

CURRENT CHRONIC HEPATITIS C TREATMENT IN HIV CO-INFECTION IN PORTUGAL:



A COHORT OF 2133 PATIENTS PRESENTED BY GEPCOI

(PORTUGUESE COINFECTION STUDY GROUP)

Ana Cláudia Miranda ¹; Josefina Mendez ²; Rosário Serrão ³; Francisco Vale ⁴; Maria José Manata ⁵; Sara Pinto ⁶; André Gomes ⁷; Margarida Prata ⁸; Patrícia Pacheco ⁹; Rosário Pazos ¹⁰; Rui Pereira ¹¹; Ana Martins ¹²; Isabel Germano ¹³; Sónia Rocha ¹⁴; Ana Paula Reis ¹⁵; Rui Sarmiento-Castro ².



BACKGROUND

Direct acting antiviral drugs (DAA) changed the paradigm of hepatitis C therapy, significantly improving treatment response rates, patient life expectancy and quality of life. In Portugal, DAA therapy has been sequentially reimbursed since 2015 and generalized use of interferon free regimens became current practice. HCV/HIV co-infection is a priority to engage in HCV treatment due to faster disease progression. Real-world data regarding the efficacy and safety of DAA treatment in HIV/HCV co-infected patients remains scarce.

PATIENTS AND METHODS

Multicentre, retrospective, observational study of a real-life clinical cohort of HCV/HIV chronically infected patients treated, since early 2015, with DAA based regimens and with documented HCV post-treatment evaluation (at 12/24 weeks). Demographic, epidemiological, clinical, virological and treatment response data was analysed. Hepatic fibrosis was assessed by non-invasive methods. Statistical analysis was performed by Microsoft Excel and SPSS 24.0.

RESULTS

A total of **2133 patients** were included, representing **15 hospital centres** across the country (Fig. 1).

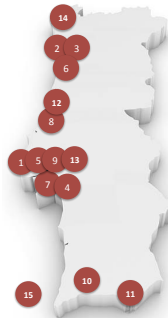


FIG. 1: PATIENT DISTRIBUTION BY HOSPITAL CENTRE

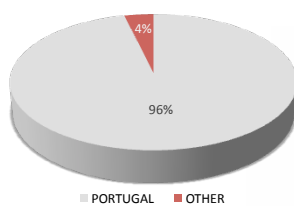
- ¹ Centro Hospitalar de LISBOA Ocidental (n=332)
- ² Centro Hospitalar do PORTO (n=406)
- ³ Centro Hospitalar de São João - PORTO (n=337)
- ⁴ Centro Hospitalar de SETÚBAL (n=211)
- ⁵ Hospital de Curry Cabral - Centro Hospitalar de LISBOA Central (n=185)
- ⁶ Centro Hospitalar de GAIA/ESPINHO (n=127)
- ⁷ Hospital Garcia de Orta - ALMADA (n=105)
- ⁸ Centro Hospitalar e Universitário de COIMBRA (n=97)
- ⁹ Hospital Fernando da Fonseca - AMADORA (n=93)
- ¹⁰ Centro Hospitalar Universitário do Algarve - Hospital de PORTIMÃO (n=89)
- ¹¹ Centro Hospitalar Universitário do Algarve - Hospital de FARO (n=47)
- ¹² Centro Hospitalar do Baixo Vouga - AVEIRO (n=39)
- ¹³ Hospital de São José - Centro Hospitalar de LISBOA Central (n=35)
- ¹⁴ Unidade Local Saúde ALTO MINHO (n=20)
- ¹⁵ Hospital dos Marmeleiros - FUNCHAL (n=10)

n=1769 ♂ (83%)

n= 356 ♀ (17%)

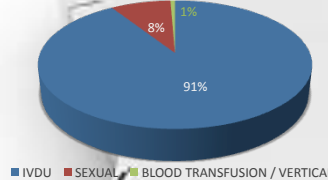
MEAN AGE = 46 years

COUNTRY OF BIRTH (N=1769)

