
<td>41%</td>
</tr>
<tr>
<td>CD4 count, median cells/μl</td>
<td>671</td>
<td>640</td>
<td>651</td>
</tr>
<tr>
<td>Duration of prior AV use, median years</td>
<td>12</td>
<td>16</td>
<td>13</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>HCV RNA, log10 IU/mL, median (range)</td>
<td>6.4 (1.2-7.3)</td>
<td>6.5 (4.3-7.5)</td>
<td>6.4 (1.1-7.5)</td>
</tr>
<tr>
<td>HCV treatment experience</td>
<td>8%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>11%</td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Any grade AEs 77 (52%) 95 (66%) 121 (82%)
Grade 3 or 4 AEs 5 (3%) 10 (7%) 17 (12%)
Serious AEs 3 (2%) 12 (8%) 19 (13%)
D/C of HIV drugs due to AEs 1 (<1%) 0 1 (<1%)
D/C of LDV/SOF drugs due to AEs N/A 0 0
Death 0 0 1 (0.7%)
SVR12 12-week HCV DAAs in Black - GT1 Infection

Meta-analysis of 26 clinical trials submitted to the FDA between 2013 and 2017 of 12-week IFN-free DAA regimens ± RBV in 2916 HCV GT1 monoinfected and 746 HCV GT1/HIV coinfected patients

### Difference in SVR12 rates between black and non-black HCV GT1 monoinfected subjects
- There were no statistically significant differences in SVR12 rates for blacks vs non-blacks in clinical trials of HCV GT1 monoinfected patients
- Baseline characteristics did not affect SVR12 rates in black vs non-black HCV GT1 monoinfected patients

### Difference in SVR12 rates between black and non-black HCV GT1/HIV coinfected subjects
- SVR12 rates were significantly different for blacks vs non-blacks in clinical trials of HCV GT1/HIV co-infected patients (driven by ION-4 data)
- Significant differences in SVR12 rates for black vs non-black HCV GT1/HIV coinfected subjects were seen in subjects aged ≥55 years and in US subjects

<table>
<thead>
<tr>
<th>HCV + HIV</th>
<th>Difference (95% CI) SVR12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>−4.4% (−8.7%, −1.1%)</td>
</tr>
<tr>
<td>ALLY-2</td>
<td>1.5% (−8.8%, 8.8%)</td>
</tr>
<tr>
<td>ASTRAL-5</td>
<td>−4.4% (−17.5%, 9.0%)</td>
</tr>
<tr>
<td>C-EDGE</td>
<td>−0.5% (−14.0%, 6.1%)</td>
</tr>
<tr>
<td>ION-4</td>
<td>−9.6% (−16.7%, −4.7%)</td>
</tr>
<tr>
<td>TURQUOISE-I</td>
<td>5.6% (−33.9%, 26.2%)</td>
</tr>
</tbody>
</table>

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Treatment with SOF/VEL x 12/52 was highly efficacious and well tolerated in GT1–4 HCV-infected liver transplant recipients with and without cirrhosis.
Liver fibrosis and CKD are worsened when both are present as comorbidities compared with when only one condition is present.

Early identification and treatment of HCV could lead to mutual health benefits for liver and renal diseases.

Mean time to fibrosis stage progression was lower in patients with CKD vs those without CKD (827 vs 987 days, p=0.330).

Mean time to progression was lower in patients with HCV vs those without HCV (506 vs 676 days, p=0.032).

Real-world cohort of patients from the Optum Clinformatics® Data Mart claims database to assess how CKD affects liver disease progression in patients with HCV and how HCV affects renal disease progression in patients with CKD.

All patients included in the analysis required 6 months of continuous enrollment pre-index and ≥2 measures of fibrosis or CKD ≥6 months apart.

