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Presentation Title: A PILOT TRIAL OF THYMALFASIN (THYMOSIN ALPHA-1) IN COMBINATION WITH PEGINTERFERON ALPHA-2A (PEG-IFN2A) AND RIBAVIRIN IN HCV NON-RESPONDERS: 12-WEEK INTERIM RESULTS.

Reviewing Code: JO3 HCV: Clinical Trials and Therapeutic Developments

Author Block: Jorge L. Poo, Cif-Biotec, Mexico City, Mexico; Xochil Garcia, Hospital Lopez Mateos ISSSTE, Mexico City, Mexico; Eduardo B. Martins, SciClone Pharmaceuticals, San Mateo, CA; David Kershenobich, INCMN Salvador Zubiran, Mexico City, Mexico.

Response rates for retreatment of combination IFN plus ribavirin HCV non-responders with PEG-IFN plus ribavirin have been disappointing. Thymalfasin in association with PEG-IFN2a has been suggested to increase early virological response rates in HCV non-responders.

OBJECTIVES: To investigate the effects of thymalfasin in combination with PEG-IFN2a and ribavirin in patients that did not respond to a previous course of IFN plus ribavirin.

METHODS: HCV patients who were non-responders to previous combination therapy were treated with thymalfasin 1.6 mg twice a week plus PEG-IFN2a 180µg/week plus ribavirin 1,000 mg/day. All patients had HCV RNA positive by PCR, elevated ALT and no evidence of decompensated cirrhosis. In addition, patients had to have a documented positive HCV RNA at the end of a previous course of therapy to qualify as true non-responders. The early effect of therapy was assessed by the reduction in serum HCV RNA after 12 weeks: an early virological response (EVR, proportion of patients with > 2 Log drop in HCV RNA by PCR).

RESULTS: To date, we have enrolled 24 patients (7 male, 17 female) with a median age of 49.3 yrs (range 27 to 64), 12 with baseline viral loads greater than 850,000 IU/mL. All patients were non-responders to a previous course of IFN plus ribavirin. Sixteen patients have reached 12 weeks of therapy, 11 of whom were infected with genotype 1, four with genotype 2 and one with an undetermined genotype. At week 12, ten of 16 (62.5%) subjects achieved an EVR and nine of 16 (56.3%) had normal ALT. Thymalfasin was well tolerated with no obvious side effects, but PEG-IFN2a or ribavirin adverse events were seen in 33% of patients, the most common being neutropenia or thrombocytopenia.

CONCLUSIONS: These data suggest that thymalfasin adds to the efficacy of PEG-IFN2a plus ribavirin in inducing EVR in patients with HCV who are non-responders to previous combination therapy.