Protocol Registration Receipt
10/10/2013

Grantor: CDER IND/IDE Number: 75863 Serial Number:

Clinical Trial for Non-responders Who Previously Participated in Eltrombopag Studies TPL 103922 or TPL 108390 (ENABLE-ALL)

This study has been completed.

Sponsor:	GlaxoSmithKline
Collaborators:	
Information provided by (Responsible Party):	GlaxoSmithKline
ClinicalTrials.gov Identifier:	NCT00996216

Purpose

The purpose of this study is to test the safety and tolerability of eltrombopag when used to increase and maintain platelet count. Platelet count to be maintained at a level sufficient to facilitate initiation of antiviral therapy, to minimize antiviral therapy dose reductions, and to avoid permanent discontinuation of antiviral therapy.

Condition	Intervention	Phase
Hepatitis C	Drug: Eltrombopag Drug: Antiviral therapy	Phase 3

Study Type: Interventional

Study Design: Treatment, Single Group Assignment, Open Label, Non-Randomized, Safety Study

Official Title: An Open-label, Multi-centre Rollover Study to Assess the Safety and Efficacy of Eltrombopag in Thrombocytopenic Subjects With Hepatitis C Virus (HCV) Infection Who Are Otherwise Eligible to Initiate Antiviral Therapy (Peginterferon Alfa-2a or Peginterferon Alfa-2b Plus Ribavirin)

Further study details as provided by GlaxoSmithKline:

Primary Outcome Measure:

- Number of Participants With Any Adverse Event (AE) and Any Serious Adverse Event (SAE) in Part 1 [Time Frame: From the start of investigational product up to the start of antiviral therapy (up to 9 weeks; median of 21 days)] [Designated as safety issue: No]

  An AE is defined as any untoward medical occurrence in a participant or clinical investigation participant, temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of a medicinal product. An SAE is defined as any untoward medical occurrence that, at any dose, results in death, is life threatening, requires hospitalization or prolongation of existing hospitalization, results in disability/incapacity, is a congenital anomaly/birth defect, may jeopardize the participant or require medical or surgical intervention to prevent one of the other outcomes listed, or is an event of possible drug-induced liver injury. Refer to the general AE/SAE module for a list of AEs and SAEs.
- Number of Participants With Any AE and Any SAE in Part 2 [Time Frame: From the date of initiation of antiviral therapy (Antiviral Baseline Visit [between Study Day 14 and Study Day 65]) to the completion of the follow-up period (up to Week 96/WD)] [Designated as safety issue: No]

  An AE is defined as any untoward medical occurrence in a participant or clinical investigation participant, temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of a medicinal product. An SAE is defined as any untoward medical occurrence that, at any dose, results in death, is life threatening, requires hospitalization or prolongation of existing hospitalization, results in disability/incapacity, is a congenital anomaly/birth defect, may jeopardize the participant or require medical or surgical intervention to prevent one of the other outcomes listed, or is an event of possible drug-induced liver injury. Refer to the general AE/SAE module for a list of AEs and SAEs.
- Number of Participants With the Indicated Worst-case Division of Acquired Immune Deficiency Syndrome (DAIDS) Grade Increases From Screening for the Indicated Clinical Chemistry Parameters During Part 1 [Time Frame: From Screening up to the start of antiviral therapy (up to 9 weeks; median of 21 days)] [Designated as safety issue: No]

  Blood samples were collected for the measurement of clinical chemistry parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.

- Number of Participants With the Indicated Worst-case DAIDS Grade Increases From the Antiviral Baseline Visit for the Indicated Clinical Chemistry Parameter During Part 2 [Time Frame: From Day 0 of Part 2 (Antiviral Baseline Visit [between Study Day 14 and Study Day 65) to the completion of the follow-up period (up to Week 96/WD)] [Designated as safety issue: No]

  Blood samples were collected for the measurement of clinical chemistry parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.
- Number of Participants With the Indicated Worst-case DAIDS Grade Increases From Screening for the Indicated Hematology Parameters During Part 1 [Time Frame: From Screening up to the start of antiviral therapy (up to 9 weeks; median of 21 days)] [Designated as safety issue: No]

  Blood samples were collected for the measurement of hematology parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.
- Number of Participants With the Indicated Worst-case DAIDS Grade Increases From the Antiviral Baseline Visit for the Indicated Hematology Parameters During Part 2 [Time Frame: From Day 0 of Part 2 (Antiviral Baseline Visit [between Study Day 14 and Study Day 65) to the completion of the follow-up period (up to Week 96/WD)] [Designated as safety issue: No]

  Blood samples were collected for the measurement of hematology chemistry parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.
- Number of Participants With a Decrease in Visual Acuity During Parts 1 and 2 [Time Frame: From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)] [Designated as safety issue: No]

  Visual acuity (VA) is defined as acuteness or clearness of vision.
- Number of Participants With the Indicated Change in logMAR Scale Values During Parts 1 and 2 [Time Frame: From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)] [Designated as safety issue: No]

  LogMAR (logarithm of the minimum angle of resolution) charts are used to measure an individual's visual acuity. LogMAR, expressed as the (decadic) logarithm of the minimum angle of resolution (range from +1.00 to -0.30), converts the geometric sequence of a traditional chart to a linear scale. As there are 5 letters per line, the total score for a line on the LogMAR chart represents a change of 0.1 log units.
- Number of Participants With a logMAR Change >=0.15 During Parts 1 and 2 [Time Frame: From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)] [Designated as safety issue: No]

  LogMAR (logarithm of the minimum angle of resolution) charts are used to measure an individual's visual acuity. LogMAR, expressed as the (decadic) logarithm of the minimum angle of resolution (range from +1.00 to -0.30), converts the geometric sequence of a traditional chart to a linear scale. As there are 5 letters per line, the total score for a line on the LogMAR chart represents a change of 0.1 log units.

