

Incivek Improves Outcome and Halves Treatment Time for Hep C in HIV-Positive Men

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✖ Adding Incivek (telaprevir) to the standard regimen of pegylated interferon and ribavirin doubles the cure rate and cuts in half the treatment time for acute hepatitis C virus (HCV) among HIV-positive men, HIVandHepatitis.com reports. Daniel Fierer, MD, from Mount Sinai Medical Center in New York City conducted an open-label pilot study to determine how the addition of Incivek to the older backbone of interferon and ribavirin affected treatment outcomes among this group. He presented his findings at the 20th Conference on Retroviruses and Opportunistic Infections (CROI) in Atlanta.

Between July 2011 and September 2012, Fierer treated HIV-positive men who had presented elevated liver enzyme tests—indicating a recent hep C infection—and who then tested positive for hepatitis C. Within six months of their first elevated liver scan (which people with HIV typically undergo routinely to test for antiretroviral medication toxicity) the study participants began a 12-week combination of telaprevir three times a day, pegylated interferon 2a injected once a week and ribavirin twice a day.

A total of 17 out of 20 participants (85 percent) achieved a sustained virologic response four weeks after completing treatment (SVR4, considered a likely cure). In another group of patients for whom there is longer follow-up data, 14 out of 17 (82 percent) achieved an SVR12 (considered a very likely cure) after completing therapy; also, 11 out of 14 (79 percent) achieved an SVR24 (considered a cure).

Nearly every patient experienced itchiness, and two developed rashes. One participant terminated treatment after four weeks due to anemia requiring a blood transfusion, and an additional three reduced their doses of ribavirin due to the same adverse effect. Another participant dropped out of the study at five weeks because of interferon side effects.

To read the HIVandHepatitis.com story, [click here](#).

To read the conference abstract, [click here](#).

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