

**SPEAKER 1:** This study was presented during the Transplant [INAUDIBLE] Session at the annual meeting of American Association for Study of Liver Disease in Boston on November 9, 2014. We reported our multi-center clinical experience from three sites of Mayo Clinic in Jacksonville, Florida-- Scottsdale, Arizona-- and Rochester, Minnesota-- to treat recurrent hepatitis C infection-- genotype one after liver transplantation, using a combination of two oral agents-- Sofosbuvir and Simeprevir.

Our study is one of the first studies to prove the concept that all oral anti-viral regimens without [INAUDIBLE] can be used effectively to treat hepatitis C infection-- genotype 1 after liver transplantation.

In this study, we recruited more than 100 patients from three Mayo Clinic sites who receive treatment with Simeprevir-- Sofosbuvir with or without Ribavirin after liver transplantation for a genotype 1 infection.

The objective of this study was to report our multi-center clinical experience in term of safety and efficacy to use Simeprevir-- Sofosbuvir-- with and without Ribavirin to treat recurrent hepatitis C infection-- genotype 1 after liver transplantation.

It has been well known that hepatitis C recurrence after liver transplantation occur universally, meaning that every patient who has active hepatitis C infection at the time of liver transplantation will develop recurrence. The recurrence of hepatitis C infections can lead to [INAUDIBLE] hepatitis, [INAUDIBLE] loss, and patient death.

The resolved study confirmed that the combination regimen of Simeprevir-- Sofosbuvir-- with and without Ribavirin for 12 weeks duration can effectively eradicate hepatitis C infection with a sustained response rate around 90% or greater. By eradicating hepatitis C infection after liver transplantation, it is expected to improve the outcome of liver transplantation in the patients who has hepatitis C recurrence.

In the next few years, there will be several other anti-viral agents expected to be approved by FDA. These agents can be used together in multiple different combinations-- regimens. We are expecting that these regimens will be equally effective and cause many more side effects. Therefore, we are looking forward to seeing a better outcome of liver transplantation in the patients who has hepatitis C infection.