Daclatasvir Plus Sovaldi Shows Promise Curing Hard-to-Treat Hep C

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Bristol-Myers Squibb's daclatasvir and Gilead Sciences' Sovaldi (sofosbuvir), with or without ribavirin, seem likely to lead to relatively good cure rates among people with genotype 3 of hepatitis C virus. Researchers from a French multicenter compassionate use program presented preliminary findings at the 50th International Liver Congress in Vienna, Austria.

The study has enrolled 601 people with genotype 3 who have advanced fibrosis or cirrhosis, hep C-related extrahepatic manifestations (meaning illnesses that are not in the liver, but likely influenced by HCV), recurrence of the virus after a liver transplant, or who need a liver or kidney transplant. Seventy-seven percent of the participants are cirrhotic and 73 percent failed a previous treatment.

Of all of the participants, a respective 64 and 15 percent took 24 weeks of treatment with or without ribavirin; and a respective 4 percent and 17 percent took 12 weeks of treatment with or without ribavirin.

A total of 106 participants have made it to the four-week mark post-treatment. Successful treatment at this point means that they have achieved a sustained virologic response four weeks after completing therapy, known as an SVR4. The results were not broken down by whether the participants took ribavirin.

Out of the participants treated for 12 weeks, 76 percent (22 of 29) of the cirrhotic participants and 92 percent (11 of 12) of the non-cirrhotic participants achieved an SVR4. Out of the participants treated for 24 weeks, 88 percent (52 of 59) of the cirrhotic participants and 83 percent (5 of 6) of the non-cirrhotic participants achieved an SVR4.

One participant stopped treatment because of an adverse side effect. Two participants died, and another one stopped taking the drugs because of a personal decision.

To see conference slides on the study, click here.

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