

Sofosbuvir in HCV-HIV Coinfection & HCV GT 1,2,3  
**PHOTON-1 Trial**

# Sofosbuvir and Ribavirin for HCV-HIV Coinfection

## PHOTON-1 Trial: Study Features

### PHOTON-1 Trial: Features

- **Design:** Open-label, nonrandomized, uncontrolled, phase 3 trial using sofosbuvir + ribavirin in HCV-HIV coinfection and HCV GT 1, 2, or 3
- **Setting:** 34 treatment centers in United States and Puerto Rico
- **Entry Criteria**
  - HIV coinfection; HCV Genotype 1, 2, or 3
  - Treatment naïve (GT 1,2,3) or treatment experienced (GT 2,3)
  - On antiretroviral therapy with HIV RNA  $\leq$  50 copies/ml and CD4  $\geq$  200 or not on antiretroviral therapy and CD4  $\geq$  500
  - Compensated cirrhosis permitted (<20% total patients)
- **Patient Characteristics**
  - N = 223 HCV-HIV coinfecting patients
  - On ARV Rx: GT1 (98%); GT 2/3 naïve (90%); GT 2/3 experienced (95%)
- **Primary End-Points**
  - Efficacy (SVR12), safety, and impact on HIV

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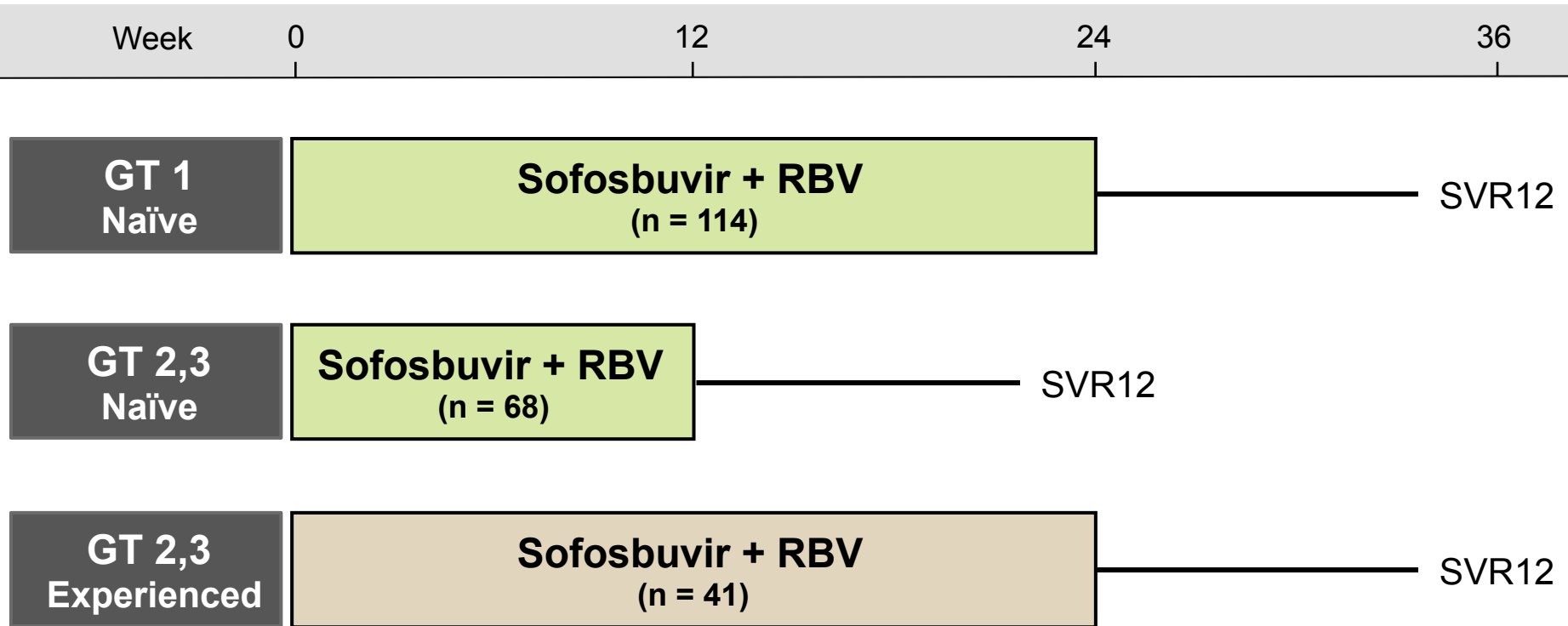
## PHOTON-1 Trial: Participants

Baseline Characteristics	Treatment Naive		Treatment Experienced
	GT 1 (n=114)	GT 2 or 3 (n=68)	GT 2 or 3 (n=41)
Age, mean (range)	48 (25-70)	49 (24-71)	54 (34-68)
Male, %	82%	81%	90%
Black, %	32%	12%	17%
IL28B CC genotype, %	27%	37%	49%
Cirrhosis, %	4%	10%	24%
On ART <sup>§</sup> , %	98%	90%	95%
CD4 count, cells/mm <sup>3</sup> , median	581	562	579

