

O596

Abstract (oral session)

Incidence of end stage liver disease and causes of deaths in a cohort of HIV/HCV-infected patients in France: HEPAVIH ANRS C013

E. Pambrun*, M.A. Loko, M. Winnock, P. Sogni, K. Lacombe, P. Morlat, F. Dabis, D. Salmon on behalf of Hepavih Arns C013

Background: The HEPAVIH ANRS C013', implemented in 2005 aimed at describing the natural history of HIC/HCV coinfection in france. Methods: The study involved 1175 patients followed for a median duration of 38 months. Fibrosis stage was evaluated by liver biopsy or fibroscan, or fibrotest. For incidence of end stage liver disease (ESLD), the study focused on HIV/HCV-coinfected patients without decompensated cirrhosis or HCC at inclusion. Fibrosis stage was evaluated using an algorithm combining liver biopsy and non-invasive liver fibrosis tests. Time from enrollment to the first liver decompensation, HCC or death was reported as function of fibrosis stage at enrolment. The causes of death were validated by an expert committee. Results: Incidence of events was clearly dependent of fibrosis stage. In patients with HIV/HCV and cirrhosis, the incidence rate of ESLD or HCC was 2.6% at one year, 6.1% at two years, 9.1% at three years, 10.0% at four years, 10.8% at five years. 68 deaths were notified. The causes of death were unknown in 8,6% (n=6) of the notified cases. Among those with documented causes of death, the main underlying causes were: liver-related (42.9%, hepatocellular carcinoma: 27%), cancer not related to AIDS or hepatitis (11.4%), cardiovascular disease (8.6%), AIDS-related (8.6%), other infections (10%), overdose (4.3%) and suicide (2,9%).. Mortality incidence at 5 years was much higher in cirrhotic patients. Conclusions: Although liver related deaths remain the most important cause of deaths in HIV/HVC coinfectd patients, cancers and cardiovascular diseases are becoming increasing causes of deaths. Besides the treatment of HCV, this needs implementation of specific measures of screening and management of cancer and cardiovascular risk in HIV/HCV coinfectd patients.