

SILEN-C1: Early Antiviral Activity and Safety of BI 201335 Combined with Peginterferon alfa-2a and Ribavirin in Treatment-naïve Patients with Chronic Genotype 1 HCV infection

Mark S. Sulkowski¹, Peter Ferenci², Ceasu Emanoil³, Tarik Asselah⁴, Caruntu Florin Alexandru⁵, Jacob Lalezari⁶, Marc Bourlère⁷, Stefan Mauss⁸, Jean-Didier Grange⁹, Thomas Berg¹⁰, Stefan Zeuzem¹¹, Adrian Streinu-Cercel¹², David Wright¹³, Donald M. Jensen¹⁴, Carla Häfner¹⁵, Yakiv Datsenko¹⁵, Jerry O. Stern¹⁶, Gerhard Nehmiz¹⁵, and Gerhard Steinmann¹⁵

On behalf of the SILEN-C1 study group

¹Johns Hopkins University, Baltimore, USA; ²Medical University, Wien, Austria; ³Hospital for Infectious and Tropical Diseases, Bucharest, Romania; ⁴Hôpital Beaujon, Clichy Cedex, France; ⁵Institute of Infectious Diseases 1, Bucharest, Romania; ⁶Quest Clinical Research, San Francisco, USA; ⁷Hôpital Saint Joseph, Marseille, France; ⁸Center for HIV and Hepatogastroenterology, Düsseldorf, Germany; ⁹Hôpital TENON, Paris, France; ¹⁰Charité, Campus Virchow-Klinikum, Berlin, Germany; ¹¹J.W. Goethe University Hospital, Frankfurt am Main, Germany; ¹²Institute of Infectious Diseases 1, Bucharest, Romania; ¹³Central Texas Clinical Research, Austin, USA; ¹⁴University of Chicago Hospitals, Chicago, USA; ¹⁵Boehringer Ingelheim Pharma, Biberach, Germany; ¹⁶Boehringer Ingelheim Pharmaceuticals, Ridgefield, USA



**Mark S. Sulkowski, M.D.
Johns Hopkins University,
Baltimore, MD, USA**

I have financial relationships within the last 12 months relevant to my presentation with: Boehringer Ingelheim Pharmaceuticals. The terms of this arrangement are being managed by the Johns Hopkins University in accordance with its conflict of interest policies

AND

My presentation does include discussion of off-label or investigational use:

