FINAL SYNOPTIC CLINICAL STUDY REPORT

Study Title:	A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 8 Weeks Compared to Sofosbuvir/Velpatasvir for 12 Weeks in Direct-Acting Antiviral-Naïve Subjects with Chronic HCV Infection
Name of Test Drug:	Sofosbuvir (SOF)/Velpatasvir (VEL)/Voxilaprevir (VOX; GS-9857) fixed-dose combination (FDC)
Dose and Formulation:	SOF/VEL/VOX FDC (400/100/100 mg) tablet
Indication:	Hepatitis C virus infection
Sponsor:	Gilead Sciences, Inc. 333 Lakeside Drive Foster City, CA 94404 USA
Study No.:	GS-US-367-1172 (POLARIS-2)
Phase of Development:	Phase 3
IND No.: **EudraCT No.:**	125751 2015-003460-36
ClinicalTrials.gov Identifier:	NCT02607800
Study Start Date:	16 November 2015 (First Subject Screened)
Study End Date:	11 January 2017 (Last Subject Last Observation)
Principal or Coordinating Investigator:	Name: Eric J. Lawitz, MD Affiliation: PPD
Gilead Responsible Medical Monitor:	Name: Luisa M. Stamm, MD, PhD Telephone: PPD Fax: PPD
Report Date:	17 March 2017
Previous Report Date(s):	07 November 2016 (Interim Clinical Study Report)

STUDY SYNOPSIS

Study GS-US-367-1172

Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
USA

Title of Study: A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 8 Weeks Compared to Sofosbuvir/Velpatasvir for 12 Weeks in Direct-Acting Antiviral-Naïve Subjects with Chronic HCV Infection

Investigators: Multicenter study

Study Centers: Subjects were enrolled across 117 sites in the United States, Canada, the United Kingdom, France, Germany, Australia, and New Zealand

Publications: Jacobson IM, Asselah T, Nahass R, Bhandari BR, Tran A, Hyland RH, et al. A Randomized Phase 3 Trial of Sofosbuvir/Velpatasvir/Voxilaprevir for 8 Weeks Compared to Sofosbuvir/Velpatasvir for 12 Weeks in DAA-Naïve Genotype 1-6 HCV-Infected Patients: The POLARIS-2 Study [Abstract LB-12]. Hepatology AASLD Abstracts 2016;64 (6 (suppl)):1126A.

Study Period:

16 November 2015 (First Subject Screened)
10 October 2016 (Last Subject Last Observation for the Primary Endpoint)
11 January 2017 (Last Subject Last Observation)

Phase of Development: Phase 3

Objectives:

The primary objectives of this study were as follows:

- To compare the efficacy of treatment with sofosbuvir (SOF; GS-7977)/velpatasvir (VEL; GS-5816)/voxilaprevir (VOX; GS-9857) fixed-dose combination (FDC) for 8 weeks with that of SOF/VEL FDC for 12 weeks as measured by the proportion of subjects with sustained virologic response (SVR) 12 weeks after cessation of treatment (SVR12)
- To evaluate the safety and tolerability of each treatment regimen

The secondary objectives of this study were as follows:

- To determine the proportion of subjects who attain SVR at 4 and 24 weeks after cessation of treatment (SVR4 and SVR24)
- To evaluate the proportion of subjects with virologic failure

- To evaluate the kinetics of circulating hepatitis C virus (HCV) RNA during treatment and after cessation of treatment
- To evaluate the emergence of viral resistance to SOF, VEL, and VOX during treatment and after cessation of treatment

The exploratory objectives of this study were as follows:

- To identify or validate genetic markers that may be predictive of the natural history of disease, response to therapy, and/or tolerability of medical therapies through genetic discovery research (eg, pharmacogenomics) in subjects who provide their specific consent
- To assess the effect of treatment on health-related quality of life (QOL)

Methodology: This Phase 3, randomized, open-label, multicenter study assessed the antiviral efficacy, safety, and tolerability of SOF/VEL/VOX for 8 weeks compared with SOF/VEL for 12 weeks in subjects with chronic HCV infection who are naive to direct-acting antiviral (DAA) treatment (ie, DAA naive).

