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Direct-acting antivirals in HIV/HCV-coinfected patients: efficacy and safety in the real life

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Background: HIV/HCV-coinfected patients with advanced liver fibrosis (LF) have long been considered to be difficult to treat. There are few data on real-life efficacy and tolerance with all-oral direct-acting antiviral (DAA) combinations in these patients. We evaluated the efficacy and safety of DAA in a cohort of HIV/HCV patients followed at Infectious Diseases Department, University Hospital of Ancona, Italy.

Material/methods: All consecutive HIV/HCV-coinfected patients undergoing DAA treatment from March 2015 to August 2016 were considered. The majority of patients had advanced LF (liver stiffness ≥12,5 kPa). The primary outcome was sustained virological response at 12 weeks (SVR12) after DAA completion. We also evaluated reported adverse events.

Results: A total of 28 patients were considered. There were 20 male (72%). Patients were infected with HCV genotypes 1 and 3 in 57% and 32% cases, respectively. The majority of patients had liver cirrhosis (64%): six had platelets count <100/nL, five had a MELD score ≥ 10, and two patients had an indication for liver transplantation. There were eight patients previously treated with an IFN-containing regimens. All patients were on cART, 93% had undetectable HIV-RNA and median CD4+/mmc was 706 cells. Treated patients received one of the following DAA combinations: sofosbuvir (SOF) + daclatasvir (n=9); SOF + simeprevir ([SMV], n=8); ombitasvir + paritaprevir/ritonavir + dasabuvir (n=4); SOF + ribavirin (n=4), and SOF + ledipasvir (n=3). The overall SVR12 rate was 93% (25/27). One patients discontinued treatment prematurely after one month for a pancreatitis. Two patients with liver cirrhosis treated with SOF + SMV, relapsed and were retreated with a different DAA combination. Two patients developed a hepatocellular carcinoma, one shortly after the end of treatment while another after 12 weeks of therapy. Adverse events were mild

and uncommon (hyperbilirubinemia, photosensitivity) and did not result in DAA treatment interruption or discontinuation. Five patients in ribavirin containing regimens underwent ribavirin dosage reduction due to anemia.

Conclusions: Our real-life experience shows that DAA combinations are highly effective and well tolerated in this specific population and confirms that HIV coinfection should not be considered a barrier to successful HCV treatment with DAA. These encouraging results should not alleviate the surveillance for liver-related events in cirrhotic patients.