Mavyret Effective and Safe for Latinos With Hepatitis C

Regardless of cirrhosis status, Mavyret led to high sustained virologic response rates in Latinos and other groups with hep C.

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Mavyret (glecaprevir/pibrentasvir) is similarly effective for treating Latinos as well as other groups with hepatitis C, according to findings presented this month at The Liver Meeting Digital Experience.

Mavyret is an oral, once-daily, direct-acting antiviral combination pill used to treat chronic hepatitis C virus (HCV) infection. In both the United States and Europe, Mavyret is approved as an eight-week treatment regimen for previously untreated people with HCV genotypes 1 through 6 who either do not have cirrhosis or have compensated cirrhosis without the loss of liver function.

Latino individuals with hep C have a greater risk of serious liver disease and liver cancer, and are they more likely to progress quickly compared with people belonging to other racial or ethnic groups.

Julio Gutierrez, MD, of Scripps Clinic in La Jolla, California, and colleagues conducted a study to analyze the safety and efficacy of an eight-week Mavyret regimen for Latinos and non-Latinos without cirrhosis or with compensated cirrhosis.

They collated data from eight Phase II and Phase III trials that enrolled Latinos with hep C genotypes 1 to 6 who were new to treatment. A total of 135 Latinos (92 without cirrhosis) and 1,113 people of other racial or ethnic groups (813 without cirrhosis) were included in the analysis. The main endpoint was the percentage of people who showed a sustained virologic response (SVR), meaning an undetectable viral load 12 weeks after completing treatment, which is considered a cure.

Regardless of cirrhosis status, cure rates were high across all groups. Overall, 98.5% of Latinos and 97.5% of non-Latino group achieved SVR. Among those without cirrhosis, 98.9% of Latinos and 97.4% of non-Latinos achieved SVR. Among those with cirrhosis, the SVR rate was 97.7% in both groups. One Latino patient with moderate liver fibrosis and HCV genotype 3 relapsed after treatment.

Mavyret was well-tolerated for both Latinos and non-Latinos, with no new safety concerns observed. Both Latinos (53%) and non-Latinos (58%) had similar rates of adverse events, with headache and fatigue being most common. Serious adverse events were seen in at most 4% of the population, none of which were related to Mavyret, and less than 1% in both groups discontinued treatment due to adverse events.

“As Hispanic patients have faster fibrosis progression rates and excellent treatment responses, a major public health campaign to eradicate HCV in this population should be employed,” the researchers concluded. “The data support 8-week treatment with [Mavyret] in Hispanic/Latino patients who are treatment-naive, without cirrhosis, or with compensated cirrhosis, thus simplifying pre-treatment assessment for the selection of one short-duration treatment for most patients.”

Click here to read the study abstract from The Liver Meeting Digital Experience.

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