Secondary Outcome Measures:

- Platelet Counts at the Indicated Time Points [Time Frame: From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)] [Designated as safety issue: No]

  Blood samples were collected for the measurement of platelet count. For each participant, the duration of Part 1 treatment varies between 2 and 9 weeks.
- Number of Particpants Who Initiated Antiviral Therapy [Time Frame: From the start of the investigational product up to 9 weeks (median of 21 days)] [Designated as safety issue: No]

The number of participants who completed the Pre-antiviral Phase (Part 1) and proceeded to the Antiviral Phase (Part 2) are summarized.

- Number of Participants Achieving Antiviral Treatment Milestones of Sustained Virological Response (SVR), Rapid Virological Response (RVR), Early Virological Response (EVR), and End of Treatment Response (ETR) [Time Frame: From the start of investigational product in Part 2 up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)] [Designated as safety issue: No]

  SVR is defined as non-detectable Hepatitis C virus (HCV) ribonucleic acid (RNA) at 24 weeks post-completion of the planned treatment period (i.e., Week 48 or 72 for genotype 2/3 or Week 72 for non-genotype 2/3). RVR is defined as undetectable HCV RNA after 4 weeks of antiviral treatment. EVR is defined as clinically significant reduction in HCV RNA (>=2 log10 drop or undetectable) after 12 weeks of antiviral treatment. ETR is defined as undetectable HCV RNA at the end of antiviral treatment.

Enrollment: 27
Study Start Date: September 2009
Study Completion Date: February 2013
Primary Completion Date: February 2013

Arms	Assigned Interventions
Experimental: Open-label eltrombopag Open-label eltrombopag with dose titrations to support adequate platelet counts.	Drug: Eltrombopag Eltrombopag starting at 25 mg dose and titrated in Part 1 of study to 50, 75, 100 mg. Platelet count must reach sufficient level to allow initiation of antiviral therapy. Eltrombopag dose may be adjusted during antiviral treatment phase of study to maintain platelet count to continue antiviral therapy without adjustment to antiviral dose. Other Names: Promacta Drug: Antiviral therapy Combination of either peginterferon alfa-2a or alfa-2b with ribavirin at investigator's discretion.

Eligibility

Ages Eligible for Study: 18 Years and older
Genders Eligible for Study: Both

Inclusion Criteria:

- Prior participation in protocol TPL103922 or TPL108390 and completed the Week 24 Follow Up Visit in TPL103922 or TPL108390
- Male or female ≥18 years old
- Evidence of chronic HCV infection
- While participating in TPL103922 or TPL108390, discontinued from study drug due to thrombocytopenia
- Appropriate candidate for antiviral therapy with pegylated interferon plus ribavirin
- Platelet count <75,000
- Fertile males and females must use two forms of effective contraception during treatment and for 24 weeks after treatment
- Ability to understand and comply with the protocol requirements and instructions
- Ability to provide written informed consent

Exclusion Criteria:

- Decompensated liver disease
- Known hypersensitivity, intolerance, or allergy to interferon, ribavirin, eltrombopag, or their ingredients
- History of clinically significant bleeding from oesophageal or gastric varices
- History of arterial or venous thrombosis and two or more of the following risk factors: hereditary thrombophilic disorders; hormone replacement therapy; systemic contraception (containing estrogen); smoking; diabetes; hypercholesterolemia; medication for hypertension or cancer
- Pre-existing cardiac disease (congestive heart failure Grade III/IV) or arrhythmias known to involve the risk of thromboembolic events (e.g. atrial fibrillation)
- Evidence of hepatocellular carcinoma
- HIV or Hepatitis B infection
- Therapy with anti-neoplastic or immunomodulatory treatment within six months prior to eltrombopag therapy
- Malignancy diagnosed or treated within the past five years. Except for localized basal or squamous cell carcinoma treated by local excision or malignancies that were adequately treated and, in the opinion of the oncologist, have an excellent chance of cancer-free survival.
- Pregnant or nursing women
- Men with a female partner who is pregnant
- History of alcohol/drug abuse or dependence within six months of the study start unless participating in a controlled rehabilitation programme.
- Treatment with an investigational drug or interferon within 30 days or 5 half-lives (whichever is longer) of the screening visit
- History or platelet clumping that prevents reliable measurement of platelet counts
- Evidence of portal vein thrombosis within three months of baseline visit