<sup>§</sup>Tenofovir-emtricitabine plus [efavirenz, r-atazanavir, r-darunavir, raltegravir, rilpivirine, or other]

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## PHOTON-1 Trial: Treatment Arms



### Drug Dosing

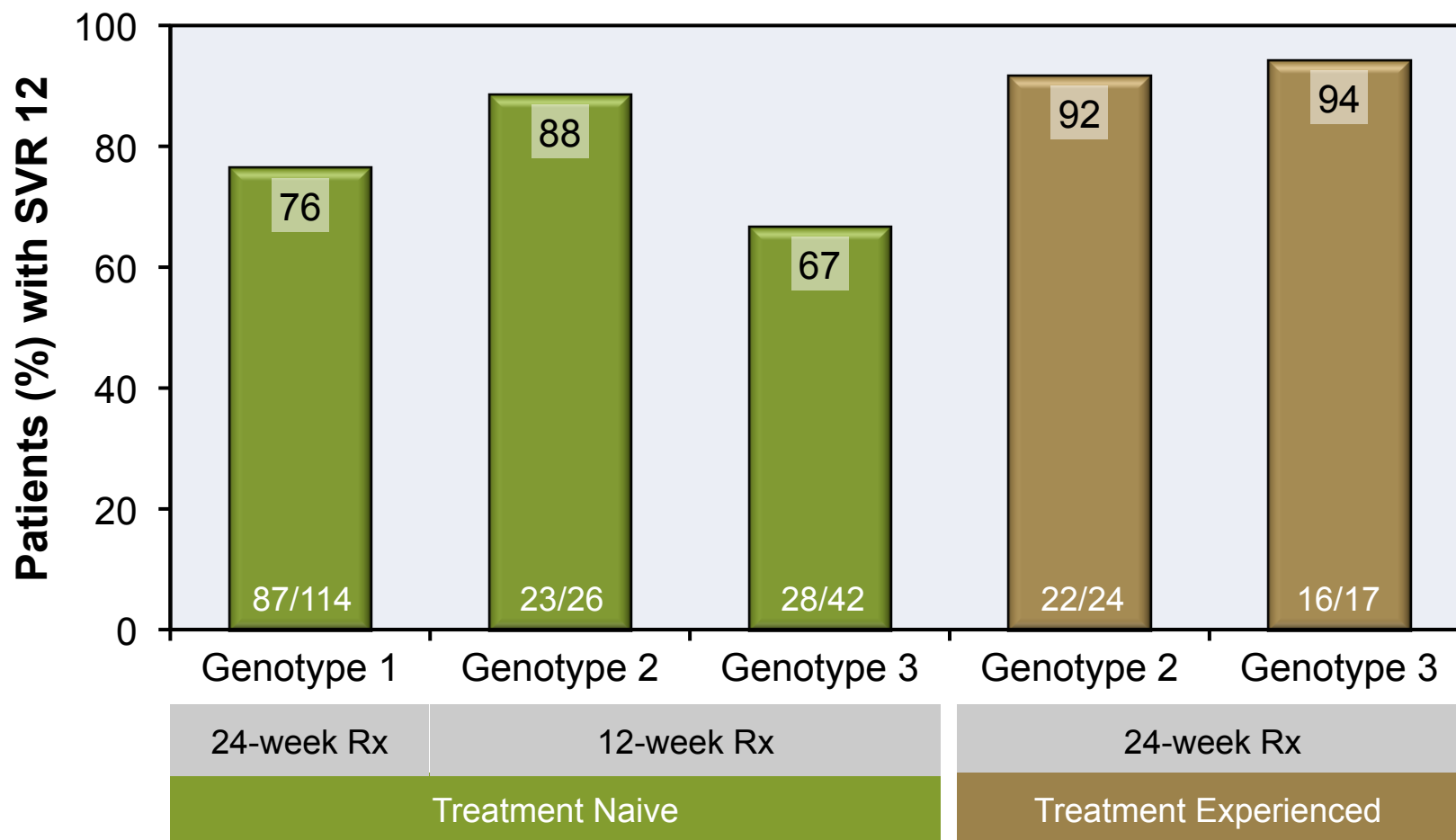
Sofosbuvir: 400 mg once daily

Ribavirin (weight-based and divided bid): 1000 mg/day if < 75 kg or 1200 mg/day if ≥ 75 kg

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## PHOTON-1 Trial: Results

PHOTON-1: SVR12 with Sofosbuvir + RBV x 12-24 weeks



Source: Sulkowski MS, et al. JAMA. 2014;312:353-61.

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## PHOTON-1 Trial: Conclusions

**Conclusions and Relevance:** “In this open-label, nonrandomized, uncontrolled study, patients with HIV who were coinfecting with HCV genotype 1, 2, or 3 who received the oral, interferon-free combination of sofosbuvir and ribavirin for 12 or 24 weeks had high rates of SVR12. Further studies of this oral regimen in diverse populations of coinfecting patients are warranted.”

# Acknowledgment

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*The content in this slide set does not represent the official views of the U.S. Department of Health and Human Services, Health Resources & Services Administration.*