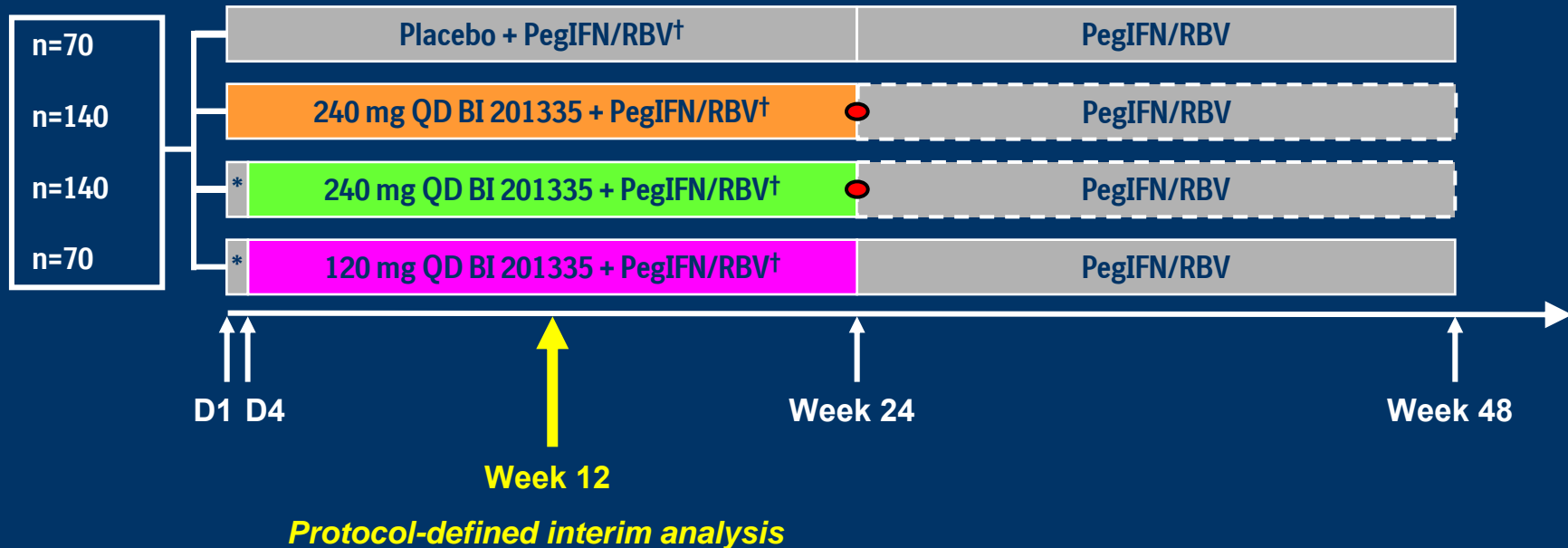
BI 201335

Peginterferon alfa-2a

Ribavirin

SILEN-C1 study

Phase 2, multicenter, randomized, double-blind, placebo-controlled study in treatment-naïve, HCV genotype 1-infected patients (n=420)



*3-day lead-in period of peginterferon alfa-2a (PegIFN; 180 µg/week) plus ribavirin (RBV; weight-based 1000 mg or 1200 mg daily)

†BI 201335 with 240 mg or 480 mg loading dose at Day 1

● Re-randomization 1:1 of patients with extended RVR to 24 vs 48 weeks of PegIFN plus RBV

Main inclusion criteria

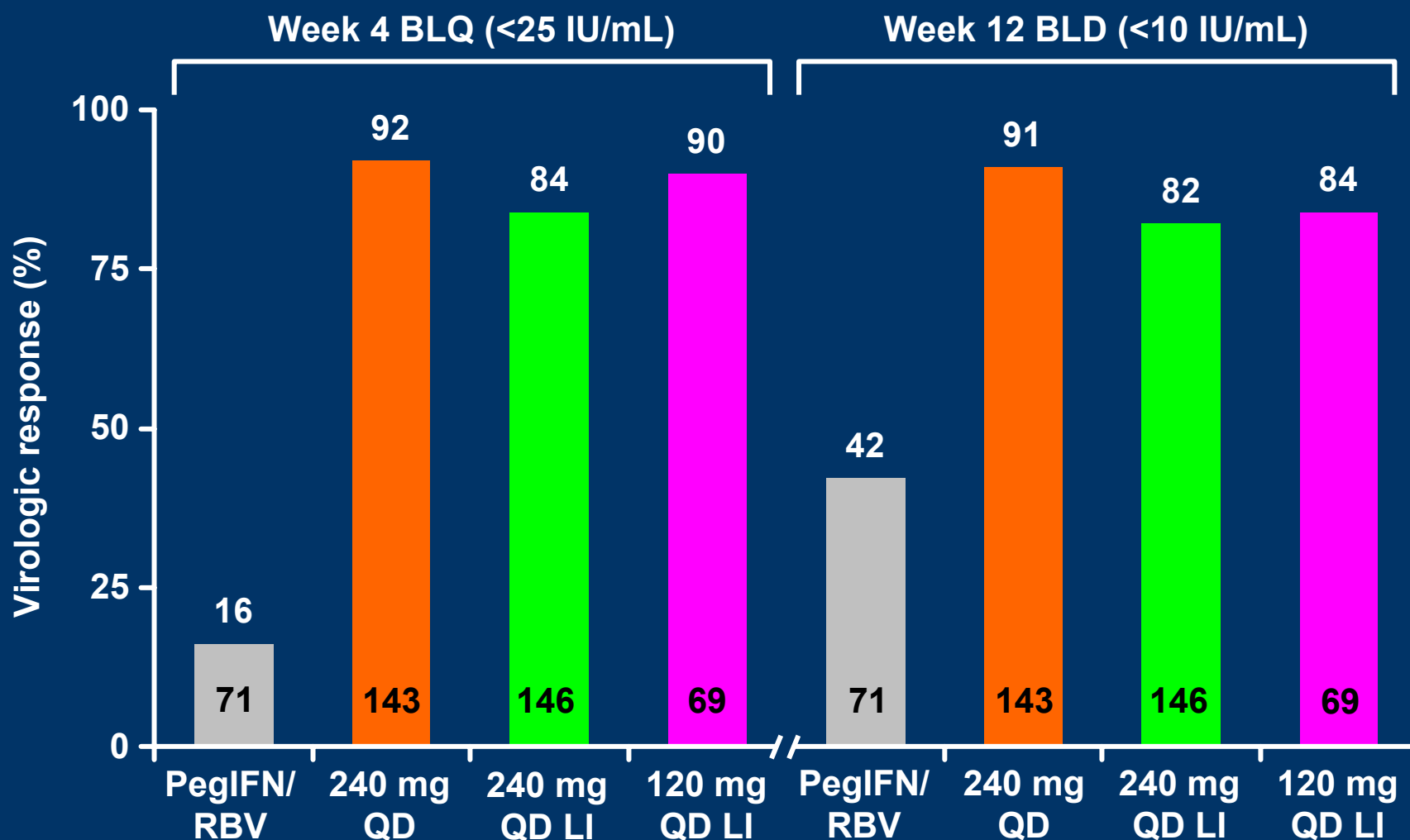
- Age 18 to 65 years
- Chronic hepatitis C infection of genotype 1 confirmed by genotypic testing at screening
- Therapy-naïve to interferon and/or ribavirin for acute or chronic hepatitis C infection
- HCV RNA $\geq 100,000$ IU/mL at screening
- Liver biopsy within 2 years without evidence of cirrhosis

