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Challenges of Anti HCV Treatment in Persons Living with HIV in the Era of Directly Acting Antivirals (DAA)

M. Puoti[1], M. Shanyinde[2], A. Antinori[3], A. Castagna[4], E. Nicastri[3], S. Bonora[5], A. Di Biagio[6], C. Uberti-Foppa[4], N. Abrescia[7], P. Bonfanti[8], A. d'Arminio Monforte[9], A. Cozzi-Lepri[2], on behalf of ICONA and Hepaicona Study Groups

[1]Niguarda ca Grande Hospital, Milan, Italy, [2]University College London, Infection and Population Health, London, United Kingdom, [3]INMI Spallanzani, Rome, Italy, [4]San Raffaele Hospital, Milan, Italy, [5]Clinical Infectious Diseases, University of Turin, Turin, Italy, [6]Infectious Diseases Clinic, San Martino Hospital, Genova, Italy, [7]Cotugno Hospital, Naples, Italy, [8]Lecco Hospital, Lecco, Italy, [9]Clinic Infectious Diseases, San Paulo Hospital, Milan, Italy

Objectives: To describe the distribution of fibrosis stages (which are treatment priority levels for reimbursement of DAA in many health systems) in order to estimate the percentage of persons with minor and major contraindications to Pegylated Interferon(IFN) and/or Ribavirin (RBV) as well as the proportion of patients on cART showing drug-to-drug-interactions (DDI) with DAA in a cohort of HIV/HCV coinfected patients.
Methods: We analyzed the data of all patients with HIV/HCV coinfection included in ICONA and Hepaicona cohorts stratifying them for HCV genotype and fibrosis stage collected at their most recent clinical visit.
Results: We analyzed the data of 1,462 patients (26% females; median age 50 years IQR 43-56; 73% with a history of IVDU). Advanced fibrosis (F3-F4: FIB-4 > 3.25) was present in 16%, moderate fibrosis (F1-F2: FIB-4 1.45-3.25) in 31% and mild fibrosis in 38%. Major contraindications to PEGIFN and/or RBV were present in 7% and minor in 46%. Major contraindications to RBV were only present in 2% and minor in 12%. Taking into account HCV genotype and DDI with cART, we estimated that 599 (47%) would need to switch their ongoing cART to be able to start Simeprevir, 266 (21%) in order to start 3D. Considering Simeprevir, Ledipasvir and 3D based DAA combinations only 19% were estimated to be able to start all three treatments without moderate or severe interactions and 12% only one treatment but with moderate interactions.
Conclusions: Most of patients did not meet the criteria for immediate DAA initiation because of unspecific prioritization based on fibrosis stage, 46% had relative contraindications to PEGIFN and/or RBV and 12% to RBV only. DDI are challenging but only 12% of patients have significant limitations in the choice of DAA combinations without needing to change their concurrent cART.