NEW DIRECT ACTING ANTIVIRALS BASED THERAPIES IN HIV/HCV COINFECTED PATIENTS: MANAGEMENT AND EFFECTIVENESS IN A STUDY POPULATION

DI-062

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Objectives

- To assess the effectiveness of new DAAs in HIV-HCV co-infected population. To review ARVs switches in order to allow compatibility of DAAs.

Methods

- Observational and retrospective study. HIV/HCV-coinfected patients treated with ledipasvir/sofosbuvir (LDV/SOF), ritonavir boosted paritaprevir/ombitasvir, dasabuvir (3D) or daclatasvir + sofosbuvir (DCV+SOF) were included from April 1, 2015 to June 30, 2016.
- Collected data: age, gender, genotype, grade of fibrosis (METAVIR score), presence of cirrhosis, HCV RNA baseline and HCV treatment history.
- Effectiveness was measured as rate of sustained viral response at 12 weeks after the end of therapy (SVR12).

Results

Baseline demographic and clinical characteristics are shown in Table 1.
HCV therapies for each Genotype are shown in Table 2.

Table 1

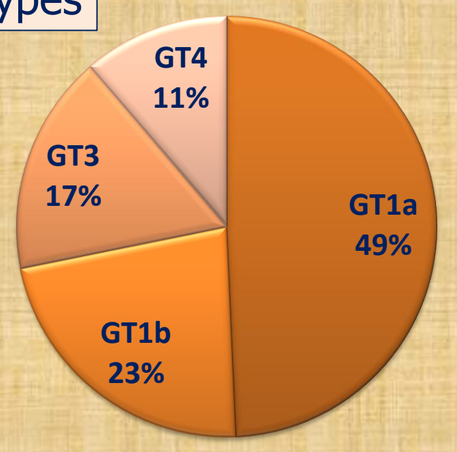
Baseline Demographic and Clinical characteristics	
Subjects , n	71
Median age, years (range)	50 (34-64)
Male/female (%)	79/21
Fibrosis (METAVIR score) , n (%)	
F4	35 (49,3)
F3	23 (32,4)
F2	10 (14,1)
F0-F1	3 (4,2)
Cirrhosis, n (%)	43 (66)
Mean HCV RNA baseline (UI/mL)	2.505.210
HCV therapy history, n (%)	
Naïve	36 (51)
IFN + RBV	34 (48)
PIs (telaprevir, boceprevir)	1 (1)

Table 2

HCV therapies (n)				
Genotype	LED/SOF	3D	DCV+SOF	SVR12
1a	33[1,2]	2[3]	-	32
1b	9	6[1]	-	14
3	2	-	10	12
4	9[3]	-	-	8

Reasons for 5 patients didn't achieve SVR12:
[1]: death (2),
[2]: adverse efects (1)
[3]: relapse (2)

Genotypes



At least one antiretroviral drug switch was performed in 9 patients and dose of DCV was reduced to half (30mg/day) in 2 patients. Drugs interactions were recorded in 15% of patients (Table 3).

Table 3

Drug interactions			
DAAs	ARVs	n	Rank significance*
LED	TDF (+FTC +IP/r)	3	Potential: increase TDF
LED	EFV (+TDF +FTC)	2	Potential (only with TDF): increase TDF, decrease LED
DCV	ATV/r (+2NRTI)	4	Potential: increase DCV
DCV	ETR (+2NRTI)	1	Potential: decrease DCV
3D	ATV/r (+2NRTI)	1	Potencial: decrease OBV, increase PTV

TDF: tenofovir disoproxil fumarate; EFV: efavirenz; ATV: atazanavir; ETR: etravirine; NRTI: nucleoside reverse transcriptase inhibitor; OBV: ombitasvir PTV: paritaprevir. *www.hep-druginteractions.org (University of Liverpool): potential (may require a dosage adjustment, altered timing of administration or additional monitoring)

Conclusions

- Effectiveness outcomes in the clinical setting were similar to the clinical trials.
- New DAAs require few changes in antiretroviral therapy. LDV/SOF may be used with most ARVs, but renal function monitoring is required with TDF. The inhibitors of the integrase might be a group therapeutic of choice for HIV/HCV-coinfected population.