Does availability of new DAAas influence treatment uptake in acute hepatitis C in HIV coinfection?

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Abstract

Background: With the availability of newer DAAas for treatment of chronic hepatitis C infection (HCV) HCV therapy has become considerably less toxic and even more successful than treatment of acute hepatitis C infection (AHC) with pegylated interferon (pegIFN) and ribavirin (RBV). Current DAA-based regimens are not approved for treatment of AHC and thus, also not reimbursed. Here we evaluate potential changes in the annual rates of treatment initiation in Europe for AHC coinfection in the DAA era.

Methods: The PROBE-C study is an observational European cohort on AHC in HIV coinfection. Between Feb 2007 and Aug 2014 483 AHC episodes were documented in 461 HIV-infected patients from Austria, Denmark, France, Germany, Great Britain and Spain. Fisher’s exact, chi-square and Mann-Whitney U test were used for statistical analysis.

Results: All patients were male, median age was 41 years. Main routes of transmission were MSM (99.4%) and IVDU (0.6%). 77.2% of patients were infected with HCV GT1 and 18.9% with GT4. Median baseline HCV-RNA was 2.190,460IU/mL and median CD4+ T cell count 475 cells/µl. 33% of all patients received cART, 86% had baseline suppressed HCV-RNA (<200copies/mL). Median ALT was 388 UI. In 60483 (12.4%) episodes AHC resolved spontaneously. In 309483 (64%) treatment with pegIFN/RBV was initiated within 24 weeks of AHC diagnosis. Median time from diagnosis to treatment initiation was 8 weeks. SVR rate was 70.1% (see table 1 and figure 1).

Conclusions: Treatment uptake for AHC has substantially decreased in the last 2 years potentially reflecting patients’ and/or physicians’ wish for a short, well-tolerated and highly successful DAA-based therapy which to date is only approved and reimbursed for treatment of chronic HCV infection. However, when treatment during AHC is withheld, more patients remain viremic, which than may foster the epidemic of AHC among HIV-infected MSM. Therefore, studies evaluating safety and efficacy of IFN-free DAA regimens for AHC are urgently needed.

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Methods

The PROBE-C study is an observational European cohort on AHC in HIV coinfection. Between February 2007 and December 2014 591 AHC episodes were documented in 589 HIV-infected patients from Austria, Denmark, France, Germany, Great Britain and Spain. Fisher’s exact, chi-square and Mann-Whitney U test were used for statistical analysis.

AHC:

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Overall, as shown in table 2 there was an increase in treatment initiation for AHC from 2007-2012. However, following the European licensing of two first generation HCV protease inhibitors in 2011 for the treatment of chronic HCV an annual decline from 71% to 55.7% since 2012 could be observed.

Conclusions

Treatment uptake for AHC has substantially decreased in the last 2 years potentially reflecting patients’ and/or physicians’ wish for a short, well-tolerated and highly successful DAA-based therapy which to date is only approved and reimbursed for treatment of chronic HCV infection. However, when treatment during AHC is withheld, more patients remain viremic, which then may foster the epidemic of AHC among HIV-infected MSM. Therefore, studies evaluating safety and efficacy of IFN-free DAA regimens for AHC are urgently needed.