Draft Questions to the Advisory Committee

1. Please comment on the safety of boceprevir in patients with chronic hepatitis C genotype 1, focusing mainly on the hematological effects of boceprevir in combination with pegylated interferon and ribavirin (PR).

2. Considering the overall potential risk and benefits of boceprevir, do the available data support approval of boceprevir for treatment of patients with chronic hepatitis C genotype 1 in combination with pegylated interferon and ribavirin?

   **VOTE:** Yes/No/Abstain
   
   a. If no, what additional studies are recommended?
   b. If yes, proceed with the remaining questions.

3. Please comment on the strength of the evidence for use of boceprevir in combination with pegylated interferon/ribavirin in prior null responders (defined as less than 2 log\(_{10}\) decrease in HCV RNA at 12 weeks during previous course of PR therapy), who were not included in the Phase 3 trial, P5101 in subjects who had previously failed PR therapy.

4. Please comment on the strength of the evidence to support response-guided therapy (RGT) with boceprevir in combination with pegylated interferon and ribavirin. Should certain groups of patients receive longer durations of boceprevir plus PR therapy than that evaluated in RGT arms?

   a. Treatment-naïve patients with detectable HCV RNA at Week 8 and undetectable at Week 24 (late responders)
   b. Patients such as blacks or those with advanced fibrosis or cirrhosis
   c. Null responders (if recommended for inclusion in the indication)
   d. Other groups, such as patients with poor interferon responsiveness (i.e. < 1 log\(_{10}\) HCV RNA decline after the 4 week lead-in therapy with PR)

5. In addition to pediatric studies, are there any other postmarketing studies you would recommend to further define risks or optimal use of boceprevir in clinical practice?