Approximately 780 DAA-naive subjects (750 subjects with genotype 1, 2, 3, or 4 HCV infection and 30 subjects with genotype 5 or genotype indeterminate HCV infection) were to be enrolled or randomized (1:1) to 1 of the following 2 treatment groups:

SOF/VEL/VOX 8 Weeks (n = 405): SOF/VEL/VOX FDC (400/100/100 mg) once daily with food for 8 weeks

SOF/VEL 12 Weeks (n = 375): SOF/VEL FDC (400/100 mg) once daily with or without food for 12 weeks

A target of at least 30% of subjects with genotype 1, 2, or 4 HCV infection were to have cirrhosis. Subjects with genotype 3 HCV infection with cirrhosis were not eligible for participation. For subjects with HCV genotype 1, 2, 3, or 4, randomization was stratified by HCV genotype (1, 2, 3, or 4), cirrhosis status (presence or absence), and treatment history (treatment naive or treatment experienced with an interferon [IFN]-based regimen).

Subjects with genotype 5 or genotype indeterminate HCV (including genotype 6, due to the inability of the screening assay to distinguish this genotype), with or without cirrhosis, were to be enrolled into the SOF/VEL/VOX 8 Week group.

All subjects were to complete the posttreatment Week 4 and 12 follow-up visits. Subjects who achieved SVR12 were to complete the posttreatment Week 24 follow-up visit.

After completing all required study visits, subjects were eligible to enroll into an SVR registry study or an SVR cirrhosis registry study if they achieved SVR or into a sequence registry study if they did not achieve SVR.

This final synoptic clinical study report (CSR) summarizes the results of the final analysis of data collected throughout the course of the study, after all subjects had completed the posttreatment Week 24 visit or had prematurely discontinued from the study. Analysis of data collected for the primary efficacy endpoint (SVR12) was reported in the interim CSR (07 November 2016).

Number of Subjects (Planned and Analyzed):

Planned: 780 subjects
Analyzed: 943 subjects
All Randomized/Enrolled Analysis Set: 943 subjects
Full Analysis Set (FAS): 941 subjects
Safety Analysis Set: 941 subjects
Pharmacokinetic (PK) Analysis Set: 501 subjects

Diagnosis and Main Criteria for Inclusion: Eligible subjects were DAA-naive males and nonpregnant/nonlactating females ≥ 18 years of age, with chronic HCV infection, with or without cirrhosis.

Duration of Treatment: Treatment duration was 8 weeks for subjects in the SOF/VEL/VOX 8 Week group and 12 weeks for subjects in the SOF/VEL 12 Week group, with up to 24 weeks of posttreatment follow-up for both groups.

Test Product, Dose, Mode of Administration, and Lot No.:

SOF/VEL/VOX FDC (1 × 400/100/100 mg tablet) was administered by mouth once daily with food for 8 weeks

The lot numbers of SOF/VEL/VOX administered in this study were ER1501B2, ER1503B1, and ER1509B1.

Reference Therapy, Dose, Mode of Administration, and Lot No.:

SOF/VEL FDC (1 × 400/100 mg tablet) was administered by mouth once daily with or without food for 12 weeks

The lot numbers of SOF/VEL administered in this study were DU1405B1 and DU1408B1.

Criteria for Evaluation:

Efficacy: This final synoptic CSR provides analyses of HCV RNA levels at posttreatment Week 24. Efficacy analyses at all other scheduled assessment time points were described in the interim CSR (07 November 2016). The COBAS® AmpliPrep/COBAS® TaqMan® HCV Quantitative Test, v2.0 was used to quantify HCV RNA in this study, with a lower limit of quantitation (LLOQ) of 15 IU/mL.

Virology: Baseline deep sequencing analysis of HCV nonstructural protein 3 (NS3), NS5A, and NS5B coding regions was performed for all subjects. For all subjects with virologic failure, deep sequencing was performed at the first time point after virologic failure if the plasma/serum sample was available and HCV RNA was > 1000 IU/mL. All data are reported at a 15% assay cutoff.

Pharmacokinetics: The interim CSR (07 November 2016) describes details on the collection of blood samples for PK analyses.

Safety: The interim CSR (07 November 2016) provides analyses of adverse events (AEs) and concomitant medications, clinical laboratory analyses, vital sign measurements, electrocardiograms (ECGs), and physical examinations. This final synoptic CSR summarizes any

new treatment-emergent AEs or changes to previously reported AEs between the data cuts for the interim CSR and the final CSR. Additionally, all serious adverse events (SAEs) collected after the data cutoff for the interim CSR to the end of the study (posttreatment Week 24) are summarized. Serious adverse events occurring > 30 days after the last dose of study drug were considered nontreatment emergent.

