Majority of HCV/HIV-co-infected patients in the Netherlands remain in need of effective HCV treatment.

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Background

- Sustained virologic response (SVR) to HCV treatment is an important step in achieving optimal healthcare outcomes in HCV/HIV co-infected patients.
- To achieve a SVR, patients must be diagnosed with HCV, engaged in care, and prescribed treatment.

Objective: To describe the stages of the HCV cascade of care in HCV/HIV co-infected patients in the Netherlands.

Methods

- The ATHENA observational cohort captures data from each patient with HIV linked to care in one of the designated Dutch HIV treatment centres and provides a nationwide overview.
- Linked: HIV/HCV co-infected patients registered between 1998 and 2014 after excluding those with documented spontaneous HCV clearance.
- Retained: alive and with a recorded clinical visit between June 2013 and June 2014.
- Treatment: (peg)-interferon alpha with ribavirin or triple therapy with boceprevir or telaprevir.
- SVR: negative HCV RNA 24 weeks after treatment completion
- Fib4-scores were calculated, fib4-score is a non-invasive marker used to assess liver fibrosis. A Fib4-score >3.25 enables identification of patients with significant (F3-F4)fibrosis.

(ref: Vallet-Pichard et al, Hepatology 2007)..

Results

- 8% of the 19,983 HIV-infected patients in the Netherlands had a chronic HCV infection. The majority of HIV/HCV co-infected patients are MSM and infected with genotype 1 ***(Figure 1***).
- ***Figure 2*** shows the cascade of care for the 1,515 HCV/HIV co-infected patients who were linked to care.

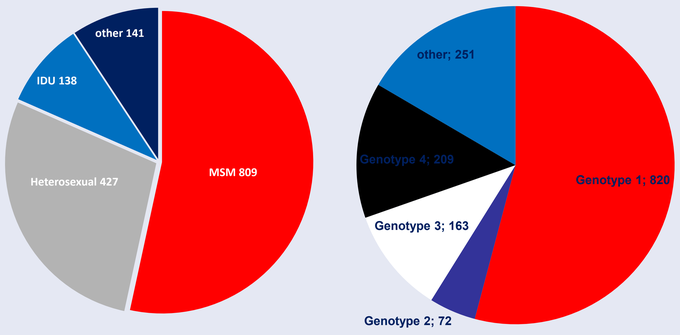


Figure 1: Distribution of HIV risk groups and HCV genotypes among the 1515 HIV/HCV co-infected patients linked to care.

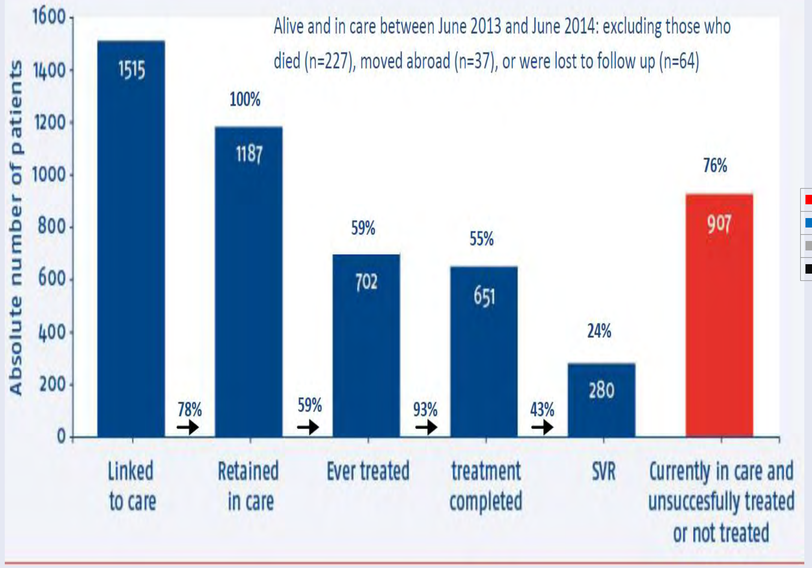


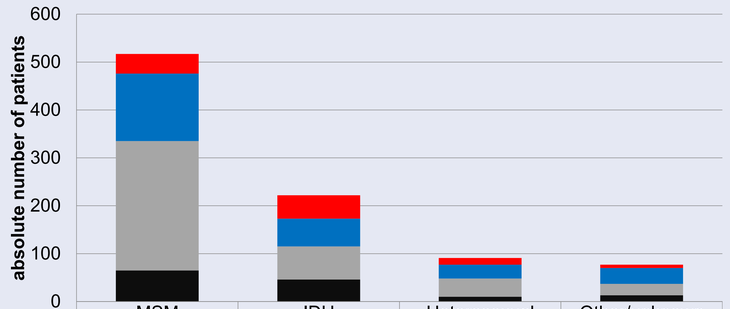
Figure 2:HIV/HCV cascade of care in the Netherlands

Table 1: Fib4 scores among the 907 HIV/HCV co-infected patients currently in care and in need for HCV treatment.

Fib4 score	Number	Treatment-experienced	Treatment-naive
<1.45	420 (46%)	205 (49%)	215 (44%)
>1.45&≤3.25	269 (30%)	121 (29%)	148 (31%)
>3.25	155(17%)	79 (19%)	76 (16%)
missing	63 (7%)	17 (4%)	46 (9%)
total	907	422	485

Results

- Of the 1,187 HCV/HIV co-infected patients who receive ongoing care in one of the Dutch HIV treatment centres, a total of 907(76%) remain in need of effective HCV therapy (treatment naïve, n=485; not successfully treated, n=422.
- 17% of these 907 patients had a Fib4-score>3.25 (***Table 1***).
- 57% (n=517) of the HIV/HCV co-infected patients currently in care are MSM, of whom 41 men have severe liver fibrosis/cirrhosis according to the Fib4-score (***Figure 3***).



	MSM	IDU	Heterosexual	Other/unknown
Fib4:>3.25	41	49	14	7
Fib4:1.45-3.25	141	58	29	33
Fib4:<1.45	270	69	38	24
Fib4: missing	65	46	10	13

Figure 3: Distribution of HIV risk groups and Fib4-scores among the 907 HIV/HCV co-infected patients currently in care.

Conclusions

- Three quarter of all HCV/HIV-co-infected patients currently engaged in HIV care in the Netherlands remain in need of an effective curative treatment for HCV.
- Approximately equal proportions are HCV treatment-naïve or -experienced.
- 17% of this group has a Fib4 score corresponding with severe liver fibrosis/cirrhosis.
- These data provide important information for estimating the need for highly effective all oral combination regimens of direct acting antivirals, access to which may not only prevent long-term hepatic complications, including hepatocellular carcinoma, but may also impact on the further spread of HCV.