**HCV + CKD (n=1586) VS HCV only (n=3172)**

Proportion of patients with fibrosis stage increase (Dx 2006–2016)

- HCV + CKD: 25.1% (HR=1.82, p<0.001)
- HCV only: 14.3%

**HCV + CKD (n=540) VS CKD only (n=1080)**

Proportion of patients with CKD stage increase (Dx 2006–2016)

- HCV + CKD: 77.3% (HR=2.21, p<0.001)
- CKD only: 48.8%
Once-daily GZR + EBR is highly effective with a low rate of AEs in the very difficult to treat population with severe renal impairment and HCV GT1 or 4 infection.
18 HCV GT1 treatment-naïve or -experienced patients, with or without compensated cirrhosis and CrCl ≤30 mL/min, not on dialysis, received LDV/SOF for 12 weeks

Drug exposure vs subjects in LDV/SOF Phase 3 studies:
• SOF: ↑ ~2.6-fold
• GS-331007: ↑ ~5.1-fold
• LDV: ↔

No clinically meaningful change in eGFR: a decrease of 1.2 mL/min/1.73 m² from baseline to EOT

• Treatment with LDV/SOF (90/400 mg) for 12 weeks in GT1 patients with and without cirrhosis and severe renal impairment resulted in 100% SVR4 rate
• The regimen was safe and well-tolerated with no treatment discontinuations and no treatment-related SAEs

Safety N=18
- Serious AEs 22%
- Common AEs
  - Fatigue 22%
  - Headache 22%
  - Hyperkalemia 22%

No SAEs were considered related to study drugs

*Includes patients with normal renal function (CrCl ≥90 mL/min.)
Other Issues in HCV Management
HBV reactivation in patients with active or resolved HBV infection treated with DAAs: systematic review and meta-analysis

**PubMed, Ovid MEDLINE, Cochrane Central Register of Controlled Trials, and Web of Science** through June 6, 2017

- Serologic HBV status known/assessed at BL
- Repeated HBV DNA and ALT monitoring during DAA therapy for patients with chronic HBV
- Repeated ALT monitoring with additional HBVDNA monitoring at EOT/during follow-up in patients with resolved HBV

15 studies, 1541 patients: 237 chronic, 1304 resolved, different DAAs

<table>
<thead>
<tr>
<th>Patient population</th>
<th>Reactivation</th>
<th>HBV-related hepatitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic HBV (HBsAg-positive)</td>
<td>≥2log10 increase in HBV DNA from BL</td>
<td>ALT levels &gt;2-fold above the ULN in combination with molecular HBV-R</td>
</tr>
<tr>
<td>Resolved HBV (HBsAg-negative → HBsAg-positive)</td>
<td>reverse HBsAg seroconversion (HBsAg-negative becomes HBsAg-positive)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pooled risk ratios for reactivation</th>
<th>Chronic</th>
<th>Resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.24 (95% CI: 0.19–0.36)</td>
<td>0.014 (95% CI: 0.00–0.0239)</td>
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<tr>
<th>Pooled risk ratios for HBV-related hepatitis</th>
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<th>Resolved</th>
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<tr>
<td>0.09 (95% CI: 0.05–0.14)</td>
<td>0 (95% CI: 0–0.01)</td>
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</table>

In patients with resolved HBV infection, no HBV-related hepatitis or major clinical event was reported. Some ALT flares were observed, but none could be associated with increased HBV DNA.

- Results support universal HBV screening prior to DAA treatment in HCV-infected patients
- In HBsAg negative/HBcAb-positive patients, risk of reactivation is low, therefore use of antiviral prophylaxis may not be justified
DAA-treated patients had higher incidence of HCC risk factors (cirrhosis, diabetes, age) but no association between DAA exposure and increased de novo HCC incidence after controlling for these risk factors.

No difference in HCC-free survival between cirrhotics successfully treated with DAAs or IFN.
#142, Ioannou: Eradication of HCV Induced by DAAs Is Associated with a 71% Reduction in HCC risk

Retrospective analysis of 62,354 patients in the VA national healthcare system (1999–2015) to determine the association between SVR and de novo HCC risk

Irrespective of cirrhosis status, SVR was associated with a lower HCC risk:

- **Cirrhosis**: AHR 0.50; 95% CI 0.43–0.59
- **No cirrhosis**: AHR 0.32; 95% CI 0.28–0.37

SVR was associated with a lower HCC risk:
- Interferon only: 68% risk reduction
- DAA plus interferon: 52% risk reduction
- DAA only: 71% risk reduction

As of June 15, 2017:
- Mean follow-up: 6.1 years
- Incident HCCs: 3271

DAA-induced SVR is associated with an 71% reduction in HCC risk