Baseline characteristics and demographics

	PegIFN/RBV	240 mg QD	240 mg QD LI	120 mg QD LI
Total treated (n)	71	146	143	69
Sex, n (%)				
Male	41 (57.7)	79 (54.1)	74 (51.7)	40 (58.0)
Female	30 (42.3)	67 (45.9)	69 (48.3)	29 (42.0)
Race, n (%)				
Asian	8 (11.3)	17 (11.6)	21 (14.7)	9 (13.0)
Black	4 (5.6)	4 (2.7)	1 (0.7)	1 (1.4)
White	57 (80.3)	122 (83.6)	119 (83.2)	58 (84.1)
Other	2 (2.8)	3 (2.1)	2 (1.4)	1 (1.4)
Baseline HCV RNA (log₁₀)				
Mean	6.42	6.40	6.45	6.21
SD	0.55	0.60	0.63	0.63
Genotype, n (%)				
1	8 (11.3)	24 (16.4)	21 (14.7)	8 (11.6)
1a	26 (36.6)	40 (27.4)	50 (35.0)	15 (21.7)
1b	37 (52.1)	78 (53.4)	72 (50.3)	45 (65.2)
Age				
Mean	46	46	45	46
SD	10.9	10.5	10.2	10.9
BMI				
Mean	26	26	26	26
SD	5.6	4.6	4.5	4.0

