

Variable short duration treatment versus standard treatment, with and without adjunctive ribavirin, for chronic hepatitis C: the STOP-HCV-1 non-inferiority, factorial RCT

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Declared competing interests of authors: Graham S Cooke has received fees from Merck Sharp & Dohme Corp. (Whitehouse Station, NJ, USA) and Gilead Sciences, Inc. (Foster City, CA, USA), unrelated to this work. In addition, Graham S Cooke is supported, in part, by the Biomedical Research Centre of Imperial College Healthcare NHS Trust (London, UK) and is a National Institute for Health Research (NIHR) research professor. Sarah Pett has received grants from Gilead Sciences, Inc. and ViiV Healthcare Ltd (Research Triangle, NC, USA), unrelated to this work. Richard Gilson reports grants from AbbVie (Chicago, IL, USA) and Gilead Sciences, Inc., unrelated to this work. Sumita Verma reports grants and consultancy fees from Gilead Sciences, Inc., and personal fees from AbbVie, unrelated to this work. Stephen D Ryder has carried out consultancy work for Gilead Sciences, Inc. Stephen T Barclay reports grants and personal fees from AbbVie and Gilead Sciences, Inc., unrelated to this work. Sanjay Bhagani reports personal fees from AbbVie and Gilead Sciences, Inc., and is the spouse of an AbbVie employee. Mark Nelson reports personal fees and grants from Merck Sharp & Dohme Corp., AbbVie, Gilead Sciences, Inc. and Bristol Myers Squibb™ (New York, NY, USA), unrelated to this work. In addition, he has a patent for AbbVie pending. Chin Lye Ch'Ng reports grants and personal fees from AbbVie and Gilead Sciences, Inc., unrelated to this work. Martin Wiselka reports personal fees from Merck Sharp & Dohme Corp., AbbVie and Gilead Sciences, Inc., unrelated to this work. Daniel Forton has received research funding and personal fees from Gilead Sciences, Inc. and personal fees from AbbVie, unrelated to this work. Stuart McPherson reports personal fees from Gilead Sciences, Inc., Merck Sharp & Dohme Corp. and AbbVie, as well as a grant from Gilead Sciences, Inc., unrelated to this work. Ann Sarah Walker is a NIHR Senior Investigator.

Published October 2021

DOI: 10.3310/eme08170

Plain English summary

The STOP-HCV-1 RCT

Efficacy and Mechanism Evaluation 2021; Vol. 8: No. 17

DOI: 10.3310/eme08170

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Plain English summary

The hepatitis C virus can live in the body for a long time without making people obviously unwell, but still doing silent damage, particularly to the liver. New drugs taken by mouth can cure hepatitis C virus (i.e. remove the virus completely from the body) after 8–12 weeks' treatment; however, these drugs are expensive. Almost all (95%) of people are cured by 8–12 weeks' treatment, suggesting that many may get more treatment than they need to cure the infection. A drug called ribavirin improves cure rates when given along with other treatments, but we do not know whether or not it might also still be useful with shorter courses of new oral drugs.

The aim of the STOP-HCV-1 (Stratified Treatment OPTimisation for HCV-1) trial was to compare the number of patients cured by two strategies of short-course treatment (either of 4–7 weeks' variable duration or of 8 weeks' fixed duration) followed by 12 weeks of retreatment in those not cured by initial therapy. In total, 202 patients from the UK aged ≥ 18 years participated.

Everyone who took part was cured of hepatitis C virus on either their first or second treatment course. However, more people who were initially treated for 8 weeks were cured by this first course of treatment (91%) (i.e. more than those who were initially treated for a shorter time). Cure rates were also much higher when treatment varied between 4 and 7 weeks (72% cured) rather than between 4 and 6 weeks (36%), despite the fact that, on average, drug treatment lasted only one more week. Ribavirin did not increase the cure rate of initial treatment, but it did reduce the chances of the virus becoming resistant. Side effects were rare on all the treatments. Those who suppressed their virus very early on were all cured regardless of the duration of their therapy.

Efficacy and Mechanism Evaluation

ISSN 2050-4365 (Print)

ISSN 2050-4373 (Online)

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The EME programme is funded by the Medical Research Council (MRC) and the National Institute for Health Research (NIHR), with contributions from the Chief Scientist Office (CSO) in Scotland and National Institute for Social Care and Health Research (NISCHR) in Wales and the Health and Social Care Research and Development (HSC R&D), Public Health Agency in Northern Ireland.

This report

The research reported in this issue of the journal was funded by the EME programme as project number 14/02/17. The contractual start date was in February 2016. The final report began editorial review in February 2020 and was accepted for publication in June 2021. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The EME editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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