HCV

 D_{rug}

Resistance

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Group

HCV DRAG: Today's Agenda

HCV DRAG/HCNG Group

Jean-Michel Pawlotsky

Sequence Analysis Working Group

Ann Kwong

Phenotype Working Group

Neil Parkin

Clinical Working Group

Chip Schooley

Moving forward/Next steps

Group

HCV DRAG: RDWG

- Resistance database working group (RDWG)
 - Volunteers
 - Connect with all three existing databases
 - Meet in Paris, Feb
 - Input re Stanford HIV database
 - Visible genetics?
 - Issues:
 - Which database?
 - QC issues
 - Submission of pre-therapy sequences (informed consent)
 - Information on regional distribution
 - Submission of post-therepy sequences

Data sharing and bases-HCV DRAG: can we do something now?

Issues

- Patient consent might not explicitly cover downloading their info into a public data base
- The information is very valuable- for commercial assay design (primer info)
- Sequence data can be very "messy", don't want messed up data bases>> delay availability
- Confidence building first step- deposit polymorphism information
 - Prefer individual patient data,
 - But if consent is still a legal problem, 10% of Y patients with geno X from Spain have a polymorphism Z at amino acid position A is doable and valuable

HCV DRAG: VIP WG

- Validation & Implementation of Procedures Working Group (VIP WG)
 - Detailed recommendations on:
 - Validation of sequencing and phenotypic assays
 - Procedures to implement appropriate quality controlled and assured protocols and processes
- Volunteers?

HCV DRAG: Nomenclature

- Drug class names:
 - (HCV) PIs
 - (HCV) NIs
 - (HCV) NNIs
- NNI binding site names:
 - Palm/thumb vs NNI sites 1-4?
- Sequences
 - Long version: HCV1a_NS3_R155K
 - Short version (in context): R155K

HCV DRAG: Sequencing following drug failures

- If mechanism of action/resistance for investigational compound is established in preclinical studies (big picture defined):
 - Sequence gene(s) of interest
 - Not necessary to look for IFN/RBV resistance
- If mechanism not defined in preclinical studies
 - More aggressive sequencing required
 - Whole genome sequencing last resort?

HCV DRAG: Potency vs effectiveness

- Revise document to distinguish potency vs effectiveness
 - Potency: related to concentration?
 - Effectiveness: related to viral load/resistance emergence?

HCV DRAG: Validation of different assays

 Groups should be encouraged to provide comparative information between nonreplicon assays and a widely available replicon assay for obvious, well-defined mutants

HCV DRAG: Replication capacity

- Effect of backbone on RC can be very large
 - Compatibility issues restrict value of RC on pt isolates
- May be useful in well-defined systems

HCV DRAG: Clinical study considerations

 Should the HCV DRAG be giving specific recommendations on early clinical trial design to maximize the potential for viral kinetic and resistance information?

HCV DRAG: Sequencing after breakthrough

- Distinguish between on-therapy and offtherapy phases
- Recommend longitudinal sample collection
- Recommendations for monitoring for reversion following end of treatment, including (and maybe especially) in early monotherapy studies
- Best place for discussion of this issue: Sequencing or clinical section?
 - Recommendations for protocol design

HCVDRAG: POC studies

- How many days of dosing is needed to establish doses?
- What is the effect of perturbing the quasispecies by short-term monotherapy?
- Document should spend time on design of studies to assess persistence
- Important to understand clearance of wt virus and how that affects rebound

HCV DRAG: Monotherapy studies

- Optimal duration
 - 7 days?
 - 1st phase vs 2nd phase
 - Input from viral kinetic models?

HCV DRAG: Special populations

- Transplant pts
- Multiple genotype pts

HCV DRAG: Combo studies

- Combination small-molecule studies
 - Most appropriate context?
 - Alone (2 drugs)?
 - Combo with PEG or RBV?
 - Combo with PEG/RBV?
- Regulatory
 - FDA may consider small exploratory dual therapy studies

HCV DRAG: Materials Repository

- Consider combined repository for US and EU
 - Paperwork considerations
- What would be deposited?
 - Standard strains
 - Clinical specimens
 - Require explicit informed consent
 - Account for regional differences

HCV DRAG: The Future?

- Should the OC pursue avenues to fund this group with the Forum for 2008?
 - Two meetings
 - Teleconferences