Contacts and Locations

Locations

United States, California

GSK Investigational Site

San Diego, California, United States, 92123

United States, Connecticut

GSK Investigational Site

New Haven, Connecticut, United States, 06520

United States, Hawaii

GSK Investigational Site

Honolulu, Hawaii, United States, 96817

United States, New York

GSK Investigational Site

Manhasset, New York, United States, 11030

United States, Tennessee

GSK Investigational Site

Nashville, Tennessee, United States, 37212

United States, Washington

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Seattle, Washington, United States, 98111

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Camperdown, New South Wales, Australia, 2050

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Randwick, New South Wales, Australia, 2031

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Muenchen, Bayern, Germany, 81675

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Bologna, Emilia-Romagna, Italy, 40138

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Genova, Liguria, Italy, 16132

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Spain

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La Coruña, Spain, 15006

GSK Investigational Site

Madrid, Spain, 28029

GSK Investigational Site

Pontevedra, Spain, 36071

GSK Investigational Site

Valencia, Spain, 46010

Investigators

Study Director:	GSK Clinical Trials	GlaxoSmithKline

More Information

Responsible Party:	GlaxoSmithKline
Study ID Numbers:	108392
Health Authority:	United States: Food and Drug Administration Europe: European Medicines Agency

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Study Results

Participant Flow

Recruitment Details

10^9 cells (Giga) per liter=Gi/L; participants=par.; polyethylene glycol=Peg; interferon=INF.

Pre-Assignment Details

In Part (P) 1, the treatment goal was to increase the platelet count to >=90 Gi/L. In P 2, par. continued on the selected P 1 dose of eltrombopag (dose effectively raising platelets to >=90 or >=100 Gi/L). Eltrombopag was given in combination with antiviral therapy (Peg INF alfa-2a or Peg INF alfa-2b and ribavirin) for the duration of treatment.

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Part 1 (Pre-Antiviral Treatment Phase)

	Eltrombopag
Started	27
Completed	26
Not Completed	1
Withdrawal by Subject	1

Part 2 (Antiviral Treatment Phase)

	Eltrombopag
Started	25 [1]
Completed	21
Not Completed	4

	Eltrombopag
Lost to Follow-up	3
Withdrawal by Subject	1

[1] One participant who completed Part 1 didn't qualify to begin antiviral treatment in Part 2.

Baseline Characteristics

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Baseline Measures

	Eltrombopag
Number of Participants	27
Age, Continuous	51.3 (7.70)

	Eltrombopag
[units: Years] Mean (Standard Deviation)	
Gender, Male/Female [units: Participants]	
Female	7
Male	20
Race/Ethnicity, Customized [units: participants]	
Central/South Asian Heritage	2
White	25

Outcome Measures

1. Primary Outcome Measure:

Measure Title	Number of Participants With Any Adverse Event (AE) and Any Serious Adverse Event (SAE) in Part 1
Measure Description	An AE is defined as any untoward medical occurrence in a participant or clinical investigation participant, temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of a medicinal product. An SAE is defined as any untoward medical occurrence that, at any dose, results in death, is life threatening, requires hospitalization or prolongation of existing hospitalization, results in disability/incapacity, is a congenital anomaly/birth defect, may jeopardize the participant or require medical or surgical intervention to

	prevent one of the other outcomes listed, or is an event of possible drug-induced liver injury. Refer to the general AE/SAE module for a list of AEs and SAEs.
Time Frame	From the start of investigational product up to the start of antiviral therapy (up to 9 weeks; median of 21 days)
Safety Issue?	No

Analysis Population Description

Pre-antiviral Safety Population: all participants who received study drug in the Pre-antiviral Treatment Phase (Part 1) of the study

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	27

	Eltrombopag
Number of Participants With Any Adverse Event (AE) and Any Serious Adverse Event (SAE) in Part 1 [units: Participants]	
Any SAE	0
Any AE	9

2. Primary Outcome Measure:

Measure Title	Number of Participants With Any AE and Any SAE in Part 2
Measure Description	An AE is defined as any untoward medical occurrence in a participant or clinical investigation participant, temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of a medicinal product. An SAE is defined as any untoward medical occurrence that, at any dose, results in death, is life threatening, requires hospitalization or prolongation of existing hospitalization, results in disability/incapacity, is a congenital anomaly/birth defect, may jeopardize the participant or require medical or surgical intervention to prevent one of the other outcomes listed, or is an event of possible drug-induced liver injury. Refer to the general AE/SAE module for a list of AEs and SAEs.
Time Frame	From the date of initiation of antiviral therapy (Antiviral Baseline Visit [between Study Day 14 and Study Day 65]) to the completion of the follow-up period (up to Week 96/WD)
Safety Issue?	No

Analysis Population Description

Antiviral Safety Population: all participants who entered the Antiviral Treatment Phase (Part 2) of the study and who received at least one dose of antiviral therapy

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	25
Number of Participants With Any AE and Any SAE in Part 2 [units: Participants]	
Any SAE	5
Any AE	25

3. Primary Outcome Measure:

Measure Title	Number of Participants With the Indicated Worst-case Division of Acquired Immune Deficiency Syndrome (DAIDS) Grade Increases From Screening for the Indicated Clinical Chemistry Parameters During Part 1
Measure Description	Blood samples were collected for the measurement of clinical chemistry parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.
Time Frame	From Screening up to the start of antiviral therapy (up to 9 weeks; median of 21 days)
Safety Issue?	No

Analysis Population Description

Pre-antiviral Safety Population. Only participants with data available at the specified time point were analyzed.

