

# Do HIV/HCV co-infected patients need haematopoietic growth factors earlier than non-co-infected during HCV treatment?

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## Background

Hepatitis C treatment (HCVt) with peg-interferon and ribavirin is limited by haematological side-effects.

Haematopoietic growth factors (HGF) allow to maintain standard antiviral doses in order to achieve sustained virological response in hepatitis C (HCV) infected patients.

## Purpose

To evaluate if HIV/HCV co-infected patients need HGF earlier than non-coinfected during HCVt.

Clinical and haematological characteristics of HCV-infected-patients receiving HGF were compared between HIV+ vs HIV-.

## Methods

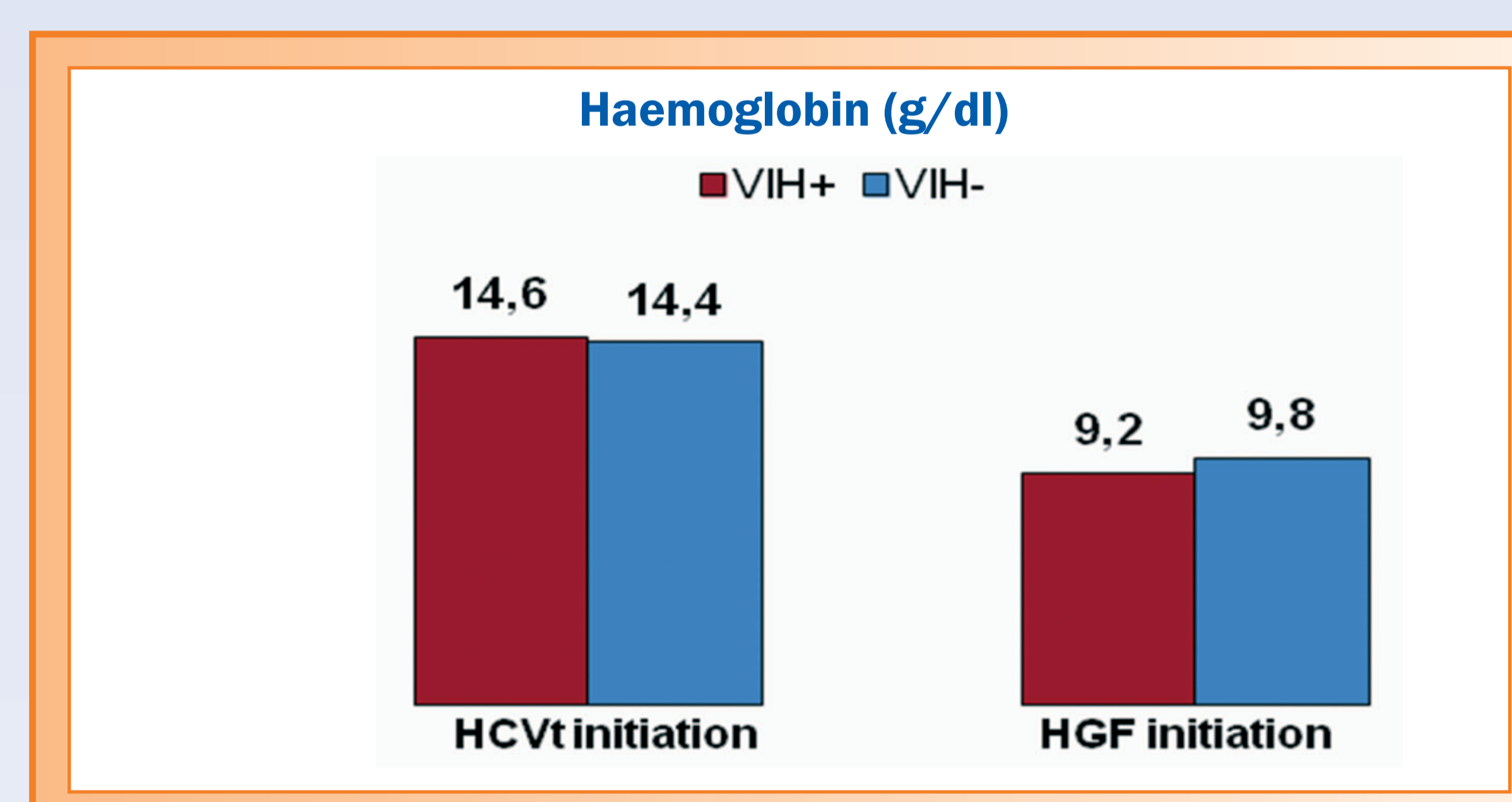
Retrospective study in a third level hospital including all patients on HCVt that needed HGF between January 2008 and February 2011.

