



## Clinical trial results:

### A Multicenter, Single-Arm Prospective Study to Evaluate Safety and Efficacy of GLE/PIB 8-Week Treatment in Adults and Adolescents With Acute Hepatitis C Virus (HCV) Infection

#### Summary

EudraCT number	2020-005777-27
Trial protocol	DE ES AT FR IT
Global end of trial date	17 September 2024

#### Results information

Result version number	v1 (current)
This version publication date	23 March 2025
First version publication date	23 March 2025

#### Trial information

##### Trial identification

Sponsor protocol code	M20-350
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##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04903626
WHO universal trial number (UTN)	-

Notes:

#### Sponsors

Sponsor organisation name	AbbVie Deutschland GmbH & Co. KG
Sponsor organisation address	AbbVie House, Vanwall Business Park, Vanwall Road, Maidenhead, Berkshire, United Kingdom, SL6 4UB
Public contact	Global Medical Services, AbbVie, 001 8006339110, <a href="mailto:abbvieclinicaltrials@abbvie.com">abbvieclinicaltrials@abbvie.com</a>
Scientific contact	Global Medical Services, AbbVie, 001 8006339110, <a href="mailto:abbvieclinicaltrials@abbvie.com">abbvieclinicaltrials@abbvie.com</a>

Notes:

#### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

## Results analysis stage

Analysis stage	Final
Date of interim/final analysis	17 September 2024
Is this the analysis of the primary completion data?	No
Global end of trial reached?	Yes
Global end of trial date	17 September 2024
Was the trial ended prematurely?	No

Notes:

## General information about the trial

Main objective of the trial:

The objectives of this study are to assess the safety and efficacy of GLE/PIB 8-week treatment in adults and adolescents with confirmed acute HCV infection.

Protection of trial subjects:

Subject and/or legal guardian read and understood the information provided about the study and gave written permission.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	24 August 2021
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

## Population of trial subjects

### Subjects enrolled per country

Country: Number of subjects enrolled	Australia: 2
Country: Number of subjects enrolled	Austria: 7
Country: Number of subjects enrolled	Canada: 13
Country: Number of subjects enrolled	France: 18
Country: Number of subjects enrolled	Germany: 72
Country: Number of subjects enrolled	Italy: 17
Country: Number of subjects enrolled	Spain: 89
Country: Number of subjects enrolled	United States: 68
Worldwide total number of subjects	286
EEA total number of subjects	203

Notes:

### Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0

Adolescents (12-17 years)	0
Adults (18-64 years)	270
From 65 to 84 years	16
85 years and over	0

## Subject disposition

### Recruitment

Recruitment details: -

### Pre-assignment

Screening details:

This study includes a 30-day screening period.

### Period 1

Period 1 title	Overall Study (overall period)
Is this the baseline period?	Yes
Allocation method	Non-randomised - controlled
Blinding used	Not blinded

### Arms

<b>Arm title</b>	Glecaprevir/Pibrentasvir
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Arm description:

Participants treated once daily (QD) with glecaprevir/pibrentasvir 300 mg/120 mg for 8 weeks.

Arm type	Experimental
Investigational medicinal product name	Glecaprevir/Pibrentasvir
Investigational medicinal product code	
Other name	ABT-493/ABT-530, Maviret
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Participants treated once daily with oral tablets of glecaprevir/pibrentasvir 300 mg/120 mg once daily (QD) for 8 weeks.

<b>Number of subjects in period 1</b>	Glecaprevir/Pibrentasvir
Started	286
Completed	278
Not completed	8
Other, not specified	1
Lost to follow-up	6
Withdrawal by subject	1

## Baseline characteristics

### Reporting groups

Reporting group title	Glecaprevir/Pibrentasvir
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Reporting group description:

Participants treated once daily (QD) with glecaprevir/pibrentasvir 300 mg/120 mg for 8 weeks.

Reporting group values	Glecaprevir/Pibrentasvir	Total	
Number of subjects	286	286	
Age categorical Units: Subjects			
Age continuous Units: years arithmetic mean standard deviation	43.7 ± 11.71	-	
Gender categorical Units: Subjects			
Female	31	31	
Male	255	255	
Ethnicity Units: Subjects			
Hispanic or Latino	76	76	
Not Hispanic or Latino	210	210	
Race Units: Subjects			
White	246	246	
Black or African American	30	30	
Asian	7	7	
Multiple	3	3	

## End points

### End points reporting groups

Reporting group title	Glecaprevir/Pibrentasvir
Reporting group description:	
Participants treated once daily (QD) with glecaprevir/pibrentasvir 300 mg/120 mg for 8 weeks.	