LI = 3-day lead-in; BMI = body mass index

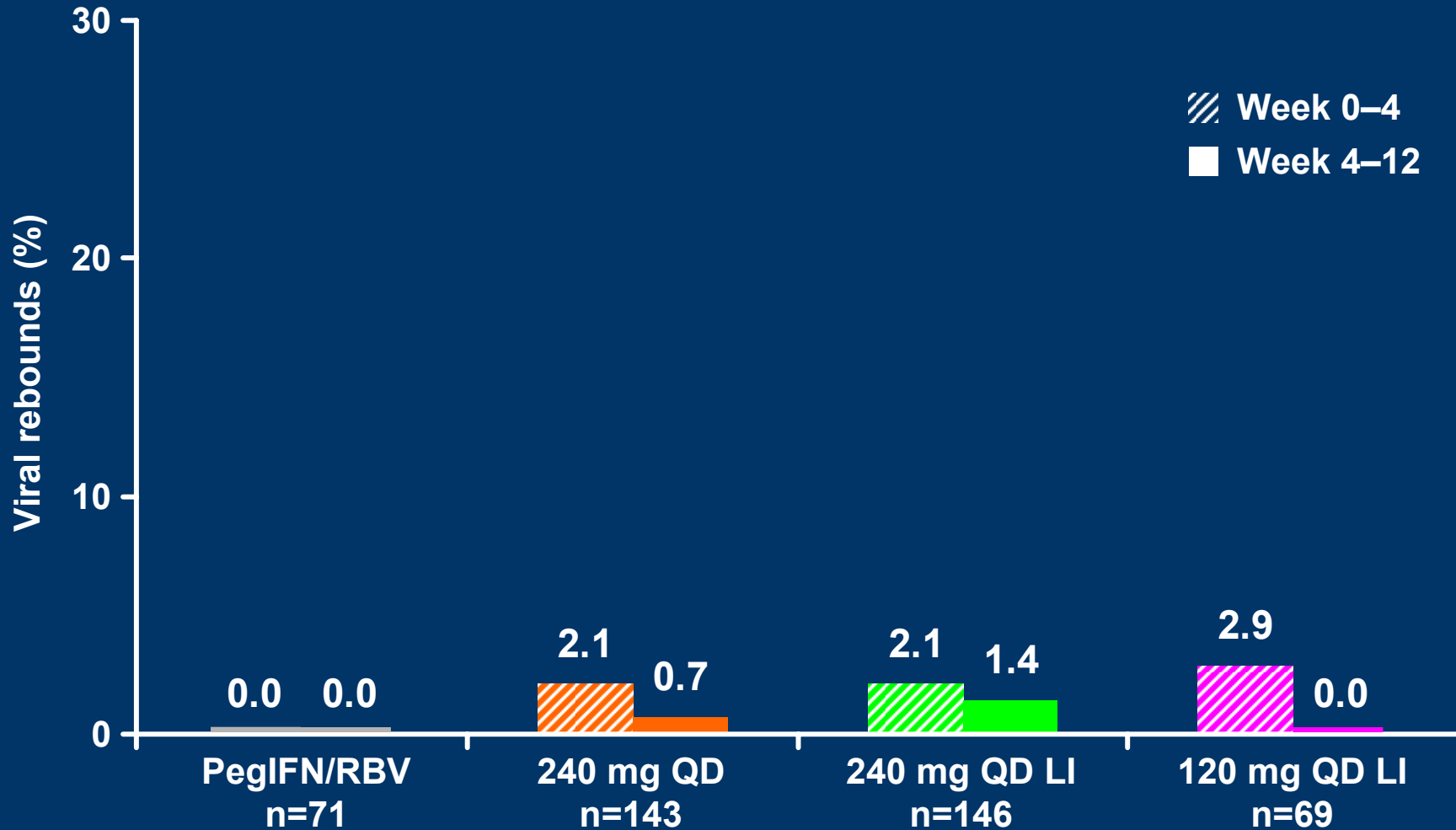
Protocol-defined extended virologic response



BLQ = below limit of quantification; BLD = below limit of detection; LI = 3-day lead-in