**Data:** HIV-co-infection, age, gender, HCV-genotype, HCVt, haematological parameters, HGF.

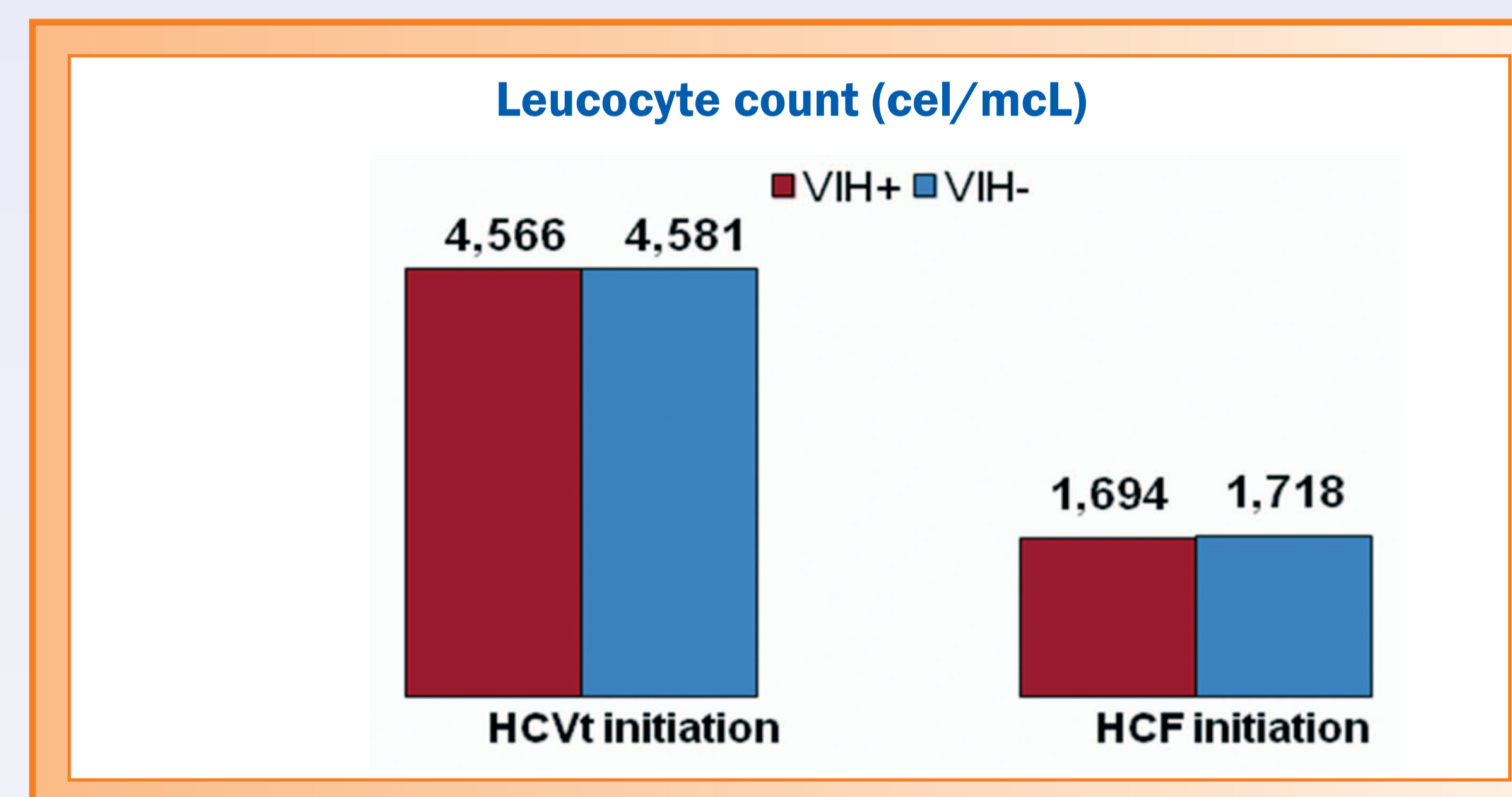
**Statistical analyses:** Chi-square and Fischer exact test for dichotomic variables and t-student and "U" Mann-Whitney tests for continuous variables.

