

EV1075

ePoster Viewing

Viral hepatitis

**Factors associated with decrease in liver stiffness in patients with liver cirrhosis enrolled in the ANRS CO13 HEPAVIH cohort**

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**AIM:** To evaluate the effect of sustained virological response (SVR) on regression of liver stiffness measured by Fibroscan in cirrhotic HIV/HCV co-infected patients who received anti hepatitis C treatment.

**METHODS:** HIV/HCV co-infected patients enrolled in the ANRS CO13 HEPAVIH cohort with liver cirrhosis defined as a pre-treatment Fibroscan value  $\geq 12.5$  kPa were included. All received at least one dose of anti-HCV treatment, had a documented SVR status and at least one post treatment Fibroscan value. The time to the first i) decrease of at least 30% in liver stiffness and ii) change in Metavir score from F4 to F3 or less was analysed by the Kaplan-Meier method and analysed by adjusted Cox proportional Hazards models.

**RESULTS:** Of 35 patients, 18 (51%) experienced SVR. Median followed-up was 46.8 (IQR: 28.8-60.3) months. 27 (77%) were male and the median age was 45.7 years (IQR: 42.9-50.3).

The probability to obtain a 30% regression in fibroscan values in those with SVR vs those in treatment failure was 67% (95% confidence interval (CI): 45-86) vs 19% (95%CI: 6-48) at one year, and 73 (95%CI: 52-91) vs 26 (95%CI: 10-55) at two years post treatment. Cumulative Kaplan Meier estimates for a change in Metavir Score from F4 to F3 or less was 56% (95%CI: 35-78) in those with SVR vs 12% (95%CI: 3-41) in those without SVR at one year and 68% (95%CI: 47-88) vs 20% (95%CI: 7-49) at two years post treatment. The multivariate analysis showed that SVR was associated with improvement of liver stiffness (HR: 8.21; 95%CI: 2.15-31.34; P=0.0021) independently of gender, age, pretreatment fibroscan values and AST. One decompensation of cirrhosis occurred in the SVR group vs 3 hepatic decompensations in the treatment failure group.

**CONCLUSIONS:** In HIV/HCV co-infected cirrhotic patients with SVR a significant reduction in liver stiffness can be observed compared to patients experiencing treatment failure.