### Primary: Percentage of Participants Achieving Sustained Virologic Response 12 Weeks Post-treatment (SVR12) in the Intention-to-Treat (ITT) Population

End point title	Percentage of Participants Achieving Sustained Virologic Response 12 Weeks Post-treatment (SVR12) in the Intention-to-Treat (ITT) Population <sup>[1]</sup>
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End point description:

SVR12 is defined as the hepatitis C virus (HCV) ribonucleic acid (RNA) level less than the lower limit of quantification (< LLOQ) 12 weeks after the last dose of study treatment. Efficacy was demonstrated if the lower bound of the 2-sided 95% CI for the percentage of participants achieving SVR12 was greater than 90.5%.

ITT Population: all enrolled participants who received at least 1 dose of study treatment.

End point type	Primary
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End point timeframe:

12 weeks after last dose of study treatment (Week 20)

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive statistics per protocol are presented in the data table.

End point values	Glecaprevir/Pibrentasvir			
Subject group type	Reporting group			
Number of subjects analysed	286			
Units: percentage of participants				
number (confidence interval 95%)	96.2 (93.2 to 97.8)			

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Participants Achieving SVR12 in the Modified ITT-Virologic Failure (mITT-VF) Population

End point title	Percentage of Participants Achieving SVR12 in the Modified ITT-Virologic Failure (mITT-VF) Population
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End point description:

SVR12 is defined as the HCV RNA level < LLOQ 12 weeks after the last dose of study treatment. Efficacy was demonstrated if the lower bound of the 2-sided 95% CI for the percentage of participants achieving SVR12 was greater than 92.7%. This efficacy analysis was performed only if success was demonstrated for the primary efficacy analysis, following a fixed-sequence testing procedure.

mITT-VF population: all enrolled participants who received at least one dose of study treatment, excluding those who did not achieve SVR12 for reasons other than virologic failure (i.e., those with HCV

reinfection, those who did not achieve SVR12 due to early premature discontinuation of study treatment, and those who were missing HCV RNA data in the SVR12 window after backward imputation).

End point type	Secondary
End point timeframe:	
12 weeks after last dose of study treatment (Week 20)	

<b>End point values</b>	Glecaprevir/Pib rentasvir			
Subject group type	Reporting group			
Number of subjects analysed	275			
Units: percentage of participants				
number (confidence interval 95%)	100 (98.6 to 100.0)			

### Statistical analyses

No statistical analyses for this end point

### Secondary: Percentage of Participants With On-Treatment Virologic Failure in the ITT Population

End point title	Percentage of Participants With On-Treatment Virologic Failure in the ITT Population
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End point description:

On-treatment virologic failure is defined as confirmed increase in HCV RNA of  $> 1 \log^{10}$  IU/mL above the lowest post-baseline value during treatment, confirmed HCV RNA  $\geq 100$  IU/mL after HCV RNA  $<$  LLOQ during treatment, or HCV RNA  $\geq$  LLOQ at the end of treatment (EOT) with at least 6 weeks of treatment.

ITT Population: all enrolled participants who received at least 1 dose of study treatment.

End point type	Secondary
End point timeframe:	
up to Week 8	

<b>End point values</b>	Glecaprevir/Pib rentasvir			
Subject group type	Reporting group			
Number of subjects analysed	286			
Units: percentage of participants				
number (confidence interval 95%)	0 (0.0 to 1.3)			

### Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Participants With Post-Treatment (PT) Relapse in the ITT Population

End point title	Percentage of Participants With Post-Treatment (PT) Relapse in the ITT Population
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End point description:

PT relapse is defined as confirmed HCV RNA  $\geq$  LLOQ between the EOT and 12 weeks after the last dose of study treatment among participants who completed treatment as planned (study treatment duration  $\geq$  52 days) with HCV RNA  $<$  LLOQ at the EOT and with at least 1 PT HCV RNA value, excluding cases of reinfection.

ITT Population: all enrolled participants who received at least 1 dose of study treatment. Participants who completed treatment as planned with HCV RNA  $<$  LLOQ at the EOT and with at least 1 PT HCV RNA value.

