Impact of Advanced Fibrosis and Cirrhosis on Sustained Virologic Response of HCV G1-Infected Patients: Results of The Canadian POWeR Program

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Abstract

To determine the influence of liver fibrosis and viral load on SVR rates in patients with chronic HCV infection who were treated with weight-based Peg-IFN/ribavirin (RBV) treatment.

Patients and Methods

Patients

• The POWeR study was a multicenter, randomized, double-blind trial conducted at 138 community and academic centers in Canada.
• HCV G1-infected patients were treated for 48 weeks with Peg-IFN lambda-1a (3.5 μg/kg) plus weight-based RBV therapy.
• Patients were treated, followed up, and managed according to the Canadian product monograph, current treatment guidelines, and standard of care at each site, with no study-related intervention beyond collection of data.

Response Rates

• Peg IFN-λ plus RBV was noninferior to Peg IFN-α plus RBV in patients with advanced fibrosis (F≥3).

Efficacy Assessments

• SVR rates were highest in patients with F1 fibrosis and lowest in patients with cirrhosis (F4) (35% vs 18%; P = 0.0009).
• In patients with bridging fibrosis or cirrhosis, baseline viral load was not a significant predictor of SVR.

Conclusions

• Treating HCV G1-infected patients with advanced fibrosis or cirrhosis, baseline viral load was not a significant predictor of SVR.

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References


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