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of

	Description
	eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	26
Number of Participants With the Indicated Worst-case Division of Acquired Immune Deficiency Syndrome (DAIDS) Grade Increases From Screening for the Indicated Clinical Chemistry Parameters During Part 1 [units: Participants]	
Alanine amino transferase, Any Increase	2
Alanine amino transferase, Increase to Grade 1	1
Alanine amino transferase, Increase to Grade 2	0
Alanine amino transferase, Increase to Grade 3	1
Alanine amino transferase, Increase to Grade 4	0
Albumin, Any Increase	1
Albumin, Increase to Grade 1	1

	Eltrombopag
Albumin, Increase to Grade 2	0
Albumin, Increase to Grade 3	0
Albumin, Increase to Grade 4	0
Alkaline phosphatase, Any Increase	1
Alkaline phosphatase, Increase to Grade 1	1
Alkaline phosphatase, Increase to Grade 2	0
Alkaline phosphatase, Increase to Grade 3	0
Alkaline phosphatase, Increase to Grade 4	0
Aspartate amino transferase, Any Increase	2
Aspartate amino transferase, Increase to Grade 1	2
Aspartate amino transferase, Increase to Grade 2	0
Aspartate amino transferase, Increase to Grade 3	0
Aspartate amino transferase, Increase to Grade 4	0
Creatinine, Any Increase	0
Creatinine, Increase to Grade 1	0
Creatinine, Increase to Grade 2	0

	Eltrombopag
Creatinine, Increase to Grade 3	0
Creatinine, Increase to Grade 4	0
Total bilirubin, Any Increase	10
Total bilirubin, Increase to Grade 1	6
Total bilirubin, Increase to Grade 2	4
Total bilirubin, Increase to Grade 3	0
Total bilirubin, Increase to Grade 4	0
Uric acid, Any Increase	3
Uric acid, Increase to Grade 1	3
Uric acid, Increase to Grade 2	0
Uric acid, Increase to Grade 3	0
Uric acid, Increase to Grade 4	0

4. Primary Outcome Measure:

Measure Title	Number of Participants With the Indicated Worst-case DAIDS Grade Increases From the Antiviral Baseline Visit for the Indicated Clinical Chemistry Parameter During Part 2
Measure Description	Blood samples were collected for the measurement of clinical chemistry parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.
Time Frame	From Day 0 of Part 2 (Antiviral Baseline Visit [between Study Day 14

	and Study Day 65) to the completion of the follow-up period (up to Week 96/WD)
Safety Issue?	No

Analysis Population Description

Antiviral Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	25
Number of Participants With the Indicated Worst-case DAIDS Grade Increases From the Antiviral Baseline Visit for the	

	Eltrombopag
Indicated Clinical Chemistry Parameter During Part 2 [units: Participants]	
Alanine amino transferase, Any Increase	4
Alanine amino transferase, Increase to Grade 1	3
Alanine amino transferase, Increase to Grade 2	0
Alanine amino transferase, Increase to Grade 3	1
Alanine amino transferase, Increase to Grade 4	0
Albumin, Any Increase	9
Albumin, Increase to Grade 1	4
Albumin, Increase to Grade 2	5
Albumin, Increase to Grade 3	0
Albumin, Increase to Grade 4	0
Alkaline phosphatase, Any Increase	7
Alkaline phosphatase, Increase to Grade 1	7
Alkaline phosphatase, Increase to Grade 2	0
Alkaline phosphatase, Increase to Grade 3	0

	Eltrombopag
Alkaline phosphatase, Increase to Grade 4	0
Aspartate amino transferase, Any Increase	9
Aspartate amino transferase, Increase to Grade 1	1
Aspartate amino transferase, Increase to Grade 2	8
Aspartate amino transferase, Increase to Grade 3	0
Aspartate amino transferase, Increase to Grade 4	0
Creatinine, Any Increase	1
Creatinine, Increase to Grade 1	0
Creatinine, Increase to Grade 2	0
Creatinine, Increase to Grade 3	1
Creatinine, Increase to Grade 4	0
Total bilirubin, Any Increase	16
Total bilirubin, Increase to Grade 1	1
Total bilirubin, Increase to Grade 2	5
Total bilirubin, Increase to Grade 3	10
Total bilirubin, Increase to Grade 4	0
Uric acid, Any Increase	5
Uric acid, Increase to Grade 1	4

	Eltrombopag
Uric acid, Increase to Grade 2	1
Uric acid, Increase to Grade 3	0
Uric acid, Increase to Grade 4	0

5. Primary Outcome Measure:

Measure Title	Number of Participants With the Indicated Worst-case DAIDS Grade Increases From Screening for the Indicated Hematology Parameters During Part 1
Measure Description	Blood samples were collected for the measurement of hematology parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3, severe; Grade 4, potentially life threatening.
Time Frame	From Screening up to the start of antiviral therapy (up to 9 weeks; median of 21 days)
Safety Issue?	No

Analysis Population Description

Pre-antiviral Safety Population. Only participants with data available at the specified time point were analyzed.

