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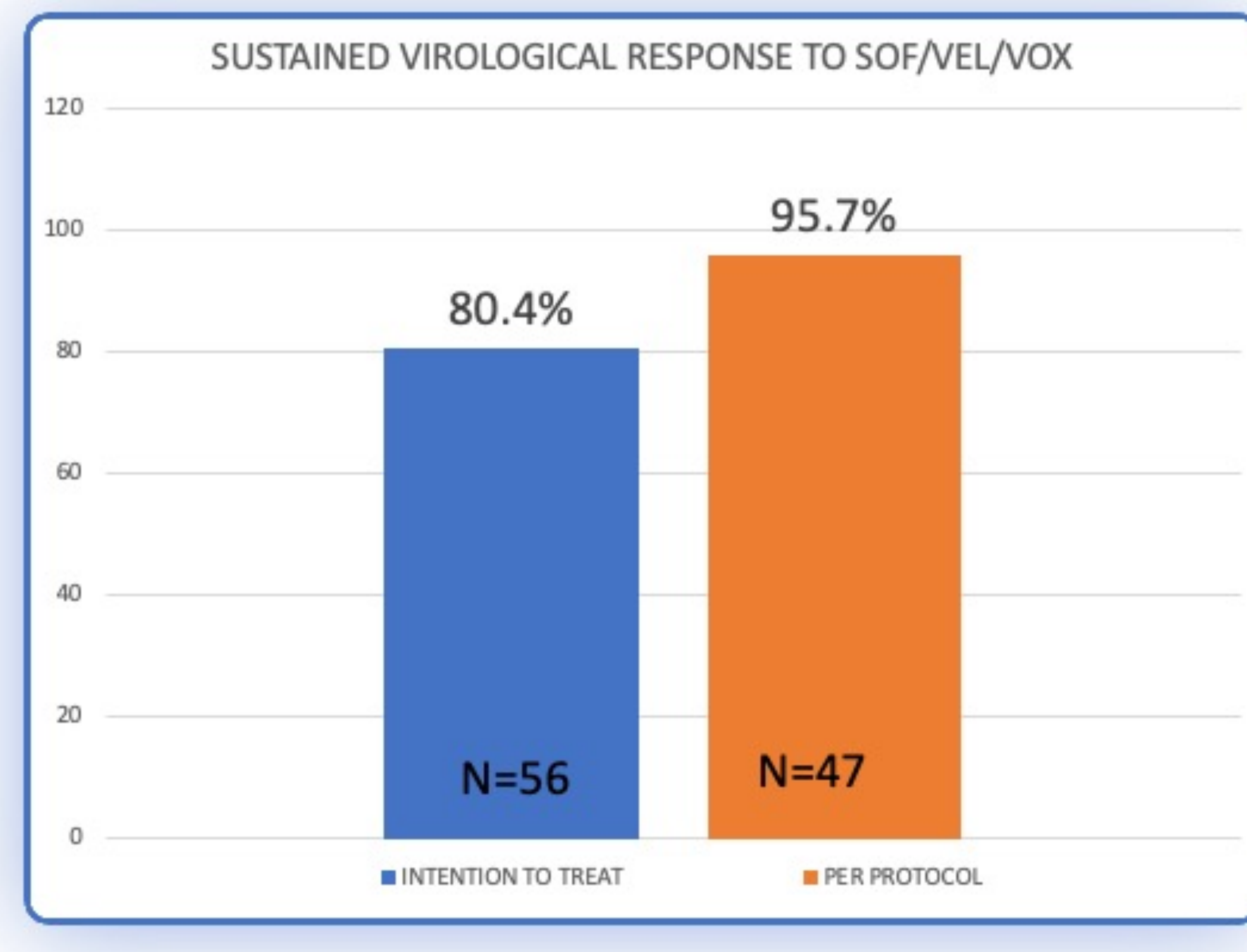
BACKGROUND

- Sofosbuvir/Velpatasvir/Voxilaprevir is recommended as first-line retreatment option for patients with chronic hepatitis C (HCC) who had previously failed to other direct-active antiviral agents (DAA)¹.
- It has demonstrated high effectiveness in both clinical trials and real-life studies^{2,3}.
- However, data among people living with HIV (PVIH) HCV coinfecting are scarce.