Quality of Life: The interim CSR provides analyses of the quality of life questionnaires (Short Form Health Survey [SF-36], Chronic Liver Disease Questionnaire [CLDQ]-HCV, Functional Assessment of Chronic Illness Therapy-Fatigue [FACIT-F], and Work Productivity and Activity Impairment [WPAI]: Hepatitis C) to assess the effect of treatment on health-related quality of life. This final CSR summarizes additional data at posttreatment Week 24 and any changes to data that were previously reported in the interim between the data cutoffs for the interim CSR and the final CSR.

Statistical Methods: All tables, figures, and listings produced for this study are provided in Section 15.1 and Appendix 16.2. Documentation of statistical methods is provided in Appendix 16.1.9 of this report and described in detail in Section 7.7 of the interim CSR (07 November 2016).

Efficacy: The primary efficacy endpoint was the proportion of subjects with HCV RNA < LLOQ 12 weeks after discontinuation of all study drugs (SVR12) in the FAS. Point estimates and 2-sided 95% exact CIs for SVR12 based on the Clopper-Pearson method were provided for each treatment group. For the primary efficacy analysis, a closed testing procedure was used whereby the noninferiority of SOF/VEL/VOX for 8 weeks to SOF/VEL for 12 weeks was tested first. Noninferiority was demonstrated if the lower bound of the 2-sided 95% CI for the difference in SVR12 was greater than −5%. If the lower bound of the CI was greater than −5% (ie, the noninferiority null hypothesis was rejected), a 2-sided stratified Cochran-Mantel-Haenszel test was to be used to test for the superiority of SOF/VEL/VOX for 8 weeks over SOF/VEL for 12 weeks at a significance level of 0.05.

Secondary efficacy endpoints included the proportion of subjects with SVR4 and SVR24, HCV RNA < LLOQ while on treatment by study visit, HCV RNA absolute values and changes from baseline through the end of treatment (EOT), virologic failure, and characterization of HCV drug resistance substitutions at baseline and during and after treatment with SOF/VEL/VOX and SOF/VEL.

All continuous endpoints were summarized using descriptive statistics (sample size, mean, SD, median, first quartile [Q1], third quartile [Q3], minimum, and maximum) by treatment group and stratification within group (as appropriate). All categorical endpoints were summarized by the number and percentage of subjects who met the endpoint definitions.

SVR24 rates were calculated using the same method as described for SVR12. If a subject achieved SVR12 and had no further HCV RNA measurements, the subject was counted as a success for SVR24 due to the high correlation between these 2 endpoints {Chen et al 2013}. In addition, an analysis to assess the concordance of SVR12 with SVR24 was performed for subjects with an observed HCV RNA within both the posttreatment Week 12 and posttreatment Week 24 visit windows.

Pharmacokinetics: No PK assessments were performed for this report.

Safety: All randomized/enrolled subjects who received at least 1 dose of study drug were included in the Safety Analysis Set. Safety data were analyzed by treatment group and included all data collected on or after the date of the first dose of study drug up to the date of the last dose of study drug plus 30 days. All safety data, including data occurring > 30 days after the last dose of study drug, were listed. Adverse events were coded using the Medical Dictionary for Regulatory Activities (MedDRA), Version 19.0.

Quality of Life: The health-related QOL questionnaires (SF-36, CLDQ-HCV, FACIT-F, and WPAI: Hepatitis C) were completed by subjects at baseline/Day 1, Weeks 4, 8 (both treatment groups), and 12 (SOF/VEL 12 Week group only) during treatment (or upon early termination) and posttreatment Weeks 4, 12, and 24 as applicable. A Wilcoxon signed-rank test explored within-treatment group changes from baseline to each of the time points and from EOT to each posttreatment time point. A Wilcoxon rank-sum test explored between-treatment group differences in change from baseline to each of the postbaseline time points.

SUMMARY OF RESULTS:

Subject Disposition and Demographics: Of the 943 randomized or enrolled subjects, 941 received at least 1 dose of study drug and were included in the Safety Analysis Set and the FAS (501 in the SOF/VEL/VOX 8 Week group and 440 in the SOF/VEL 12 Week group) (Table 15.8.1.2). Full details on subject disposition, demographics, and baseline disease characteristics are reported in Section 8 of the interim CSR (07 November 2016), and subject disposition at posttreatment Week 24 is summarized in Table 15.8.1.2.