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who

	Description
	achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	26
Number of Participants With the Indicated Worst-case DAIDS Grade Increases From Screening for the Indicated Hematology Parameters During Part 1 [units: Participants]	
Hemoglobin, Any Increase	2
Hemoglobin, Increase to Grade 1	2
Hemoglobin, Increase to Grade 2	0
Hemoglobin, Increase to Grade 3	0
Hemoglobin, Increase to Grade 4	0
Lymphocytes, Any Increase	3
Lymphocytes, Increase to Grade 1	1
Lymphocytes, Increase to Grade 2	1

	Eltrombopag
Lymphocytes, Increase to Grade 3	1
Lymphocytes, Increase to Grade 4	0
Total neutrophils, Any Increase	3
Total neutrophils, Increase to Grade 1	3
Total neutrophils, Increase to Grade 2	0
Total neutrophils, Increase to Grade 3	0
Total neutrophils, Increase to Grade 4	0
White Blood cell count, Any Increase	2
White Blood cell count, Increase to Grade 1	0
White Blood cell count, Increase to Grade 2	2
White Blood cell count, Increase to Grade 3	0
White Blood cell count, Increase to Grade 4	0

6. Primary Outcome Measure:

Measure Title	Number of Participants With the Indicated Worst-case DAIDS Grade Increases From the Antiviral Baseline Visit for the Indicated Hematology Parameters During Part 2
Measure Description	Blood samples were collected for the measurement of hematology chemistry parameters. The DAIDS grades are utilized for measuring the severity of AEs. Grade 1, mild; Grade 2, moderate; Grade 3,

	severe; Grade 4, potentially life threatening.
Time Frame	From Day 0 of Part 2 (Antiviral Baseline Visit [between Study Day 14 and Study Day 65) to the completion of the follow-up period (up to Week 96/WD)
Safety Issue?	No

Analysis Population Description

Antiviral Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	25

	Eltrombopag
Number of Participants With the Indicated Worst-case DAIDS Grade Increases From the Antiviral Baseline Visit for the Indicated Hematology Parameters During Part 2 [units: Participants]	
Hemoglobin, Any Increase	12
Hemoglobin, Increase to Grade 1	1
Hemoglobin, Increase to Grade 2	5
Hemoglobin, Increase to Grade 3	5
Hemoglobin, Increase to Grade 4	1
Lymphocytes, Any Increase	15
Lymphocytes, Increase to Grade 1	1
Lymphocytes, Increase to Grade 2	3
Lymphocytes, Increase to Grade 3	3
Lymphocytes, Increase to Grade 4	8
Total neutrophils, Any Increase	23
Total neutrophils, Increase to Grade 1	4
Total neutrophils, Increase to Grade 2	10
Total neutrophils, Increase to Grade 3	8
Total neutrophils, Increase to Grade 4	1
White Blood Cell count, Any Increase	20
White Blood Cell count, Increase to Grade 1	5

	Eltrombopag
White Blood Cell count, Increase to Grade 2	7
White Blood Cell count, Increase to Grade 3	7
White Blood Cell count, Increase to Grade 4	1

7. Primary Outcome Measure:

Measure Title	Number of Participants With a Decrease in Visual Acuity During Parts 1 and 2
Measure Description	Visual acuity (VA) is defined as acuteness or clearness of vision.
Time Frame	From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)
Safety Issue?	No

Analysis Population Description

Entire Safety Population: all participants in the Pre-antiviral Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part

	Description
	2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	27
Number of Participants With a Decrease in Visual Acuity During Parts 1 and 2 [units: Participants]	
Decrease in Visual Acuity, Yes	10
Decrease in Visual Acuity, No	15
Decrease in Visual Acuity, Missing or Unknown	2

8. Primary Outcome Measure:

Measure Title	Number of Participants With the Indicated Change in logMAR Scale Values During Parts 1 and 2
Measure Description	LogMAR (logarithm of the minimum angle of resolution) charts are used to measure an individual's visual acuity. LogMAR, expressed as the (decadic) logarithm of the minimum angle of resolution (range from +1.00 to -0.30), converts the geometric sequence of a traditional chart

	to a linear scale. As there are 5 letters per line, the total score for a line on the LogMAR chart represents a change of 0.1 log units.
Time Frame	From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)
Safety Issue?	No

Analysis Population Description

Entire Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	27

	Eltrombopag
Number of Participants With the Indicated Change in logMAR Scale Values During Parts 1 and 2 [units: Participants]	
logMAR Changes, <0.10 (No Change or Improvement)	15
logMAR Changes, >=0.10 to <0.20 (Loss of 1 Line)	6
logMAR Changes, >=0.20 to <0.30 (Loss of 2 Lines)	3
logMAR Changes, >=0.30 (Loss of 3 Lines or more)	1
logMAR Changes, Missing or Unknown	2