Virologic rebound

Virologic rebound defined as $\geq 1 \log_{10}$ increase from nadir HCV RNA



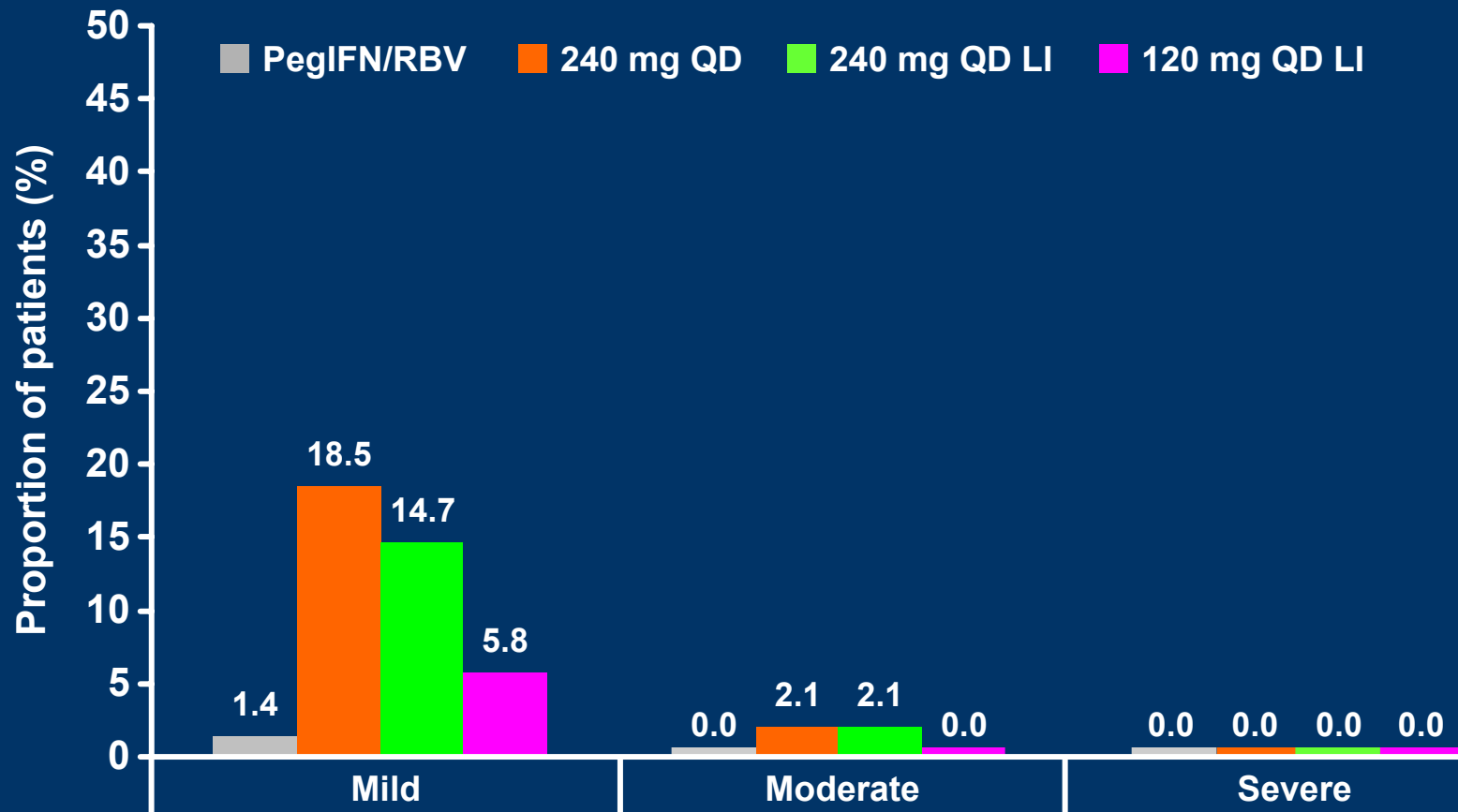
LI = 3-day lead-in

Adverse events: most frequent

AEs	PegIFN/RBV n (%)	240 mg QD n (%)	240 mg QD LI n (%)	120 mg QD LI n (%)
Influenza-like illness	29 (40.8)	50 (34.2)	45 (31.5)	23 (33.3)
Fatigue	22 (31.0)	37 (25.3)	34 (23.8)	15 (21.7)
Insomnia	17 (23.9)	22 (15.1)	18 (12.6)	11 (15.9)
Anemia	11 (15.5)	12 (8.2)	11 (7.7)	8 (11.6)
Neutropenia	6 (8.5)	6 (4.1)	9 (6.3)	6 (8.7)
Headache	23 (32.4)	49 (33.6)	43 (30.1)	21 (30.4)
Nausea	13 (18.3)	60 (41.1)	57 (39.9)	15 (21.7)
Diarrhea	10 (14.1)	38 (26.0)	40 (28.0)	8 (11.6)
Pruritus	7 (9.9)	44 (30.1)	40 (28.0)	18 (26.1)
Jaundice – all grades	1 (1.4)	30 (21.0)	24 (16.4)	4 (5.8)
Rash – all grades	9 (12.7)	38 (26.6)	48 (32.9)	14 (20.3)