End point type	Secondary
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End point timeframe:

Up to 12 weeks after the last dose of study treatment (Week 20)

<b>End point values</b>	Glecaprevir/Pib rentasvir			
Subject group type	Reporting group			
Number of subjects analysed	278			
Units: percentage of participants				
number (confidence interval 95%)	0 (0.0 to 1.4)			

## Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of Participants With PT Reinfection With HCV in the ITT Population

End point title	Percentage of Participants With PT Reinfection With HCV in the ITT Population
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End point description:

PT reinfection is defined as confirmed HCV RNA  $\geq$  LLOQ in the PT period in a participant who had HCV RNA  $<$  LLOQ at the final treatment visit, along with the PT detection of a different HCV genotype, subtype, or clade compared with baseline.

ITT Population: all enrolled participants who received at least 1 dose of study treatment.

End point type	Secondary
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End point timeframe:

Up to 12 weeks after the last dose of study treatment (Week 20)



<b>End point values</b>	Glecaprevir/Pib rentasvir			
Subject group type	Reporting group			
Number of subjects analysed	286			
Units: percentage of participants				
number (confidence interval 95%)	0.7 (0.2 to 2.5)			

### Statistical analyses

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No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

Screening (Day -30) through Post-treatment Week 12 (Week 20) or premature discontinuation.

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	27.0
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### Reporting groups

Reporting group title	Glecaprevir/Pibrentasvir
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Reporting group description:

Participants treated QD with glecaprevir/pibrentasvir 300 mg/120 mg for 8 weeks.

Serious adverse events	Glecaprevir/Pibrentasvir		
Total subjects affected by serious adverse events			
subjects affected / exposed	12 / 286 (4.20%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events	0		
Injury, poisoning and procedural complications			
CRANIOFACIAL FRACTURE			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
ANKLE FRACTURE			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
ALCOHOL POISONING			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
RIB FRACTURE			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		

OVERDOSE			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
ROAD TRAFFIC ACCIDENT			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
TOXICITY TO VARIOUS AGENTS			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Gastrointestinal disorders			
ENTEROCOLITIS			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
ILEUS			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
RECTAL PERFORATION			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Reproductive system and breast disorders			
PELVIC PAIN			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Psychiatric disorders			
SUBSTANCE-INDUCED PSYCHOTIC DISORDER			

subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
DRUG ABUSE			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Infections and infestations			
STAPHYLOCOCCAL INFECTION			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
SEPTIC EMBOLUS			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
PERIORBITAL CELLULITIS			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
MONKEYPOX			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
ABSCESS LIMB			
subjects affected / exposed	2 / 286 (0.70%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
BACTERAEemia			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
CELLULITIS			

subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Metabolism and nutrition disorders			
HYPOGLYCAEMIA			
subjects affected / exposed	1 / 286 (0.35%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		

Frequency threshold for reporting non-serious adverse events: 5 %

<b>Non-serious adverse events</b>	Glecaprevir/Pibrentasvir		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	49 / 286 (17.13%)		
General disorders and administration site conditions			
FATIGUE			
subjects affected / exposed	19 / 286 (6.64%)		
occurrences (all)	19		
Gastrointestinal disorders			
DIARRHOEA			
subjects affected / exposed	18 / 286 (6.29%)		
occurrences (all)	18		
Infections and infestations			
NASOPHARYNGITIS			
subjects affected / exposed	15 / 286 (5.24%)		
occurrences (all)	17		

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
02 April 2021	<p>The purpose of this version is to correct minor clerical errors for consistency and edits for clarification throughout the protocol in addition to the following:</p> <ul style="list-style-type: none"><li>- Modify and clarify eligibility criteria:</li><li>- Total bilirubin parameter was removed as an eligibility criterion.</li><li>- Addition of cholestatic liver disease such as primary biliary cholangitis and primary sclerosing cholangitis to list of examples of causes for liver disease.</li><li>- Added an allowance for retesting for hemoglobin or calculated creatinine clearance if initial test is exclusionary.</li><li>- Appendix D Activity Schedule – activity visits after Baseline are indicated only by week for clarity.</li><li>- Section 6.1 - Clarified procedure for reporting pregnancy in a study subject.</li><li>- The following modifications were made due to the COVID-19 pandemic:</li><li>- Section 2.2 – noted the re-evaluation of the benefit and risks to subjects participating in the study.</li><li>- Section 5.1 – added rescreening criteria for subjects who had a SARS-CoV-2 infection.</li><li>- Section 5.4 – added COVID-19 pandemic-related vaccination guidance.</li><li>- Section 5.5 – added information on COVID-19 pandemic-related mitigation strategies for discontinuation of subjects from the study.</li><li>- Section 5.7 – included instructions that in the event the subject cannot pick up study drug onsite, refer to the Operations Manual for DTP shipment as needed and permitted by local regulations.</li><li>- Section 5.9 – clarified that protocol deviations may include modifications due to COVID-19.</li><li>- Section 8.2 – added information that AbbVie should be notified if any urgent safety measures are taken.</li><li>- Section 9 – noted that remote monitoring may be employed as needed.</li></ul>
02 April 2021	<p>(continued)</p> <ul style="list-style-type: none"><li>- Appendix F - Operations Manual updated to include details on how to perform specific activities/procedures due to the COVID-19 pandemic, including use of phone/virtual visits, visits at alternative locations, or changes in frequency or timing of study procedures, DTP shipment of study drug and other study supplies as allowed, and supplemental eCRFs required in the event of a COVID-19 related SAE.</li></ul>
23 April 2021	<p>The purpose of this version is to incorporate the following:</p> <ul style="list-style-type: none"><li>- Modify eligibility criteria:</li><li>- Contraception language was modified to widen the criteria in Section 5.2.</li><li>- Modify clinical laboratory tests required:</li><li>- Estimated glomerular filtration rate (Modification of Diet in Renal Disease equation) was added to the table of clinical laboratory tests in the Operations Manual (Appendix F).</li></ul>