No notable differences in demographic or baseline disease characteristics were observed between the interim analyses and the final analyses (Tables 15.8.3.1 and 15.8.3.2, and Listings 16.2.4.1 and 16.2.4.2.1). There were a small number of additions and changes to concomitant medications that did not change the interpretation of the study results (Table 15.11.7.4 and Listing 16.2.4.4). Analyses related to disposition, demographics, and exposure are presented in Tables 15.8.1.1 to 15.8.4, 15.11.1, and Figure 15.8.1, and Listings 16.2.1.1 to 16.2.5.2. In addition, an updated Important Protocol Deviations Log for the study is provided in Appendix 16.2.2.

Efficacy Results:

Primary Endpoint

The SVR12 rates for the SOF/VEL/VOX 8 Week and SOF/VEL 12 Week groups were as follows (Table 15.9.1):

- SOF/VEL/VOX 8 Week group: 95.2% (95% CI: 93.0% to 96.9%) of subjects (477 of 501) achieved SVR12
- SOF/VEL 12 Week group: 98.2% (95% CI: 96.4% to 99.2%) of subjects (432 of 440) achieved SVR12

The SVR12 rate for the SOF/VEL/VOX 8 Week group did not demonstrate noninferiority to the SVR12 rate for the SOF/VEL 12 Week group. The strata-adjusted difference (95% CI) in the proportions was −3.2% (−6.0% to −0.4%), the lower bound of which is not greater than the prespecified noninferiority margin of −5%.

The SVR12 rate for the SOF/VEL/VOX 8 Week group was updated in the final analysis from that reported in the interim analysis due to achievement of SVR12 by 1 subject (Subject PPD with genotype 4f without cirrhosis) who had missed the posttreatment Week 12 visit and was listed as "visit pending" at the time of the interim data cut. This subject returned for the posttreatment Week 24 visit, had HCV RNA < LLOQ (Listings 16.2.4.2.1 and 16.2.6.1) and therefore achieved SVR24, and was imputed as a success for SVR12.

Virologic Outcomes

In the SOF/VEL/VOX 8 Week group, 24 of 501 subjects (4.8%) did not achieve SVR12. Of these, no subjects had on-treatment virologic failure, 21 subjects relapsed, and 3 subjects did not achieve SVR12 for reasons other than virologic failure. One subject in the SOF/VEL/VOX group, who missed the posttreatment Week 12 visit at the time of the interim data cut returned for a posttreatment Week 24 visit and had HCV RNA < LLOQ. This subject achieved SVR24 and was imputed as a success for SVR12. In the SOF/VEL 12 Week group, 8 of 440 subjects (1.8%) did not achieve SVR12. Of these, no subjects had on-treatment virologic failure, 3 subjects relapsed, and 5 subjects did not achieve SVR12 for reasons other than virologic failure (Table 15.9.2.1.1 and Listing 16.2.6.1).

Comparison of SVR4, SVR12, and SVR24

The proportion of subjects with SVR4, SVR12, and SVR24 is presented by treatment group in the table below. The SVR4 and SVR12 rates for the SOF/VEL 12 Week group reported in the interim analysis were maintained in the SVR24 analysis. The SVR12 rate for the SOF/VEL/VOX 8 Week group reported in the interim analysis was updated in the SVR24 analysis due to achievement of SVR24 by 1 subject who had missed the posttreatment visits at the time of the interim analysis. In the final analysis, 1 subject in each treatment group who had achieved SVR12 did not achieve SVR24. In the SOF/VEL/VOX 8 Week group, Subject PPD with genotype 1a with cirrhosis relapsed at posttreatment Day 168 and in the SOF/VEL 12 Week group, Subject PPD with genotype 1a without cirrhosis relapsed at posttreatment Day 168 (Tables 15.9.1, 15.9.2.2, and Listings 16.2.4.2.1 and 16.2.6.4).

