Hep C Treatment Success for Those With HIV and Cirrhosis

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Hepatitis C virus (HCV) cure rates can be quite high for those coinfected with HIV who also have cirrhosis of the liver. However, in a recent study, those in this category who had been treated for HCV before did not fare as well on another round of hep C therapy compared with treatment first-timers.

Researchers analyzed data from a study of 170 Spanish people with HCV, well-treated HIV and cirrhosis who started hep C therapy in 2015.

Forty percent of the participants had genotype 1a of HCV, 12 percent had genotype 1b, 15 percent had genotype 3 and 28 percent had genotype 4.

Seventy-five percent of the study group had compensated cirrhosis, the milder form of the advanced liver disease, and 17 percent had been diagnosed with the more advanced decompensated cirrhosis. About half had undergone prior HCV treatment.

Twenty-five percent of them were treated with Harvoni (ledipasvir/sofosbuvir) plus ribavirin; 20 percent with Sovaldi (sofosbuvir), Olysio (simeprevir) and ribavirin; 15 percent with just Harvoni; and 15 percent with Sovaldi, Daklinza (daclatasvir) and ribavirin.

Ninety-three percent of the participants were cured of HCV, with no difference in cure rates based on hep C genotype. However, just 89 percent of those who had been treated before were cured compared with 98 percent of those who were treated for the first time.

The study's lead author, Jordi Navarro, MD, an infectious disease specialist at the University Hospital Vall d'Hebron in Barcelona, notes that the hep C cure rates in this study were similar to those seen in studies of individuals who don't have HIV, known as being monoinfected with HCV. He says the so-called direct-acting antiviral (DAA) hep C treatments in this study "showed a great tolerability and safety with very few [new cases of decompensated cirrhosis], most of them mild and not requiring hospitalization. These results are in agreement with the majority of HCV treatment guidelines that recommend using the same DAA combinations in both monoinfected and coinfected patients."

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