November 13, 2014- Day 14

November 13, 2014 By Kyle Jacobs

Nothing new and exciting to report since yesterday regarding my personal progress with Harvoni. I did read a very interesting article yesterday that I thought I would share about the high success rates for treating HCV with Harvoni in HIV coinfected individuals with genotype 1. That's very good news for many people including myself.

A question came up yesterday about HCV viral load and what exactly viral load means in the context of disease progression and treatment response. I asked my doctor for some insight into why viral load tests are performed. He said in my case, my viral load was important for three reasons:

1. Low HCV viral load (below 800,000 IU/mL is considered low) usually indicates a better response to treatment.
2. Low viral load along with me being treatment-naÃ¯ve, non-cirrhotic, and with Genotype 1 HCV made it possible for me to consider a shorter treatment time with Harvoni of 8 weeks as compared to 12 weeks.
3. Measuring my viral load throughout treatment will show how well I am responding to treatment.

Additionally, he indicated that HCV viral load is very different from HIV viral load in that a higher HCV viral load is not an indication of disease progression like it is with HIV.

I have also been reading a number of articles in the past week that discuss the results of a survey that Decision Resources conducted that indicated "concerns over increased risk of relapse following shortened course of therapy: FDA labeling recommends an eight-week course of Harvoni in treatment-naive, noncirrhotic patients with lower baseline viral loads. Strikingly, nearly half of surveyed experts are concerned that short treatment duration increases risk of viral relapse following completion of HCV therapy with a high proportion indicating that durations of eight weeks or less are too short."

I am going to speak more with my doctor about my treatment duration when I go back in two weeks for my one-month follow-up to ensure my treatment duration gives me the best chance of achieving a sustained virologic response (SVR). I was curious about what exactly were the response rates after 8 and 12 weeks of treatment with Harvoni in treatment-naive, non-cirrhotic subjects with Genotype 1 CHC and with a low baseline viral load according to the ION-3 studies that Gilead conducted. According to the prescribing information: "among subjects with a baseline HCV RNA <6 million IU/mL, the SVR was 97% (119/123) with 8-week treatment of HARVONI and 96% (126/131) with 12-week treatment of HARVONI". Click here for the prescribing information.

Based only on that information only, it would appear that SVR rates in that study were nearly the same (1% difference in favor of 8-weeks) for those with lower HCV viral load of less than 6 million IU/mL. Hopefully that will be the case for me too!