IFN-FREE THERAPY IS EFFECTIVE AND SAFE FOR HCV RECURRENT IN LT HCV/HIV CO-INFECTION

C. Manzano1, M.C. Londoño1, S. del Campo2, L. Castells3, V. Aguiler4, J.R. Fernández4, J.Calvo-Pulido4, J.Peñafiel1, A. Rimola6, J.M. Miro6, FIPSE Investigators

Hospital Clínico-IDIBAPS, University of Barcelona, Barcelona, Spain; 2 Hospital Universitario Ramón y Cajal, Madrid, Spain; 3 Hospital Universitario Vall d’Hebron, Barcelona, Spain; 4 Hospital Universitario La Fe, Valencia, Spain; 5 Hospital Universitario de Cruces, Bilbao, Spain; 6 Hospital Doce de Octubre, Madrid, Spain

Background
Survival in HCV/HIV-coinfected people who undergo liver transplant (LT) is lower compared with HCV mono-infected recipients. However, HCV/HIV patients cured from HCV recurrence achieve 5-year survival rates similar to the HCV mono-infected population. In the interferon era, therapy against hepatitis C virus (HCV) recurrence after LT had poor effectiveness and tolerability both in HCV mono-infected (~30% of sustained virological response [SVR]) and HCV-HIV co-infected LT recipients (~20% of SVR). Only small case series have reported on the use of direct antiviral agents (DAAs) in LT HCV/HIV co-infected recipients.

Objectives
This study aims to determine the effectiveness and safety of IFN-free regimens in a nationwide cohort of HIV-HCV co-infected individuals having undergone LT.

Methods
271 consecutive HIV-infected patients who underwent LT between 2002 and 2012 and who were followed until December 2016 were matched with 816 LT recipients without HIV infection in 22 Spanish institutions. Matched criteria were: same site, age (~2 years), gender, calendar year, and LT indication. Those patients who received IFN-free therapy for HCV recurrence were included.

Results

Table 1. Characteristics of LT recipients receiving IFN-free treatment according to HIV-infection status

<table>
<thead>
<tr>
<th>HIV Status</th>
<th>IFN-free treatment</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+</td>
<td>0.041</td>
<td></td>
</tr>
<tr>
<td>HIV-</td>
<td>0.171</td>
<td></td>
</tr>
</tbody>
</table>


Figure 1: HCV Treatment Outcomes for HIV-HCV coinfecting (A) and HCV monoinfected (B) patients

Conclusions
IFN-free regimens for treatment of post-LT HCV recurrence in HIV infected individuals are highly effective and well tolerated, with results comparable to HCV mono-infected patients.

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Contact: jmmiro@ub.edu