AEs = adverse events; LI = 3-day lead-in

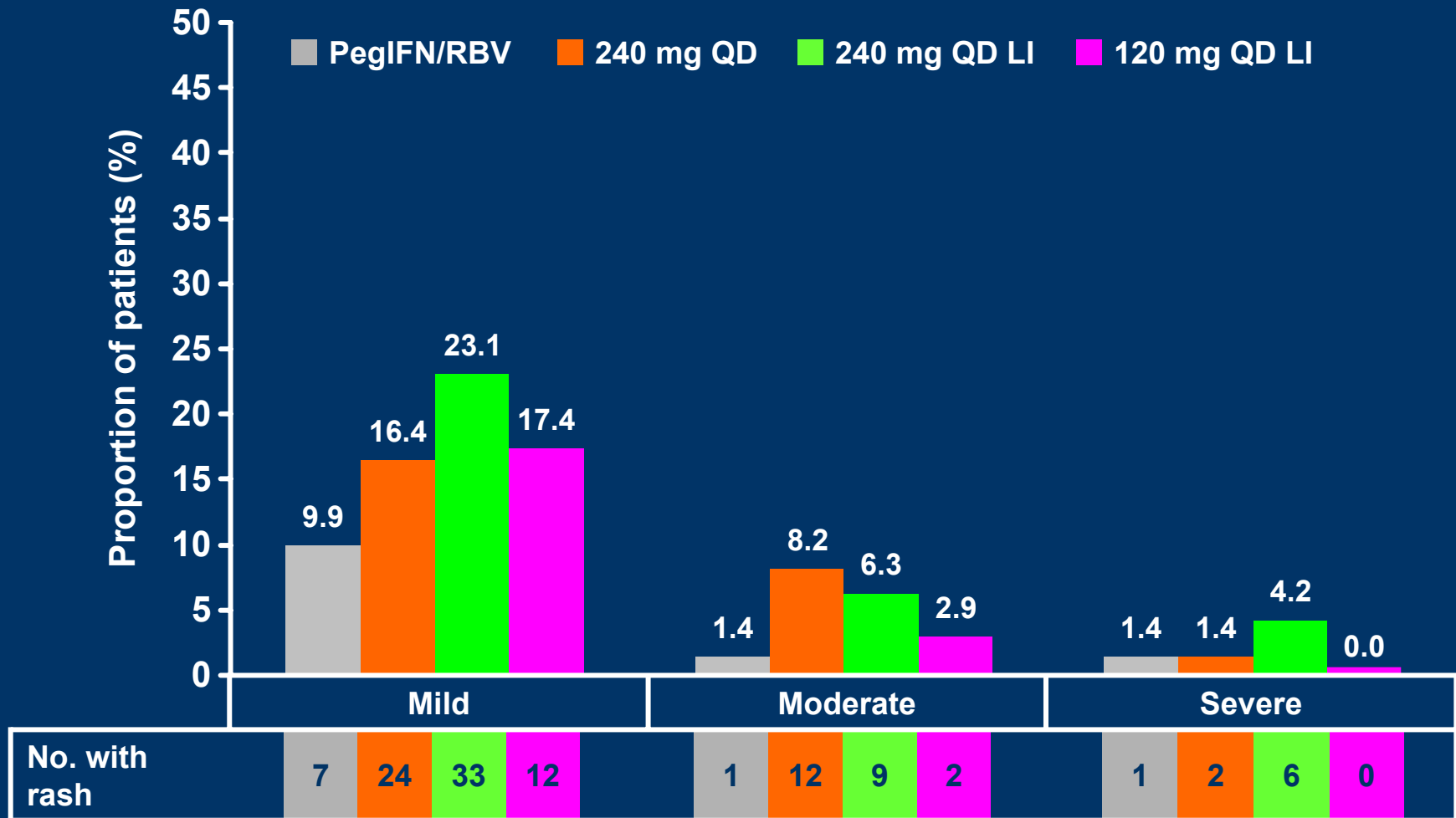
Severity of AEs: jaundice*



No. with jaundice	PegIFN/RBV	240 mg QD	240 mg QD LI	120 mg QD LI
Mild	1	27	21	4
Moderate	0	3	3	0
Severe	0	0	0	0