14 October 2021	<p>The purpose of this version is to correct minor clerical errors for consistency throughout the protocol in addition to the following:</p> <ul style="list-style-type: none"> <li>- Section 5.1: Removed weight restriction from eligibility criteria for adolescents 12 years and older.</li> <li>- Section 5.1: Modified text regarding who should undergo viral testing to rule out SARS-CoV-2 infection.</li> <li>- Section 5.1: Modified text for eligibility criteria regarding subjects who are enrolled in another clinical study.</li> <li>- Section 5.2: Clarified contraception requirements for males.</li> <li>- Operations Manual (Appendix F): Added text describing pregnancy testing.</li> <li>- Operations Manual (Appendix F): Replaced clinical laboratory name of Covance CLS with Labcorp Central Laboratory Services Limited Partnership.</li> <li>- Section 5.2: Clarified contraception requirements for females.</li> <li>- Section 6.1 and Operations Manual (Appendix F): Added text to define methods/contact information for reporting product complaints.</li> <li>- Operations Manual (Appendix F): Added text regarding storage of study drug.</li> <li>- Update information as per Administrative Change 1 dated 01 June 2021:</li> <li>- Modified text in the diagram in Section 4.1 of the Operations Manual (Appendix F).</li> <li>- Added a footnote to Table 1 in the Operations Manual (Appendix F).</li> </ul>
26 August 2022	<p>The purpose of this version is to correct minor clerical errors for consistency throughout the protocol in addition to the following:</p> <ul style="list-style-type: none"> <li>- Title page: Added Sponsor name for EU countries.</li> <li>- Section 5.1: Added text to Eligibility Criterion 5 to indicate that subjects must have quantifiable HCV RNA at Screening.</li> <li>- Section 5.1: Added bicitgravir to Eligibility Criterion 9 as a permitted ART.</li> <li>- Section 5.1: Added instructions to Eligibility Criterion 11 for determining absence of decompensated cirrhosis.</li> <li>- Section 5.1: Added text to Eligibility Criterion 12 to indicate that subjects with indeterminate cirrhosis status must demonstrate absence of HCC.</li> <li>- Section 5.1: Edited text in Eligibility Criterion 23 to update the length of time that subjects must not have been treated with any investigational drug prior to the first dose of study drug.</li> <li>- Section 5.3: Added text to describe timing of discontinuation of prohibited medications and to indicate that concomitant use of certain medications is not allowed.</li> <li>- Section 5.7: Added text to describe handling of study drug upon completion or discontinuation from study treatment.</li> <li>- Section 5.7 and Section 6.1: Added text and table to define study drugs.</li> <li>- Section 6.1: Added text to describe collection of SAEs after 30 days following last dose of study drug or completion of study treatment.</li> <li>- Section 7.4: Added subgroups to the list for analysis of efficacy.</li> <li>-Section 11: Added definition of study start and updated definition of end-of-study.</li> <li>- Appendix B: Added text describing reporting responsibilities of the investigator.</li> <li>- Appendix C and Appendix F: Modified the list of protocol signatories.</li> <li>- Appendix F: Removed collection of respiratory rate.</li> <li>- Appendix F: Updated Section 1 contact information.</li> <li>- Appendix F: Added text to describe testing procedures for subjects with indeterminate cirrhosis status.</li> </ul>

Notes:

## Interruptions (globally)

Were there any global interruptions to the trial? No

## Limitations and caveats

None reported