Barriers to Initiating Directly Acting Antiviral (DAA) Therapy in Hepatitis C Virus (HCV) and HIV Co-infected Patients

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Background

- HCV continues to be a leading cause of liver disease and hepatocellular carcinoma (HCC), both of which are accelerated in HCV- HIV co-infected patients (Smith *et al*., 2010).
- The advent of DAA has significantly reduced the rate of HCC, but a large proportion of patients continue to be deprived of this beneficial therapy (Grebely *et al*,. 2013).
- Our aim was to determine the barriers to initiation of DAA in co-infected patients

Methods

- This retrospective analysis included all patients co-infected with both HCV and HIV, followed at a county safety net hospital (Grady Memorial Hospital) between January 2012 and December 2017 but did not receive DAA therapy.
- Evaluated characteristic includes age, sex, race, HCV genotype, cirrhosis, hepatitis B status, HIV control, presence of other cancers, and social issues including drug abuse and health insurance
- Differences between variables across selected groups were assessed using Student's tests. In all analyses, statistical significance were established at P values of <0.05

Results

	TREATED	UNTREATED	p-value
n	387	432	-
Age	57	56	-
Sex			
Male, n (%)	306 (79%)	337 (78%)	-
Female, n (%)	81 (21%)	95 (22%)	-
Race			
African America, n (%)	704 (86%)	397 (92%)	-
Others, n (%)	115 (14%)	35 (8%)	-
Cirrhosis, n (%)	37 (9.6%)	42 (10%)	p=0. 93
HbsAg positive, n (%)	20 (5.2%)	11 (2.3%)	p<0. 05
HIV, n (%)	14 (3.6%)	147 (38%)	p<0. 00001
HCC, n (%)	1 (0.3%)	10 (2.3%)	p<0. 01

Table 1: Baseline characteristics of the Co-infection Cohort Participants

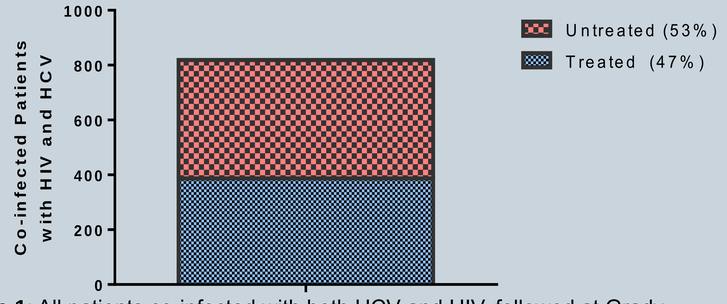


Figure 1: All patients co-infected with both HCV and HIV, followed at Grady Memorial Hospital between January 2012 and December 2017, those who received DAA therapy (treated) and those who did not receive therapy (untreated).



Figure 2: Factors potentially associated for withholding DAA therapy of untreated patients

Conclusion

- About 53% patients did not receive DAA even though health insurance was not relevant at our center. Poor HIV control and active drug use remain the predominant reasons for not receiving DAA therapy in HCV-HIV co-infected patients.
- As newer DAA therapies become available, we hope to continue to expand our access to care by re-evaluating treatment for patients with ESRD and concomitant alcohol use.
- Control of HIV and it's consequent sequelae like secondary cancers and nephropathy remains the biggest challenge in treating HCV-HIV co-infected patients.

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Author Disclosures

None