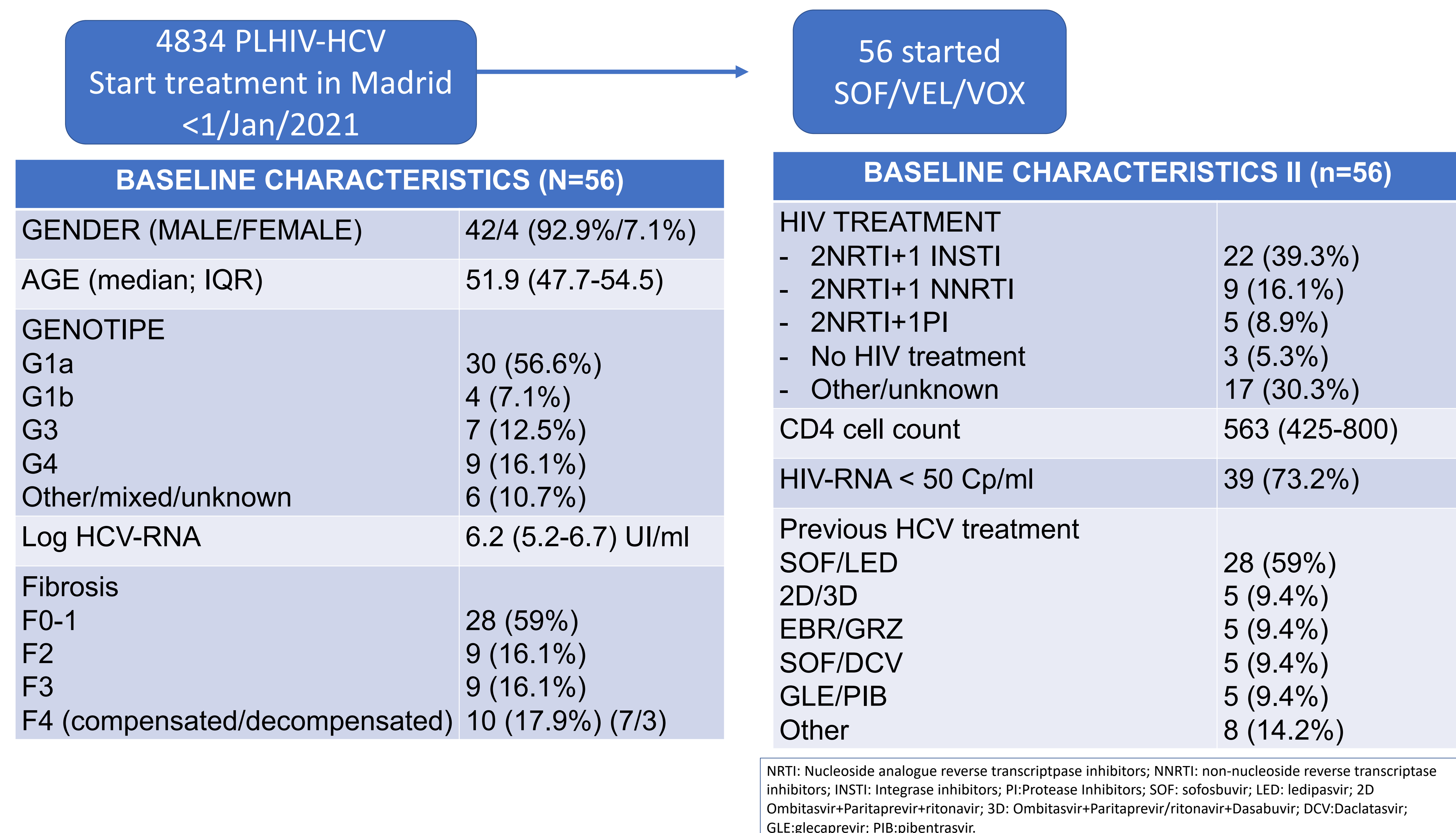
METHODS

- RUA-HCV is a prospective and mandatory registry of adults (≥18 years) undergoing therapy with DAAs for HCV infection in the region of Madrid since Nov 2014. These data are exported to Madrid Coinfection Registry (Madrid-Core) created to determine the effectiveness and safety of all-oral DAAs in PHIV-HCV coinfecting⁴.
- In this analysis, patients included in Madrid-Core, ≥18 years, re-treated with SOF/VEL/VOX and who were scheduled to finish treatment before Jan 1, 2021, were selected.
- Scheduled treatment was SOF/VEL/VOX 1 qd 12 weeks.
- Sustained virologic response (SVR) was assessed at 12 weeks after the end of planned treatment.
- Results are given by intention-to-treat (ITT) (all patients are included) and per-protocol analysis (PP) in which patients with no response data or discontinuations were excluded for the analysis.