9. Primary Outcome Measure:

Measure Title	Number of Participants With a logMAR Change >=0.15 During Parts 1 and 2
Measure Description	LogMAR (logarithm of the minimum angle of resolution) charts are used to measure an individual's visual acuity. LogMAR, expressed as the (decadic) logarithm of the minimum angle of resolution (range from +1.00 to -0.30), converts the geometric sequence of a traditional chart to a linear scale. As there are 5 letters per line, the total score for a line on the LogMAR chart represents a change of 0.1 log units.
Time Frame	From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)
Safety Issue?	No

Analysis Population Description

Entire Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	27
Number of Participants With a logMAR Change >=0.15 During Parts 1 and 2 [units: Participants]	
logMAR change, Yes	4
logMAR change, No	21
logMAR change, Missing or Unknown	2

10. Secondary Outcome Measure:

Measure Title	Platelet Counts at the Indicated Time Points
Measure Description	Blood samples were collected for the measurement of platelet count. For each participant, the duration of Part 1 treatment varies between 2 and 9 weeks.
Time Frame	From the start of investigational product up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96 weeks)
Safety Issue?	No

Analysis Population Description

Pre-antiviral Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	27
Platelet Counts at the Indicated Time Points [units: Gi/L] Mean (Standard Deviation)	
Screening, n=27	53.1 (12.90)
Part 1/Day 1, n=27	55.9 (18.69)
Part 1/Week 1, n=25	73.3 (29.27)
Part 1/Week 2, n=16	83.2 (27.90)
Part 1/Week 3, n=8	73.4 (26.53)
Part 1/Week 4, n=7	75.6 (19.95)
Part 1/Week 5, n=5	72.2 (18.29)
Part 1/Week 6, n=5	81.6 (14.45)
Part 1/Week 7, n=5	76.2 (19.88)
Part 1/Week 8, n=3	91.7 (22.81)
Part 2/Antiviral Baseline, n=25	132.9 (33.72)
Part 2/Week 1, n=25	106.7 (37.80)
Part 2/Week 2, n=25	93.2 (42.98)
Part 2/Week 4, n=23	80.5 (30.64)
Part 2/Week 8, n=21	80.3 (24.40)
Part 2/Week 12, n=20	83.1 (31.72)
Part 2/Week 16, n=16	85.8 (27.61)

	Eltrombopag
Part 2/Week 20, n=14	75.3 (22.54)
Part 2/Week 24, n=11	78.6 (30.63)
Part 2/Week 28, n=9	90.3 (50.09)
Part 2/Week 32, n=7	86.1 (72.12)
Part 2/Week 36, n=6	76.8 (53.77)
Part 2/Week 40, n=5	55.8 (27.65)
Part 2/Week 44, n=5	54.4 (29.18)
Part 2/Week 48, n=2	68.0 (29.70)
Part 2/Week 52, n=1	49.0 (NA) [1]
Part 2/Week 56, n=1	47.0 (NA) [2]
Part 2/Week 60, n=1	43.0 (NA) [3]
Part 2/Week 64, n=1	43.0 (NA) [4]
Part 2/Week 68, n=1	44.0 (NA) [5]
Post-treatment/4 Week Follow-up, n=23	77.8 (33.48)
Post-treatment/24 Week Follow-up, n=22	52.5 (17.91)
Investigational product discontinuation, n=26	91.3 (38.78)
Maximum value post-Baseline, n=26	145.5 (43.68)

[1] A standard deviation cannot be calculated when mean data are available for only one participant.

[2] A standard deviation cannot be calculated when mean data are available for only one participant.

[3] A standard deviation cannot be calculated when mean data are available for only one participant.

[4] A standard deviation cannot be calculated when mean data are available for only one participant.

[5] A standard deviation cannot be calculated when mean data are available for only one participant.

11. Secondary Outcome Measure:

Measure Title	Number of Particpants Who Initiated Antiviral Therapy
Measure Description	The number of participants who completed the Pre-antiviral Phase (Part 1) and proceeded to the Antiviral Phase (Part 2) are summarized.
Time Frame	From the start of the investigational product up to 9 weeks (median of 21 days)
Safety Issue?	No

Analysis Population Description

Pre-antiviral Safety Population

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an

	Description
	appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	27
Number of Particpants Who Initiated Antiviral Therapy [units: Participants]	
Yes	25
No	2

12. Secondary Outcome Measure:

Measure Title	Number of Participants Achieving Antiviral Treatment Milestones of Sustained Virological Response (SVR), Rapid Virological Response (RVR), Early Virological Response (EVR), and End of Treatment Response (ETR)
Measure Description	SVR is defined as non-detectable Hepatitis C virus (HCV) ribonucleic acid (RNA) at 24 weeks post-completion of the planned treatment period (i.e., Week 48 or 72 for genotype 2/3 or Week 72 for non-genotype 2/3). RVR is defined as undetectable HCV RNA after 4 weeks of antiviral treatment. EVR is defined as clinically significant reduction in HCV RNA (>=2 log10 drop or undetectable) after 12 weeks of antiviral treatment. ETR is defined as undetectable HCV RNA at the end of antiviral treatment.
Time Frame	From the start of investigational product in Part 2 up to the 24-week follow-up visit after the last dose in Part 2 or early withdrawal (up to 96

	weeks)
Safety Issue?	No

Analysis Population Description

Antiviral Safety Population. Only those participants available at the specified time points were analyzed (represented by n=X in the category titles). Different participants may have been analyzed for different parameters, so the overall number of participants analyzed reflects everyone in the Antiviral Safety Population.

