Background and aims

- We showed that, in HIV/HCV-coinfected patients, a sustained virologic response (SVR) after therapy with interferon plus ribavirin (IF-RB) reduces liver-related complications and mortality as well as HIV progression and mortality not related to liver disease.

- Here, we studied the effect of SVR on non-liver-related (NLR) non-AIDS-related (NAR) events and mortality in HIV/HCV-coinfected patients after therapy with IF-RB.

Treatment response

- Initial treatment response was categorized as:
  - SVR in 522 (28%) patients.
  - No SVR in 1033 (64%) patients.
  - < 6 had a HCV infection during follow-up.

- A total of 198 patients were retreated during follow-up.
- 25 (2.5%) patients achieved SVR.
- 486 (26.8%) patients achieved NLR-NAR event.
- 973 non-responders (641 = 15% 5).

Frequency and rate of events

- 162 Patients
  - 1533 No SVR
    - 192 retreated
    - 586 SVR
    - 841 No-SVR

- Design and definitions

- Non–AIDS-related events during follow-up

- Patient characteristics

- Non–AIDS-related events during follow-up

- Hazard ratio of events during FU

- Responders vs Non-responders

- Cumulative incidence of renal events and diabetes mellitus

**Background and aims**

**Treatment response**

**Frequency and rate of events**

**Design and definitions**

**Patient characteristics**

**Non–AIDS-related events during follow-up**

**Hazard ratio of events during FU**

**Responders vs Non-responders**

**Cumulative incidence of renal events and diabetes mellitus**

**Conclusions**

1. Eradication of HCV in coinfected patients was independently associated with a reduction in the hazard of overall death and LR death but not of NLR death.
2. Eradication of HCV in coinfected patients was also independently associated with a reduction in the hazard of renal events and diabetes mellitus.
3. Eradication of HCV was not independently associated with a reduction in the hazard of cancer, bone events, and sepsis requiring hospitalization.
4. A non-significant trend was found towards an increased hazard of cardiovascular events in responders in comparison with non-responders.
5. All findings were confirmed by the 3 sensitivity analyses.

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