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DIRECT-ACTING ANTIVIRALS IN HIV/HCV-COINFECTED PATIENTS FROM AN AMBULATORY CARE CENTER IN BUENOS AIRES CITY, ARGENTINA: REAL-LIFE EFFICACY AND SAFETY.

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BACKGROUND

- Several reports from randomized clinical trials and real life settings have shown that direct-acting antiviral (DAA) therapy for chronic HCV infection in HIV/HCV-coinfected patient yield high response rates in both scenarios.

- We evaluated the efficacy and safety of these regimens in a private and ambulatory clinical facility based on Buenos Aires city.

MATERIALS AND METHODS

- Rertrospective and descriptive study assessing all HIV/HCV-coinfected patients underwent HCV treatment with a DAA regimen in routine clinical practice from an infectious diseases ambulatory care center in Buenos Aires, Argentina, between January 2016 and September 2018.

- Demographic features, liver fibrosis status, DAA use, adverse events, and sustained virological response 12 weeks after the end of therapy (SVR_{12}) were included in an ad hoc data base to be analyzed. Basic statistics were used to calculate frequencies.

RESULTS

- One-hundred and three HIV/HCV-coinfected patients were enrolled in the study.

- Demographic characteristics are shown in Table 1. In terms of DAA use, more than 90% of coinfected patients have received daclatasvir + sofosbuvir or ledipasvir/sofosbuvir (see Figure 1).

- Eighty eigth out of 103 patients (85.4%) ended their DAA therapy and 83 of them (94.3%) reached the time to perform the HCV viral load 12 weeks after the end of therapy.

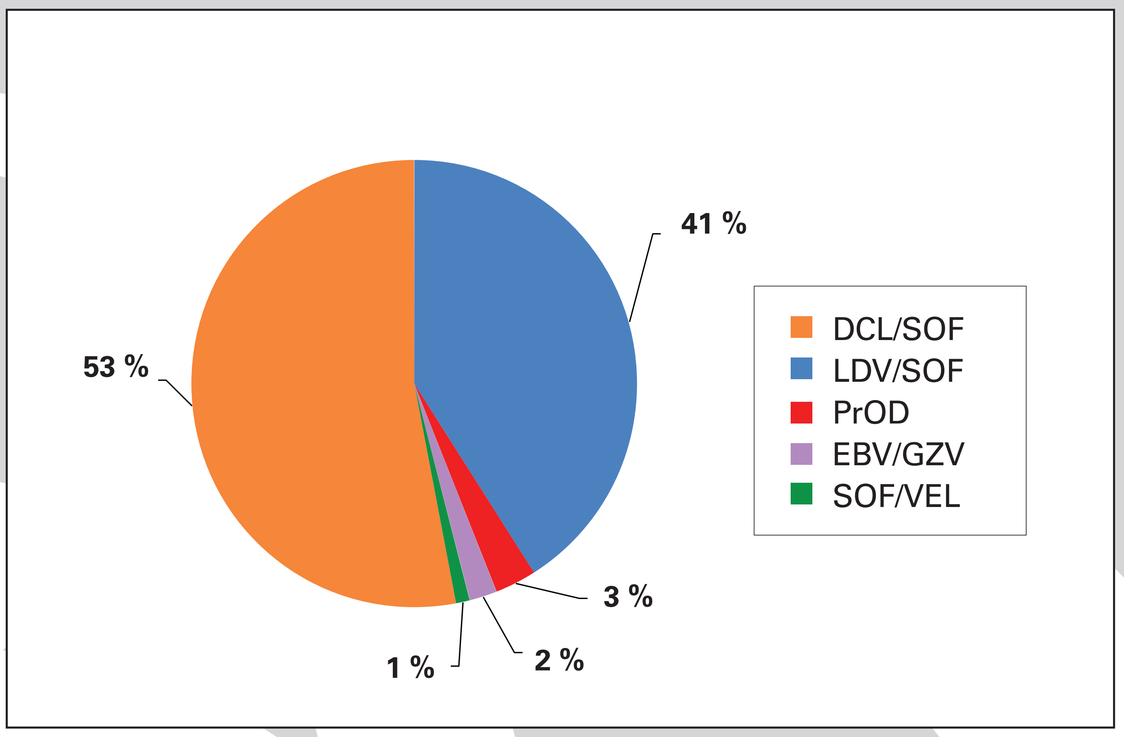
- The SVR_{12} rate (see Figure 2) was 98.8% (95%CI:93.5-99.8). Four patient reported grade 1/2 adverse events (3.9%) that were mild and transient. Only one patient (0.9%) had a serious adverse event related to ledipasvir/sofosbuvir therapy that led to its discontinuation.

