Abstract

Direct-acting antiviral agents (DAAs) represent the standard of care for patients with hepatitis C virus (HCV) infection. Combining DAAs with different mechanisms may allow for shorter treatment durations that are effective across multiple genotypes. The aim of the C-SWIFT study was to identify the minimum effective treatment duration across multiple genotypes. C-SWIFT was an open-label, single-center trial in treatment-naïve patients with chronic HCV genotype (GT)1 or 3 infection. All patients received elbasvir (EBR) 100 mg/grazoprevir (GZR) 50 mg with sofosbuvir (SOF) 400 mg for 4-12 weeks. Patients with GT1 infection who failed therapy were eligible for retreatment with EBR/GZR + SOF and ribavirin for 12 weeks. The primary efficacy endpoint was SVR12 (sustained virologic response, HCV RNA <15 IU/mL 12 weeks after the end of therapy). Rates of SVR12 were 32% (10/31) and 87% (26/30) in noncirrhotic patients with GT1 infection treated for 4 and 6 weeks, and 80% (16/20) and 81% (17/21) in cirrhotic GT1 patients treated for 6 and 8 weeks. Among GT3-infected noncirrhotic patients, SVR12 was 93% (14/15) and 100% (14/14) after 8 and 12 weeks. SVR12 in cirrhotic GT3-infected patients was 83% (10/12) after 12 weeks of treatment. Twenty-three GT1 patients who relapsed following initial treatment completed re-treatment; all achieved SVR12. In the initial treatment phase, there was 1 serious adverse event of pneumonia which led to treatment discontinuation, and during retreatment 1 patient discontinued ribavirin due to pruritus. Data from this study support the use of 8-week treatment regimens that maintain high efficacy, even for patients...
infected with HCV GT3 infection. Retreatment of the patients who failed short-duration therapy was achieved through extended treatment duration and addition of ribavirin. This article is protected by copyright. All rights reserved.

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