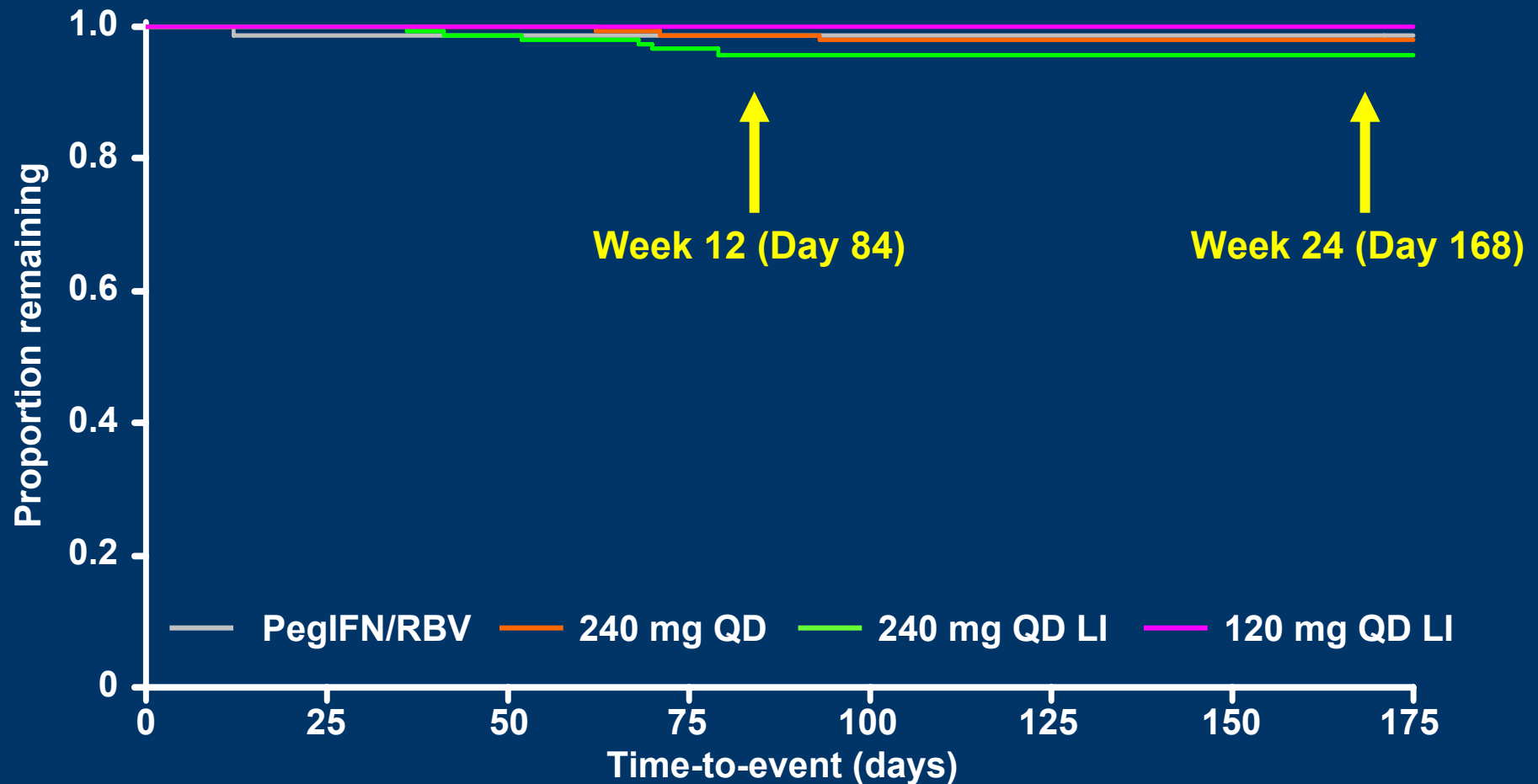
*3 cases of jaundice where the intensity is missing
LI = 3-day lead-in

Severity of AEs: rash*



*Data derived from preferred terms for rash; LI = 3-day lead-in
 No Stevens-Johnson syndrome or mucosal detachment observed

Kaplan-Meier estimated probability risk of severe rash



AEs: summary

	PegIFN/RBV n (%)	240 mg QD n (%)	240 mg QD LI n (%)	120 mg QD LI n (%)
All patients (n)	71	146	143	69
With any AE	67 (94.4)	143 (97.9)	138 (96.5)	66 (95.7)
With drug-related AE*	64 (90.1)	140 (95.9)	135 (94.4)	60 (87.0)
With severe AEs	2 (2.8)	10 (6.8)	19 (13.3)	5 (7.2)
With SAE	0 (0.0)	4 (2.7)	8 (5.6)	2 (2.9)
Discontinuations for AEs	0 (0.0)	7 (4.8)	13 (9.1)	2 (2.9)
Discontinuations for				
Rash	0 (0.0)	1 (0.7)	4 (2.8)	0 (0.0)
Jaundice	0 (0.0)	1 (0.7)	0 (0.0)	0 (0.0)

*Investigator-defined

AE = adverse event; SAE = serious adverse event; LI = 3-day lead-in

Laboratory findings

- **ALT observed to be reduced to a greater extent in the BI 201335-treated groups compared with PegIFN/RBV alone**
- **Total bilirubin increased in a dose-dependent manner with BI 201335**
 - **Median change from baseline to Week 12: 0.5–1.9 mg/dL**
 - **All predominantly indirect bilirubin**
- **Hematological parameters similar between treatment groups**