Reporting Groups

	Description
Eltrombopag	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired platelet count completed the follow-up visits and were withdrawn from the study. Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Measured Values

	Eltrombopag
Number of Participants Analyzed	25
Number of Participants Achieving Antiviral Treatment Milestones of Sustained	

	Eltrombopag
Virological Response (SVR), Rapid Virological Response (RVR), Early Virological Response (EVR), and End of Treatment Response (ETR) [units: Participants]	
SVR, Yes, n=17	4
SVR, No, n=17	13
RVR, Yes, n=12	3
RVR, No, n=12	9
EVR, Yes, n=15	15
EVR, No, n=15	0
ETR, Yes, n=21	9
ETR, No, n=21	12

Reported Adverse Events

Reporting Groups

	Description
Eltrombopag (Part 1)	In the Pre-antiviral Treatment Phase, participants (par.) with a platelet count of <75000/microliter (µL) received eltrombopag once daily for a minimum of 2 weeks and a maximum of 9 weeks in sequential dose escalations (25 milligrams [mg] for a minimum of 2 weeks, 50 mg for 1-2 weeks, 75 mg for 1-2 weeks, and 100 mg for 1-3 weeks) until platelet counts reached either >=90000/µL or 100000/µL. Par. who achieved the desired platelet count continued with eltrombopag in Part 2 along with antiviral treatment. Par. who did not achieve the desired

	Description
	platelet count completed the follow-up visits and were withdrawn from the study.
Eltrombopag (Part 2)	Once the desired platelet counts were reached in Part 1 (>=90 Gi/L or >=100 Gi/L), par. continued to receive the dose of eltrombopag from Part 1 and polyethylene glycol (Peg) interferon (INF) alfa-2a (>=90 Gi/L) or Peg IFN alfa-2b (>=100 Gi/L) plus ribavirin. Dose adjustments of eltrombopag were permitted to achieve and maintain an appropriate platelet count.

Time Frame

Serious adverse events (SAEs) and non-serious adverse events (AEs) were collected from the start of study medication until the end of the 24-week follow up period (up to Week 96/WD).

Serious Adverse Events

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Total # participants affected/at risk	0/27 (0%)	5/25 (20%)
Blood and lymphatic system disorders		
Thrombocytopenia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Gastrointestinal disorders		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Upper gastrointestinal haemorrhage † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Infections and infestations		
Cellulitis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Metabolism and nutrition disorders		
Metabolic disorder † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Nervous system disorders		
Hepatic encephalopathy † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Myoclonic epilepsy † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		

† Indicates events were collected by systematic assessment.

