O211
2-hour Oral Session
New insights in viral hepatitis

Characteristics of patients failing new direct active drug (DAA) combinations in HIV/VHC coinfection

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Background: With the recent development of new potent DAA combinations, sustained virological (SVR) rates of HCV infection of >90% are achievable for almost all HCV genotypes and stages of liver disease. In the case of treatment failure, the appearance of resistance mutations is likely. However, it is crucial to document patient's characteristics in those failing new DAAs to better understand other potential leading to treatment failure.

Material/methods: HIV/HCV coinfected patients prospectively enrolled in the French ANRS CO13 HEPAVIH cohort and failing an all-oral DAA regimen started before March 2015 (three months treatment) and before December 2014 (six months treatment) were included. Treatment failure was defined as the persistence of a positive HCV-RNA 12 weeks after treatment stop or thereafter.

Results: Of 215 patients who initiated an all-oral DAA regimen, 18 patients (8%) failed therapy. We observed 15 relapses, 2 virological failures and 1 death before SVR12. Median age was 54 years [Range: 30-64]; 78% male and 61% cirrhotic. DAA combinations received were: sofosbuvir (SOF) + daclatasvir (DCV) ± ribavirin (RBV) in 10 patients (56%) (6 patients with a dose of 30 mg, 3 with 60 mg and one with 90 mg of DCV), SOF + RBV in 4 (22%), SOF + ledipasvir ± RBV in 3 (17%) and SOF + simeprevir in 1 (5%) with a mean treatment duration of 18.44 weeks [Range: 1.00-27.86]; 28% were previously naive of HCV treatment, HCV genotype was 1/3/4 in 66%/17%/17%. All patients were under combination antiretroviral therapy (cART) and 72% had an HIV-RNA<50copies/mL at anti-HCV treatment initiation. Median pre-treatment CD4 cell count was 525/mm^3.

Conclusions: In this prospective real-life cohort, failure to all-oral DAA regimens occurred in 8% of the patients and was mainly due to relapses. The relatively low rate of HIV-RNA suppression despite cART in patients failing HCV treatment might indicate poor adherence to both cART and anti-HCV treatment.