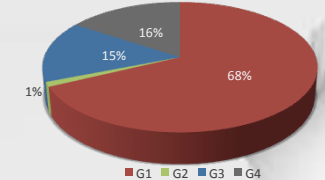


OTHER:
 GUINÉ BISSAU (n=5)
 ANGOLA (n=25)
 MOZAMBIQUE (n=6)
 CAPE VERDE (n=12)
 S. TOMÉ (n=1)
 BRAZIL (n=3)
 VENEZUELA (n=1)
 UNITED KINGDOM (n=1)
 SPAIN (n=1)
 SWITZERLAND (n=1)
 GERMANY (n=1)
 UKRAINE (n=3)
 MOLDAVIA (n=1)
 GEORGIA (n=1)
 TIMOR (n=1)

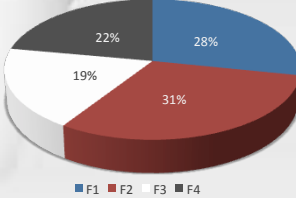
HCV TRANSMISSION ROUTE (n=2024)



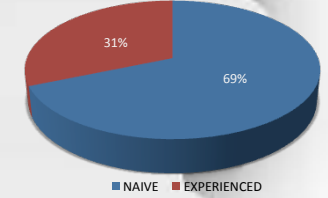
HCV GENOTYPE (n=2130)



FIBROSIS METAVIR STAGE (n=1972)

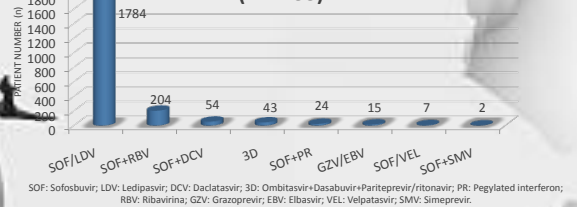


PREVIOUS HCV TREATMENT (n=2124)

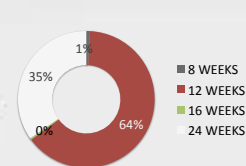


BASELINE HIV DATA:
 UNDETECTABLE PLASMA HIV RNA = 95,5%
 MEAN TCD⁴ COUNT = 619 cel/mm³

HCV TREATMENT REGIMEN (n=2133)



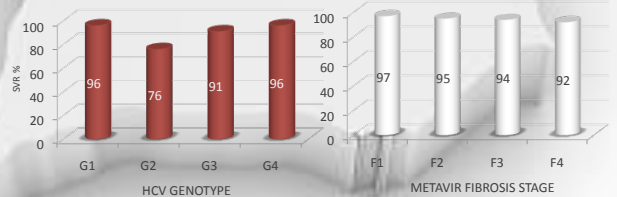
HCV TREATMENT DURATION (n=2133)



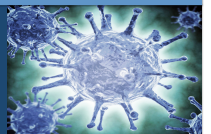
GLOBAL SVR 95%

LINEAR REGRESSION ANALYSIS SHOWED SIGNIFICANT DIFFERENCES IN THE TREATMENT RESPONSE WITH SOF/RBV (p<0,002) IN G2 / G3 (p<0,002) OR CIRRHOSIS (p<0,02).

SVR BY GENOTYPE AND FIBROSIS (n=2133)



CONCLUSION: This real life Portuguese experience shows a high SVR and retention in care in a large HCV/HIV co-infected cohort. This study corroborates early treatment in HIV-HCV as response rates seems to decrease by Fibrosis stage. The current health policy will promote a wider and individualized treatment, aiming at the near elimination of HCV in this high risk population.



https://media.istockphoto.com/photos/white-3d-outline-of-portugal-isolated-on-white-picture-id497627808?k=6&m=497627808&w=612&h=612&w=0&h=0&u=QmH6E7ap42ktc-MF-mzbnpkSEV-it_002s
<http://visao.sapo.pt/actualidade/sociedade/2017-09-22-Eradicar-a-hepatite-C-ate-2030-Sim-e-possivel>

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 CONTACT: anacbcm@gmail.com