A Term from vocabulary, MedDRA

Other Adverse Events

Frequency Threshold Above Which Other Adverse Events are Reported: 0%

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Total # participants affected/at risk	9/27 (33.33%)	25/25 (100%)
Blood and lymphatic system disorders		
Anaemia † [A]		
# participants affected/at risk	1/27 (3.7%)	6/25 (24%)
# events		
Leukopenia † [A]		
# participants affected/at risk	0/27 (0%)	7/25 (28%)
# events		
Lymphadenopathy † [A]		
# participants affected/at	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Lymphopenia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Neutropenia † [A]		
# participants affected/at risk	1/27 (3.7%)	3/25 (12%)
# events		
Thrombocytopenia † [A]		
# participants affected/at risk	0/27 (0%)	4/25 (16%)
# events		
Eye disorders		
Cataract † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Conjunctival haemorrhage † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Eye discharge † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Retinal exudates † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Retinal haemorrhage † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Retinopathy † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Vision blurred † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Visual acuity reduced † [A]		
# participants affected/at	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Gastrointestinal disorders		
Abdominal discomfort † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Abdominal distension † [A]		
# participants affected/at risk	1/27 (3.7%)	1/25 (4%)
# events		
Abdominal pain † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Abdominal pain lower † [A]		
# participants affected/at risk	1/27 (3.7%)	2/25 (8%)
# events		
Abdominal pain upper † [A]		
# participants affected/at risk	1/27 (3.7%)	3/25 (12%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Ascites † [A]		
# participants affected/at risk	0/27 (0%)	3/25 (12%)
# events		
Constipation † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Diarrhoea † [A]		
# participants affected/at risk	0/27 (0%)	4/25 (16%)
# events		
Dry mouth † [A]		
# participants affected/at risk	1/27 (3.7%)	2/25 (8%)
# events		
Dyspepsia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Faeces discoloured † [A]		
# participants affected/at	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Flatulence † [A]		
# participants affected/at risk	1/27 (3.7%)	1/25 (4%)
# events		
Gastrooesophageal reflux disease † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Haematemesis † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Hypertrophy of tongue papillae † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Mouth ulceration † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Nausea † [A]		
# participants affected/at risk	2/27 (7.41%)	7/25 (28%)
# events		
Upper gastrointestinal haemorrhage † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Varices oesophageal † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Vomiting † [A]		
# participants affected/at risk	0/27 (0%)	4/25 (16%)
# events		
General disorders		
Asthenia † [A]		
# participants affected/at risk	1/27 (3.7%)	5/25 (20%)
# events		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Chest pain † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Chills † [A]		
# participants affected/at risk	0/27 (0%)	3/25 (12%)
# events		
Fatigue † [A]		
# participants affected/at risk	0/27 (0%)	7/25 (28%)
# events		
Influenza like illness † [A]		
# participants affected/at risk	0/27 (0%)	5/25 (20%)
# events		
Injection site erythema † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Injection site pruritus † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Irritability † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Malaise † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Oedema † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Oedema peripheral † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Pyrexia † [A]		
# participants affected/at risk	0/27 (0%)	9/25 (36%)
# events		
Hepatobiliary disorders		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Hepatic pain † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Immune system disorders		
Drug hypersensitivity † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Infections and infestations		
Candidiasis † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Cellulitis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Ear infection † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Furuncle † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Gastroenteritis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Influenza † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Localised infection † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Nasopharyngitis † [A]		
# participants affected/at risk	1/27 (3.7%)	2/25 (8%)
# events		
Oral herpes † [A]		
# participants affected/at	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Rhinitis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Upper respiratory tract infection † [A]		
# participants affected/at risk	0/27 (0%)	3/25 (12%)
# events		
Urinary tract infection † [A]		
# participants affected/at risk	0/27 (0%)	4/25 (16%)
# events		
Urinary tract infection bacterial † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Viral rhinitis † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Injury, poisoning and procedural complications		
Contusion † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Investigations		
Blood bilirubin increased † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Haemoglobin decreased † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Weight decreased † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
White blood cell count decreased † [A]		
# participants affected/at	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Metabolism and nutrition disorders		
Decreased appetite † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Hyperglycaemia † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Hyperkalaemia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Hypoglycaemia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Metabolic disorder † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Musculoskeletal and connective tissue disorders		
Arthralgia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Back pain † [A]		
# participants affected/at risk	0/27 (0%)	4/25 (16%)
# events		
Bursitis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Flank pain † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Muscular weakness † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Musculoskeletal pain † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Myalgia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Pain in extremity † [A]		
# participants affected/at risk	1/27 (3.7%)	1/25 (4%)
# events		
Nervous system disorders		
Disturbance in attention † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Dizziness † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Dysgeusia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Headache † [A]		
# participants affected/at risk	2/27 (7.41%)	7/25 (28%)
# events		
Hepatic encephalopathy † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Hyperaesthesia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Lethargy † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Myoclonic epilepsy † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Nervousness † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Parkinsonism † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Psychiatric disorders		
Aggression † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Anger † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Anxiety † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
Confusional state † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Depressed mood † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Depression † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Insomnia † [A]		
# participants affected/at risk	0/27 (0%)	3/25 (12%)
# events		
Mood swings † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Sleep disorder † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Renal and urinary disorders		
Haematuria † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Nephrolithiasis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Nocturia † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Pollakiuria † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Reproductive system and breast disorders		
Testicular pain † [A]		

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Respiratory, thoracic and mediastinal disorders		
Cough † [A]		
# participants affected/at risk	2/27 (7.41%)	3/25 (12%)
# events		
Dyspnoea † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Dyspnoea exertional † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Epistaxis † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Nasal congestion † [A]		
# participants affected/at	1/27 (3.7%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Oropharyngeal pain † [A]		
# participants affected/at risk	0/27 (0%)	3/25 (12%)
# events		
Productive cough † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Sinus congestion † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Sneezing † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Skin and subcutaneous tissue disorders		
Alopecia † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		
Blister † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Dry skin † [A]		
# participants affected/at risk	0/27 (0%)	3/25 (12%)
# events		
Erythema † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Night sweats † [A]		
# participants affected/at risk	1/27 (3.7%)	0/25 (0%)
# events		
Pruritus † [A]		
# participants affected/at risk	0/27 (0%)	4/25 (16%)
# events		
Rash † [A]		
# participants affected/at	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
risk		
# events		
Skin hyperpigmentation † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Skin ulcer † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Vascular disorders		
Haematoma † [A]		
# participants affected/at risk	0/27 (0%)	2/25 (8%)
# events		
Pallor † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)
# events		
Phlebitis † [A]		
# participants affected/at risk	0/27 (0%)	1/25 (4%)

	Eltrombopag (Part 1)	Eltrombopag (Part 2)
# events		

† Indicates events were collected by systematic assessment.

A Term from vocabulary, MedDRA

More Information

Certain Agreements:

Principal Investigators are NOT employed by the organization sponsoring the study.

There IS an agreement between the Principal Investigator and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

GSK agreements may vary with individual investigators, but will not prohibit any investigator from publishing. GSK supports the publication of results from all centers of a multi-center trial but requests that reports based on single-site data not precede the primary publication of the entire clinical trial.

Limitations and Caveats:

Results Point of Contact:

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