Among Those With HIV, Certain Factors Lower Chance of Curing Hep C

These include a low CD4 count, having cirrhosis and taking certain hep C drug regimens.

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People who are coinfected with HIV and hepatitis C virus and undergo treatment for HCV are less likely to be cured if they have a low CD4 count, an AIDS diagnosis or advanced liver disease or are male, Healio reports.

Publishing their findings in the journal Hepatology, researchers analyzed real-world data on 2,369 HIV/HCV-coinfected individuals who were treated for hep C with interferon-free direct-acting antiviral (DAA)–based therapy in Madrid between November 2014 and August 2016.

A total of 59.5 percent of the cohort did not have cirrhosis of the liver, 33.9 percent had compensated cirrhosis (the milder form of the advanced liver disease) and 6.6 percent had decompensated cirrhosis (the more advanced form).

The most common genotypes of hep C among the individuals were 1a (40.9 percent), 4 (22.4 percent), 1b (15.1 percent) and 3 (15 percent).

The most common DAA regimens the individuals received included Harvoni (ledipasvir/sofosbuvir) (61.9 percent), Sovaldi (sofosbuvir) plus Daklinza (daclatasvir) (14.6 percent) and the Viekira regimen (ombitasvir/paritaprevir/ritonavir; dasabuvir) (13.2 percent). A total of 30.6 percent of the individuals added ribavirin to their regimen.

Less than 1 percent of the cohort stopped hep C treatment because of adverse health events.

Overall, 92 percent of the cohort achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure). The cure rate was 93.8 percent for those without cirrhosis, 91 percent for those with compensated cirrhosis and 80.8 percent for those with compensated cirrhosis.

After adjusting their data for various factors, the researchers found that variables that raised the risk of not experiencing a hep C cure after receiving DAA regimen included: being male (which raised the risk by 1.75-fold); having an AIDS diagnosis (2.3-fold raised risk); having a hep C viral load of 800,000 or above (1.63-fold raised risk); having compensated cirrhosis (1.35-fold raised

risk); having decompensated cirrhosis (2.92-fold increased risk); taking Sovaldi plus Olysio (simeprevir) (2.84-fold raised risk); taking Sovaldi plus ribavirin (3.41-fold raised risk); and taking Daklinza plus Olysio (11.77-fold raised risk).

To read the Healio article, click here.

To read the study abstract, click here.

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