Partial Hep C Treatment Response Offers Health Benefits

September 17, 2010

Even a partial response to hepatitis C virus (HCV) therapy confers significant health benefits to people coinfected with both HIV and HCV, though not as much as a full response. These data were presented September 14 at the 50th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in Boston.

The goal of HCV therapy is total eradication of the virus. This outcome, called a sustained virological response (SVR), means that a person achieves and maintains undetectable HCV levels for at least six months after completing a course of pegylated interferon and ribavirin treatment, which is the standard of care for hepatitis C. People who achieve an SVR are generally considered to be “cured” of their HCV infection.

Unfortunately, standard treatment is not particularly effective for people infected with HCV genotype 1, the most common and difficult to treat strain in the United States. SVR rates in people coinfected with both HIV and HCV genotype 1 are generally no higher than 25 percent. There is, however, a segment of people who have undetectable HCV levels at the end of treatment, but who see their virus come back in subsequent months. These people are considered to have an end of treatment response (ETR). What remains unknown is whether and to what degree these individuals have benefited from taking HCV treatment.

To explore this question, Juan Berenguer, MD, from the Hospital Universitario Gregorio Maranon in Madrid, and his colleagues, analyzed data from the GESIDA 3603 cohort, which follows HIV and HCV coinfected people from 19 clinics across Spain. Out of the 1,428 people in the analysis, 697 did not respond to HCV treatment (non-responders), 211 had an ETR, and 520 had an SVR.

The analysis looked at the rate of developing a variety of liver problems over a four-year period after completing HCV treatment. The presentation did not report on the participants’ average age, CD4 counts, distribution of HCV genotypes or other demographic factors, but those factors were included in the analysis.

Berenguer’s team found that although people with an ETR had poorer outcomes than people who achieved an SVR, they still did far better than non-responders. People with an ETR were 60 percent

less likely to have liver damage (decompensation) than non-responders. People with an SVR were 92 percent less likely. People with ETRs and SVRs were both about 95 percent less likely to die from liver disease than non-responders.

The best treatment outcomes were achieved with an SVR, the authors concluded. They added, however, that ETR was associated with less liver-related mortality and liver decompensation than a non-response to treatment.

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