Table 1. **Demographic characteristics.**

Male	70%
Age, years, median (range)	48 (35-74)
On ARV therapy	100%
HIV-1 viral load undetectable	81.5%
HIV-1 viral load <200 copies/ml	99%
CD4 count, median (range)	672 (48-1276)
HCV genotype 1	89%
Cirrhosis	43.9%
Peg-IFN/RBV experienced	38.8%
DAA experienced	1.9%

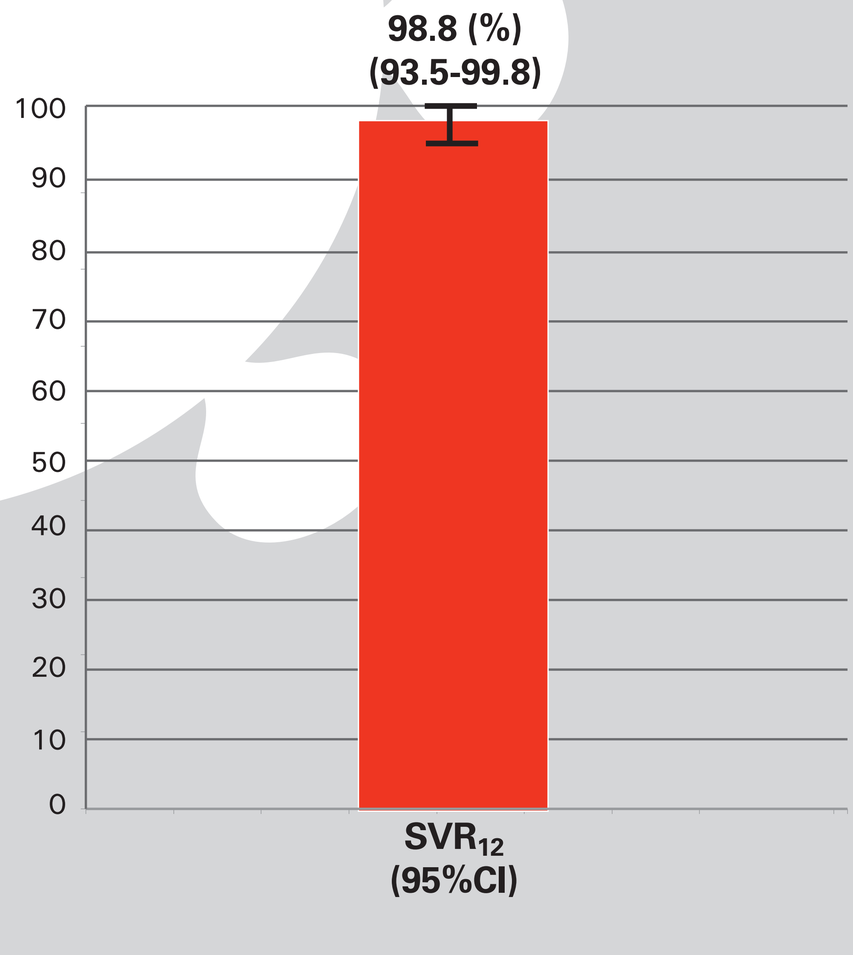
ARV: antiretroviral. Peg-IFN/RBV: pegylated interferon plus ribavirin

Figure 1. Proportions of DAA used.



DCL/SOF: daclatasvir plus sofosbuvir; LDV/SOF: ledipasvir/sofosbuvir; PrOD: paritaprevir/ritonavir plus ombitasvir and dasabuvir; EBV/GZV: elbasvir/grazoprevir; SOF/VEL: sofosbuvir/velpatasvir.

Figure 2. **Sustained Virological Response 12 weeks after the end of DAA therapy.**



CONCLUSIONS

- Treatment of HIV/HCV-coinfected patients for chronic HCV infection with different DAA combinations in a real-life setting led to high rates of SVR_{12}, similar to those previously described in literature, and the occurrence of adverse events was low.

- Our results should be encouraging to expand the DAA treatments in HIV/HCV-coinfected patients in order to control HCV infection in this population.