RESULTS

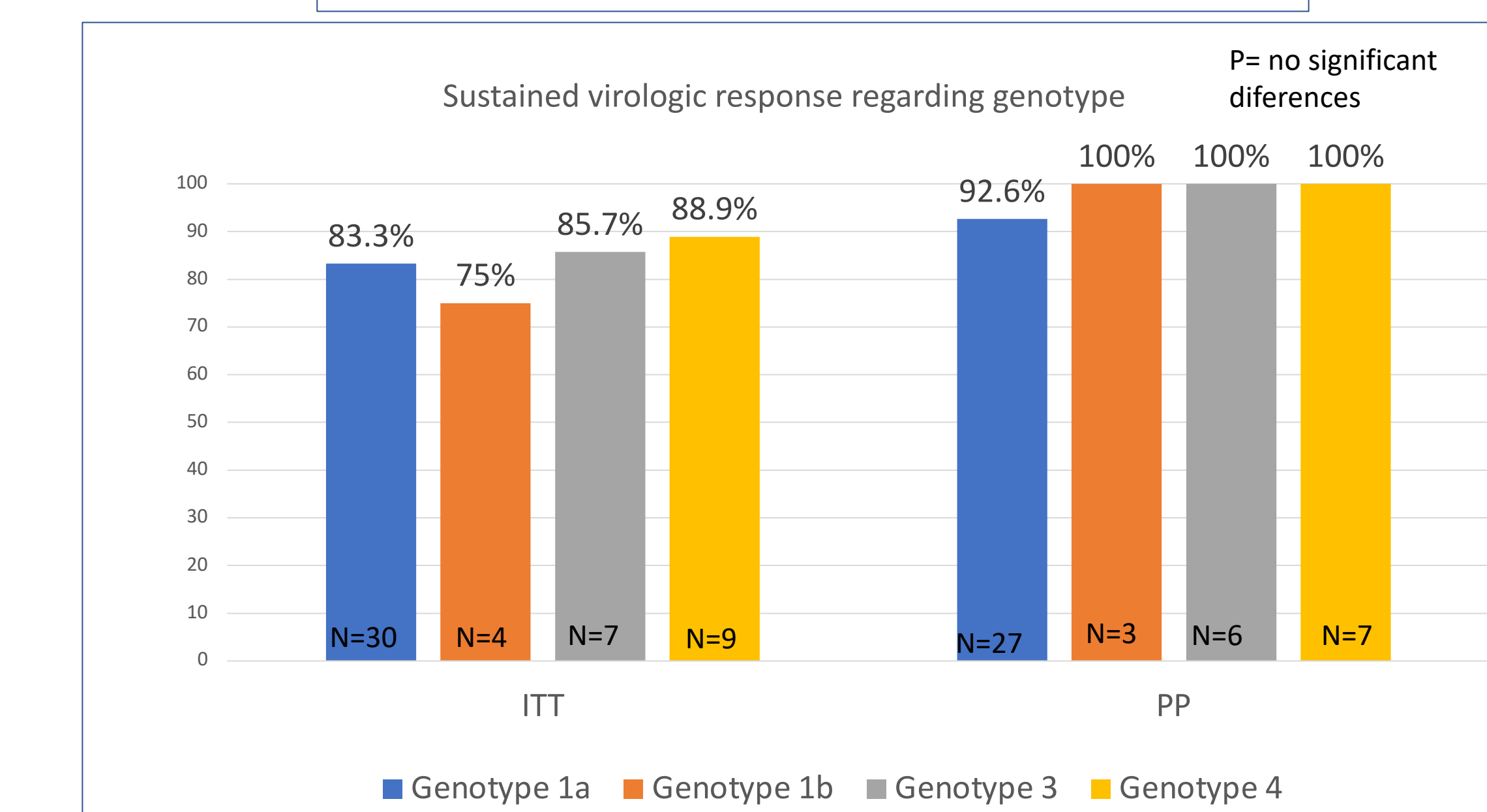
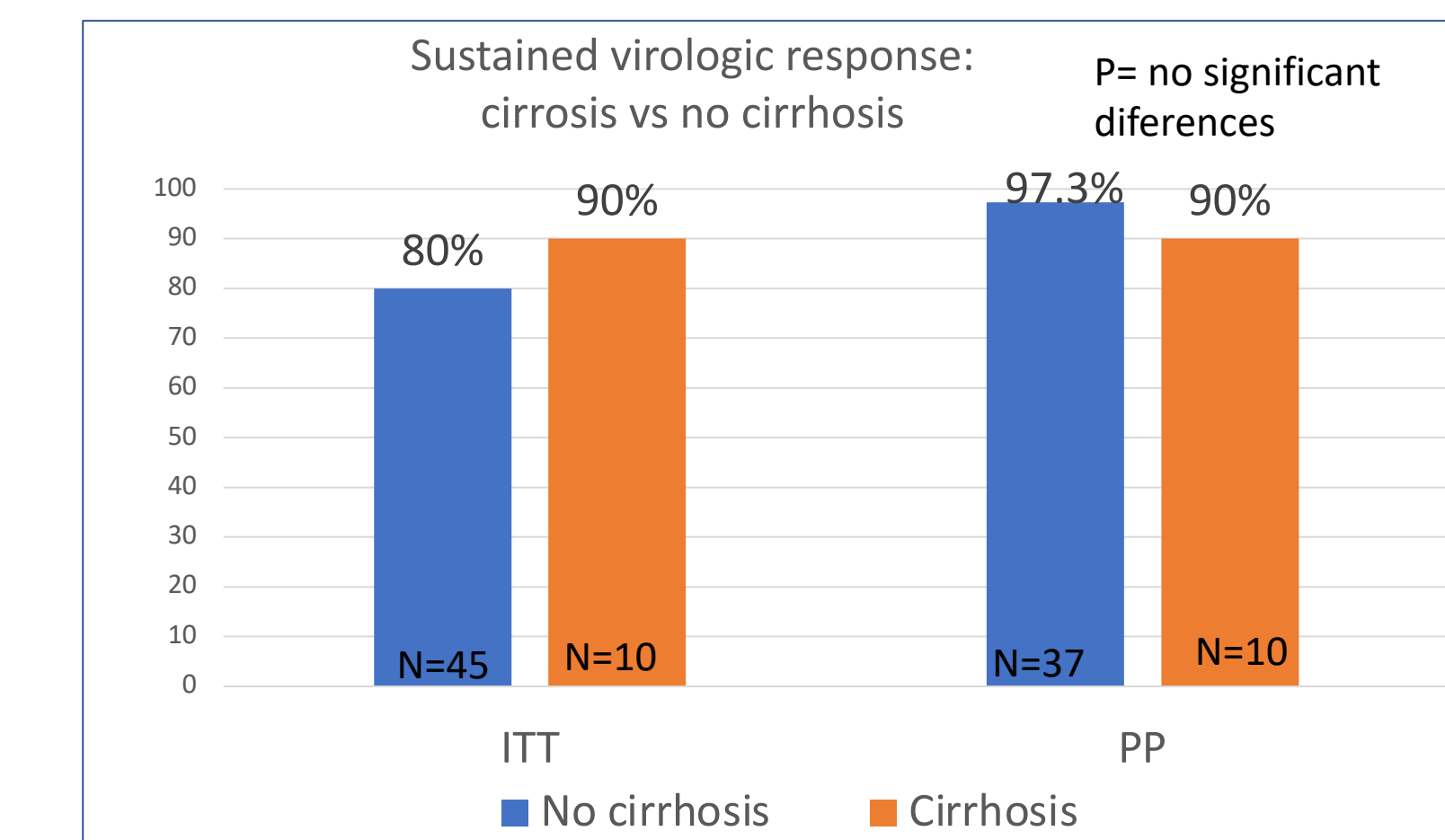


FLOW-CHART



OUTCOME 12 WEEKS AFTER END OF TREATMENT

Sustained Virologic Response	45
Relapse	2
Discontinuation	2
Lost to follow-up	7



CONCLUSIONS

- SOF/VEL/VOX is highly effective for HCV treatment in PLHIV previously failing to DAA regimens.
- Effectiveness was confirmed across all genotypes and in the presence of cirrhosis.

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NRTI: Nucleoside analogue reverse transcriptase inhibitors; NNRTI: non-nucleoside reverse transcriptase inhibitors; INSTI: Integrase inhibitors; PI: Protease Inhibitors; SOF: sofosbuvir; LED: ledipasvir; 2D: Ombitasvir+Paritaprevir+ritonavir; 3D: Ombitasvir+Paritaprevir/ritonavir+Dasabuvir; DCV: Daclatasvir; GLE: glecaprevir; PIB: pibrentasvir.