	SOF/VEL/VOX 8 Weeks (N = 501)	**SOF/VEL 12 Weeks (N = 440)**
SVR4	483/501 (96.4%)	435/440 (98.9%)
95% CI	94.4% to 97.9%	97.4% to 99.6%
SVR12	477/501 (95.2%)	432/440 (98.2%)
95% CI	93.0% to 96.9%	96.4% to 99.2%
SVR24	476/501 (95.0%)	431/440 (98.0%)
95% CI	92.7% to 96.7%	96.2% to 99.1%

HCV RNA was analyzed using COBAS AmpliPrep/COBAS TaqMan HCV Quantitative Test v2.0 with limit of quantitation 15 IU/mL.
SVRx is sustained virologic response (HCV RNA < LLOQ) x weeks after stopping study treatment.
A missing SVR value is imputed as a success if it is bracketed by values that are termed successes (ie, '< LLOQ TND' or '< LLOQ detected'); otherwise, the missing SVR value is imputed as a failure. TND = target not detected.
Missing SVR24 will be imputed as success if SVR12 is achieved with no follow-up values or by bracketed success.
The exact 95% CI for the proportion within treatment group is based on the Clopper-Pearson method.
Source: Table 15.9.2.2

Concordance between SVR12 and SVR24

Among subjects in the SOF/VEL/VOX 8 Week group, 466 had HCV RNA assessed at both posttreatment Weeks 12 and 24 with 99.8% concordance between SVR12 and SVR24. Among subjects in the SOF/VEL 12 Week group, 424 had HCV RNA assessed at both posttreatment Weeks 12 and 24 with 99.8% concordance between SVR12 and SVR24.

	SOF/VEL/VOX 8 Weeks		SOF/VEL 12 Weeks		Overall	
	SVR24		SVR24		SVR24	
	Yes (N = 465)	No (N = 1)	Yes (N = 423)	No (N = 1)	Yes (N = 888)	No (N = 2)
SVR12						
Yes	465	1	423	1	888	2
No	0	0	0	0	0	0
Positive predictive value	99.8%		99.8%		99.8%	

HCV RNA was analyzed using COBAS AmpliPrep/COBAS TaqMan HCV Quantitative Test v2.0 with limit of quantitation 15 IU/mL.
Only subjects who have both posttreatment Week 12 and posttreatment Week 24 data are included in the analysis.
Source: Table 15.9.2.3

Virologic Resistance

Full details on the virologic resistance analysis are reported in Section 9.2.7 of the interim CSR (07 November 2016). Additional resistance analyses were performed for the 2 subjects who relapsed after the data cutoff for the interim CSR.

Two subjects had virologic failure after achieving SVR12. In the SOF/VEL/VOX 8 Week group, Subject PPD with genotype 1a with cirrhosis relapsed at 24 weeks posttreatment. No NS3 or NS5A or NS5B nucleotide inhibitor (NI) resistance-associated variants (RAVs) were observed at baseline or at the time of relapse (Virology Listings 8, 9, and 10). In the SOF/VEL 12 Week group, Subject PPD with genotype 1a at screening was found to have genotype 3a at the posttreatment Week 24 visit, which suggested a reinfection not a treatment relapse (Virology Listing 11).

All efficacy analyses are provided in Tables 15.9.1 to 15.9.3.3, Figures 15.9.1.1 to 15.9.2.5.4, and Listings 16.2.6.1 to 16.2.6.4.

Pharmacokinetics Results: No PK assessments were performed for this report.

Safety Results:

All AEs and laboratory abnormalities discussed in this CSR were treatment emergent and are referred to as AEs and laboratory abnormalities in this report, unless otherwise specified. Evaluations of safety data through 30 days after the last dose of study drugs were summarized in Section 11 of the interim CSR (07 November 2016).

Adverse Events and Serious Adverse Events

A small number of updates were made to previously reported AE data due to the ongoing nature of the study and data reconciliation. These changes included actions taken to treat the AE (ie,

medication), change in onset or resolution dates, minor clarification to AE terms, newly reported Grade 1, 2, and 3 treatment-emergent AEs, and newly reported nontreatment emergent AEs (Listings 16.2.7.1 and 16.2.7.7). These changes did not impact the overall interpretation or conclusions of the safety profile of SOF/VEL or SOF/VEL/VOX in this study. Listing 16.2.7.7 provides a detailed listing of any newly reported AEs and AEs that had changes in reported or preferred term, onset date, or action(s) taken between the data cuts taken at the posttreatment Week 12 and posttreatment Week 24 time points.

