

- The prevalence of daclatasvir resistance-associated polymorphisms (RAPs) in the hepatitis C virus (HCV) NS5A protein was assessed in 988 patients from five phase 2 and 3 studies of daclatasvir plus asunaprevir (DCV+ASV) for chronic HCV genotype 1b (GT-1b) infection, along with their impact on the sustained virologic response 12 weeks after the cessation of therapy (SVR12) in key subgroups.
- The HCV GT-1b NS5A-Y93H RAP was observed more frequently at treatment baseline among Asians than non-Asians (15% in Japanese, 10% in Koreans or Taiwanese, 7% in 15 non-Asian countries).
- Both Asians and non-Asians infected with HCV GT-1b were more likely to achieve SVR12 after DCV+ASV treatment when NS5A-Y93H or -L31 RAPs were not detected at treatment baseline by population-based sequencing (94% SVR12 without L31 and/or Y93H vs. 39% SVR12 with).
- In the absence of NS5A-Y93H or -L31 RAPs, very high rates of SVR12, between 90 and 100%, were achieved irrespective of older age (≥ 65 years), cirrhosis, prior experience of peginterferon alfa and ribavirin, or baseline HCV RNA level.

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