## Results

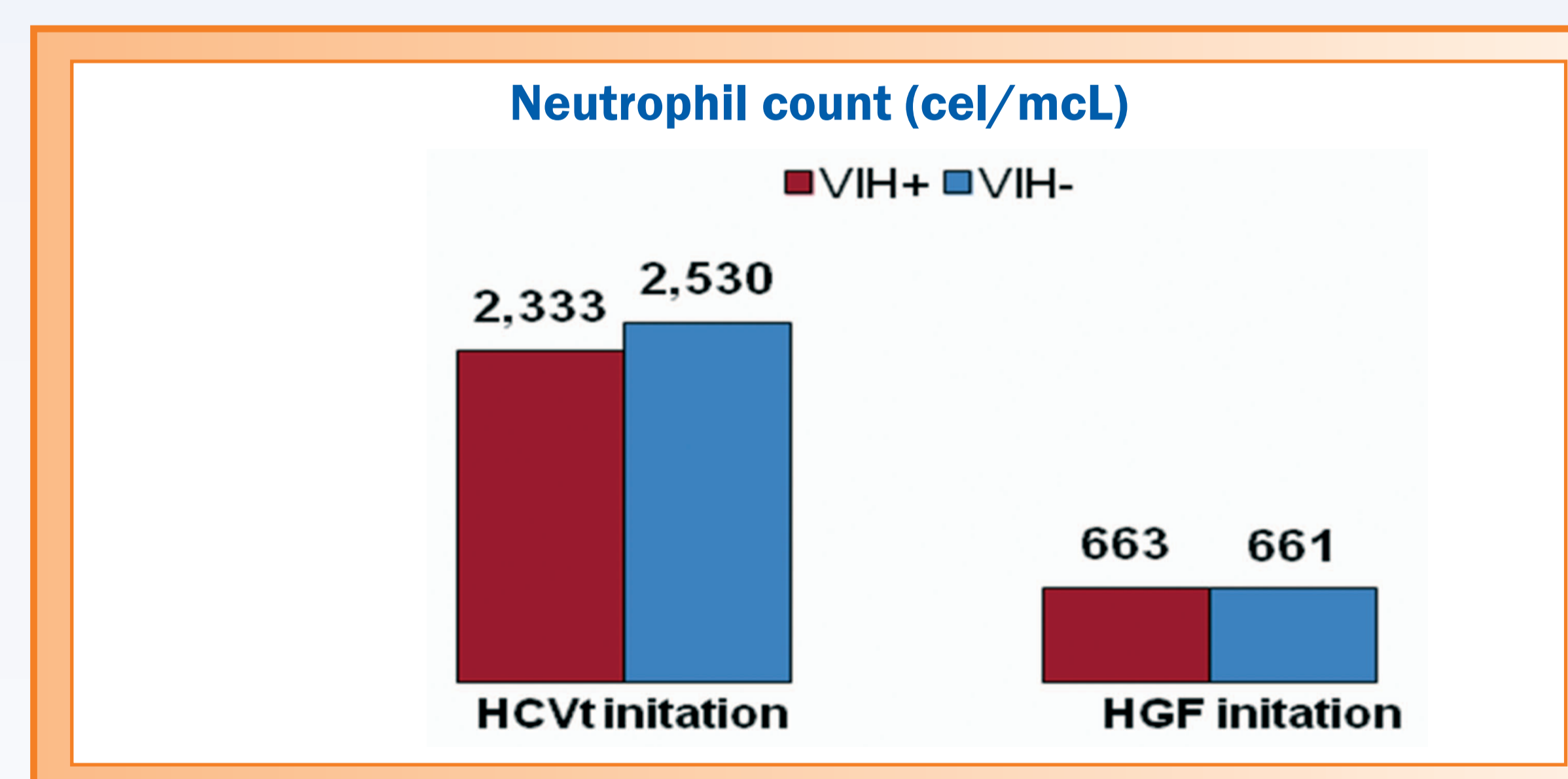
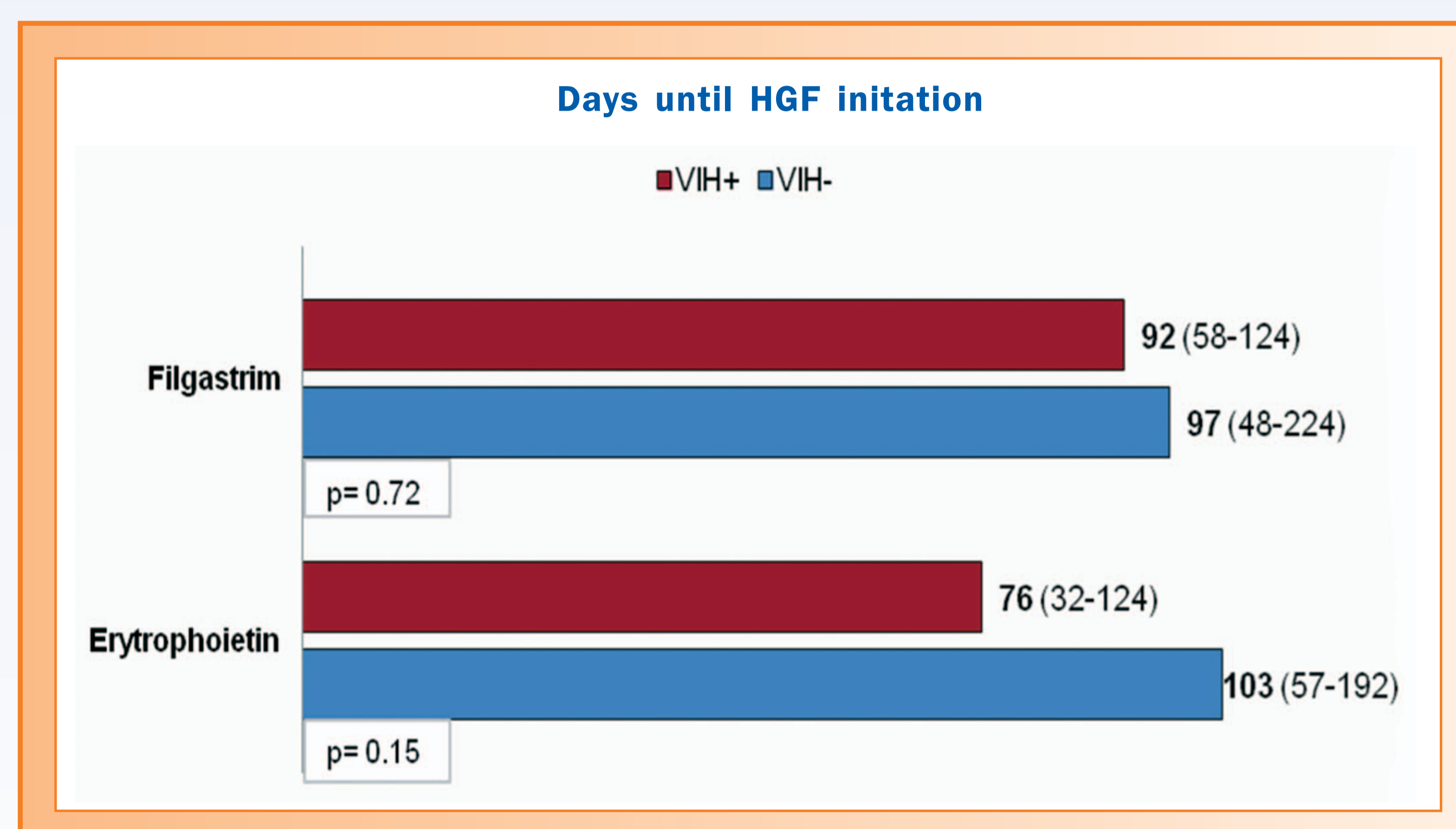
	Total= 132 patients	
	VIH+ n=33 (25%)	VIH- n=99 (75%)
<b>Demographic</b>		
Age (media (SD), years)	50.3 (7.6)	52 (11.1)
Male (%)	26 (78.8%)	58 (58.6%)
<b>HCV-genotype</b>		
G1 (%)	17 (51.5%)	66 (66.7%)
G2 (%)	2 (6.1%)	2 (2%)
G3 (%)	10 (30.3%)	18 (18.2%)
G4 (%)	4 (12.1%)	10 (10.1%)
Nontypeable (%)	0 (0%)	3 (3%)
<b>VHC treatment</b>		
Ribavirin	33 (100%)	99 (75%)
Peg-interferon alfa2a	33 (100%)	88 (88.9%)
Peg-interferon alfa 2b	-	11 (11.1%)
<b>HGF treatment</b>		
Erythropoietin	26 (78.8%)	78 (78.8%)
Filgrastim	15 (45.5%)	33 (33.3%)
Both	8 (24.2%)	12 (12.1%)



VIH +	14.6 ± 1.60	9.2 ± 1.3
VIH -	14.4 ± 1.56	9.8 ± 1.07
p	NS	NS



VIH+	4,566 ± 1,417	1,694 ± 480
VIH -	4,581 ± 1,356	1,718 ± 371
p	NS	NS



VIH +	2,333 ± 992	663 ± 159
VIH -	2,530 ± 956	661 ± 207
p	NS	NS

## Conclusions

HIV/HCV co-infected patients did not initiate HGF earlier than non-co-infected, although a tendency to a shorter period of time until starting erythropoietin was observed.

A greater percentage of HIV+ seemed to need the use of both, erythropoietin and filgrastim, although it was not significant.

Haematological parameters at the beginning of HCVt and HGF were similar in both groups.