There was 1 new treatment-emergent Grade 3 AE reported, which was assessed by the investigator as related to study procedures. Subject PPD in the SOF/VEL 12 Week group, was a 59-year-old male who was reported initially to have Grade 1 arterial hypertension that began on Day 1 and was continuing at the time of the posttreatment Week 12 data cut; this AE was changed to be Grade 2 from Days −20 to −1, Grade 3 from Days 1 to 7, and Grade 2 from Days 8 to 84 (Listing 16.2.7.7).

No additional treatment-emergent SAEs were reported (Listing 16.2.7.4). No additional deaths were reported (Listing 16.2.7.3). Narratives for all SAEs and AEs leading to discontinuation of study drug from the first dose of study drug through the end of the study (ie, the SVR24 visit) are provided in Section 15.2. Two subject pregnancies were reported in this study (Listing 16.2.8.3 and Section 15.2.).

All AE results are provided in Tables 15.11.2.1.1 to 15.11.5.2 and Listings 16.2.7.1 to 16.2.7.7.

Clinical Laboratory Results

Blood samples for clinical laboratory analyses were not collected at the posttreatment Week 24 visit. Overall, no clinically meaningful changes in the clinical laboratory results were observed (Tables 15.11.6.1.1-15.11.6.3 and Listings 16.2.8.1.1, and 16.2.8.1.3.1-16.2.8.1.9).

All laboratory results are provided in Tables 15.11.6.1.1 to 15.11.6.3 and Figures 15.11.6.1 to 15.11.6.10, and Listings 16.2.8.1.1 to 16.2.8.1.9.

Vital Sign Measurements and ECGs

Vital sign measurements (diastolic and systolic blood pressure, pulse, respiratory rate, and temperature) and ECGs were not collected at the posttreatment Week 24 visit. Overall, no notable changes were observed (Tables 15.11.7.1-15.11.7.3. 15.11.9, and Listings 16.2.8.2.1, 16.2.8.2.3.1, and 16.2.8.2.3.2).

All vital sign measurements and ECG results are provided in Tables 15.11.7.1 to 15.11.7.3 and 15.11.9, and Listings 16.2.8.2.1, 16.2.8.2.2, 16.2.8.2.3.1, and 16.2.8.2.3.2.

Quality of Life:

Complete details on the quality of life questionnaires (SF-36, CLDQ-HCV, FACIT-F, and WPAI: Hepatitis C) through posttreatment Week 12 are reported in Section 12 of the interim CSR (07 November 2016). No notable differences were observed in the quality of life questionnaires through posttreatment Week 12 between the interim analyses and the final analyses (Tables 15.12.1-15.12.4).

Overall, results from the SF-36, CLDQ-HCV, FACIT-F, and WPAI: Hepatitis C questionnaires indicated that QOL parameters improved from baseline to posttreatment Week 24 following

treatment with SOF/VEL/VOX or SOF/VEL for subjects with chronic HCV infection. Likewise, the mean scores for most scales improved from EOT to 24 weeks after the EOT (Tables 15.12.1-15.12.4). These results should be interpreted with caution as multiple endpoints were tested, and the study was not powered to test these exploratory endpoints.

All quality-of-life analyses are provided in Tables 15.12.1 to 15.12.4, Figures 15.12.1 to 15.12.4, and Listings 16.2.6.5 to 16.2.6.8.

CONCLUSIONS: The overall conclusions from this study are as follows:

- The SVR12 rate for SOF/VEL/VOX for 8 weeks was 95.2% and the SVR12 rate for SOF/VEL for 12 weeks was 98.2%.
- The SVR12 rate for the SOF/VEL/VOX 8 Week group did not demonstrate noninferiority to the SVR12 rate for the SOF/VEL 12 Week group (proportional difference [95% CI]: −3.2% [−6.0% to −0.4%]).
- The overall concordance between SVR12 and SVR24 was 99.8%. One subject in each treatment group had virologic failure between posttreatment Weeks 12 and 24; the subject in the SOF/VEL group had HCV infection with a different genotype at posttreatment Week 24 from that at baseline suggestive of reinfection.
- Among subjects with virologic failure following treatment with SOF/VEL/VOX, treatment emergent RAVs were uncommon, observed in only 1 of the 21 subjects who relapsed with available data (4.5%).
- Treatment with SOF/VEL/VOX for 8 weeks or SOF/VEL for 12 weeks was generally well tolerated with similar incidence and severity of AEs. There was a low incidence of SAEs and discontinuations due to AEs, and no clinically meaningful laboratory abnormalities.