**Provisional Table:**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>SOF/RBV n=124</th>
<th>SOF/SIM n=180</th>
<th>SOF/LDV± RBV n=317</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (yrs)</td>
<td>55 (51-60)</td>
<td>58 (53-62)</td>
<td>57 (52-62)</td>
</tr>
<tr>
<td>Body mass index</td>
<td>25 (23-26)</td>
<td>26 (24-27)</td>
<td>26 (24-27)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>78 (63)</td>
<td>105 (58)</td>
</tr>
<tr>
<td>African American</td>
<td>13 (10)</td>
<td>18 (9)</td>
<td>21 (7)</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
<td>148 (82)</td>
<td>241 (76)</td>
</tr>
<tr>
<td>Genotype (%)</td>
<td>1a</td>
<td>21/17 (15)</td>
<td>21/17 (15)</td>
</tr>
<tr>
<td>1b</td>
<td>2/1 (1)</td>
<td>4/2 (2)</td>
<td></td>
</tr>
<tr>
<td>HCV RNA</td>
<td>6.24 (5.7-6.71)</td>
<td>6.24 (5.84-6.66)</td>
<td>6.22 (5.65-6.65)</td>
</tr>
<tr>
<td>SVR12 Rates</td>
<td>1a</td>
<td>81% (95% CI 74-87%)</td>
<td>92% (95% CI 84-99%)</td>
</tr>
<tr>
<td>1b</td>
<td>92% (95% CI 84-99%)</td>
<td>97% (95% CI 91-100%)</td>
<td>97% (95% CI 91-100%)</td>
</tr>
</tbody>
</table>

**RESULTS**

- **Overall SVR12 Rates**
  - Real World (RW): 90% (95% CI 84-96%)
  - Clinical Trials (CT): 97% (95% CI 91-100%)

**Adverse Events (AE)**

- **Overall Adverse Events**
  - SOF/RBV: 14% (95% CI 11-18%)
  - SOF/SIM: 17% (95% CI 13-21%)
  - SOF/LDV± RBV: 12% (95% CI 9-15%)

**CONCLUSIONS**

- SVR12 rates achieved in the real world population are equatable to those demonstrated by clinical trials for oral sofosbuvir-based regimens.
- Treatment-naïve cirrhotic patients also achieved SVR12 rates similar to clinical trials.
- The addition of ribavirin was associated with a higher rate of adverse events but improved the efficacy in decompensated cirrhotics. Ribavirin was not recommended in the guidelines during the study period for decompensated cirrhotic patients. However, ongoing data collection since the guidelines where changed and clinical practice followed is showing an SVR12 improvement from 74% to 91% for SOF/RBV±RBV in decompensated cirrhotic patients in the real world patients.

**ACKNOWLEDGMENTS**

- The authors would like to thank those reported in the literature for sofosbuvir/ribavirin but similar for ribavirin sparing regimens of SOF/SIM and sofosbuvir/ledipasvir in decompensated cirrhotic patients in the real world patients.

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**METHODS**

- **Study Design:** Retrospective Chart Review
- **Inclusion Criteria:** Age ≥ 18 years, HCV treatment naïve
- **Exclusion Criteria:** HCV genotype 3, HCV RNA > 10,000,000 IU/mL
- **Medication Access:** Treatment-naïve or de novo treatment with no prior antiviral exposure
- **Medication Adherence:** Regular follow-up visits and medication adherence
- **Treatment Compliance:** Completion of therapy but final virologic response unknown
- **Endpoints:** Adverse events, discontinuation rates, and SVR12 rates

**RESULTS**

- **Overall SVR12 Rates**
  - Real World (RW): 90% (95% CI 84-96%)
  - Clinical Trials (CT): 97% (95% CI 91-100%)

**DISCONTINUATION RATES**

- **By Regimen:**
  - SOF/RBV: 14% (95% CI 11-18%)
  - SOF/SIM: 17% (95% CI 13-21%)
  - SOF/LDV± RBV: 12% (95% CI 9-15%)

**CONCLUSIONS**

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