Discussion

- **Virologic response**
 - 120 mg QD and 240 mg QD BI 201335 in combination with PegIFN/RBV caused a rapid and steep decline in HCV RNA
 - 80–90% of patients achieve HCV RNA <10 IU/mL after 12 weeks of BI 201335 in combination with PegIFN/RBV compared to 42% treated with PegIFN/RBV alone
 - Few virologic rebounds (<3%)
- **Adverse events**
 - Most AEs were those commonly related to PegIFN/RBV therapy
 - Mild-to-moderate jaundice and rash are the main BI 201335-related adverse events
 - Severe rash: 2.2% vs 1.4% (BI 201335+PegIFN/RBV vs PegIFN/RBV)
 - Rash discontinuation: 1.4% vs 0% (BI 201335+PegIFN/RBV vs PegIFN/RBV)

Acknowledgments

- **Study investigators and patients at the study centers in the following countries:**

Argentina

Dr. Jorge Daruich
Dr. Hugo Tanno
Dr. Hugo Fainboi
Dr. Marcelo Silva
Dr. Fernando Bessone

Australia

Prof. Jacob George
Prof. William Sievert
Dr. Barbara Leggett
Prof. Graeme MacDonald
Dr. Stephen Riordan
Dr. Sally Bell
Dr. Joe Sasadeusz
Dr. Amany Zekry
Dr. Simone Strasser

Austria

Prof. Peter Ferenci
Prof. Michael Gschwantler
Dr. Andreas Maieron

Canada

Dr. Curtis Cooper
Dr. Jenny Heathcote
Dr. Stephen Shafran
Dr. Bernard Willems
Dr. Keith Tsoi

Czech Republic

Dr. Jan Galsky
Dr. Petr Kumpel

France

Dr. Tarik Asselah
Dr. Yves Benhamou
Prof. Stanislas Pol
Dr. Marc Bourliere
Prof. Jean-Pierre Bronowicki
Prof. Dominique Larrey
Prof. Jean-Michel Pawlowsky/
Dr. Christophe Hezode
Dr. Jean-Didier Grange
Prof. Christian Trepo

Germany

PD Dr. Keikawus Arastéh
PD Dr. med. Thomas Berg
Prof. Michael P. Manns
Prof. Dieter Häussinger
Prof. Stefan Zeuzem
Prof. Michael Gregor
Prof. Ansgar Lohse
Dr. Marcus Schuchmann
Dr. Johannes Wiegand
Dr. Stefan Mauss
Dr. Ulrich Spengler
Prof. Wolfgang E. Schmidt
Dr. Elmar Zehnter

Netherlands

Dr. H. W. Reesink

Portugal

Prof. Armando Carvalho
Prof. Fernando Ramalho
Dr. Filipe Calinas
Dr. Cristina Valente
Prof. José Sarmento

Republic of Korea

Prof. Jeong Heo
Prof. DoYoung Kim
Prof. SeongGyu Hwang
Prof. SookHyang Jeong
Prof. Young Oh Kweon
Prof. Kwan Sik Lee
Prof. HanChu Lee
Prof. SeungWoon Paik
Prof. SungWon Cho
Prof. YounJae Lee
Prof. Mong Cho

Romania

Prof. Adrian Streinu-Cercel
Dr. Liliana Preotescu
Dr. Caruntu Florin Alexandru
Prof. Ceasu Emanoil

Spain

Dr. Jose Luis Calleja
Dr. Jose María Sanchez Tapias
Dr. Javier García-Samaniego

Switzerland

PD Dr. Beat Müllhaupt
PD Dr. Daniel Genné
PD Dr. Enos Bernasconi
Prof. Jürg Reichen
Dr. Markus Flepp

United Kingdom

Prof. William Rosenberg
Dr. Mark Wright
Dr. Fiona Gordon,
Prof. Graham Foster
Dr. Stephen Ryder
Dr. Kosh Agarwal

United States

Dr. Mark Sulkowski
Dr. Douglas Dieterich
Dr. David Wright
Dr. Donald Jensen
Dr. Jacob Lalezari

- **Boehringer Ingelheim for sponsoring the study and their clinical and statistical teams for study monitoring, data collection and analysis**
- **Editorial support provided by M. Gazeley**

Thank you