

# Real-world Outcomes With New HCV Antivirals in HIV/HCV-coinfected Subjects: Madrid Coinfection Registry (Madrid-CoRE) Findings

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# Disclosure

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## **Juan González-García**

- Consulting fees and honoraria
  - AbbVie, BMS, Gilead, Janssen, MSD
- Grant support
  - Gilead, MSD

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Juan González-García and Juan Berenguer are the senior authors of this presentation

# Background and Aim

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- Current guidelines emphasize that HIV/HCV-coinfected persons should be treated and retreated the same as non-HIV-infected persons, after identification and management of interactions between direct-acting antivirals (DAAs) used to treat HCV infection and antiretroviral medications
- Currently licensed DAA regimens have been assessed in HIV/HCV-coinfected persons in clinical trials; however, more data are needed, especially subgroup analyses, to fully appreciate their effectiveness and safety under real-life conditions
- Our aims were to assess treatment outcomes in a large prospective registry of HIV/HCV-coinfected persons receiving DAA-based HCV therapy and to analyze factors associated with response to treatment

# Madrid-CoRe

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## **Madrid-CoRe (Madrid Coinfection Registry)**

- Prospective registry of HIV/HCV-coinfected adults ( $\geq 18$  years) undergoing therapy with DAAs for HCV infection in the region of Madrid
- Compulsory for all hospitals from the Madrid Regional Health Service (SERMAS)

## **Patients registered in MADRID-CoRe**

- 2,402 patients registered between Nov 2014 and May 2016

# Eligibility criteria and study design

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## Key inclusion criteria

- HIV/HCV coinfection
- Treatment with DAAs for HCV
- Scheduled to finish treatment on May 31, 2016

## Primary endpoint

- Week 12 sustained viral response (SVR<sub>12</sub>) by intention-to-treat analysis (ITT)

## Secondary endpoints

- Viral relapse
- Viral breakthrough
- Discontinuation of treatment due to adverse events (AEs)
- Discontinuation of treatment for reasons other than AEs

# Flow chart

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2,402 HIV/HCV-coinfected patients  
initiated DAA-based Rx in Madrid-Core  
from Nov 2014 to May 2016

253 patients were on treatment on May 31, 2016

2,149 patients scheduled  
to finish treatment  
on May 31, 2016

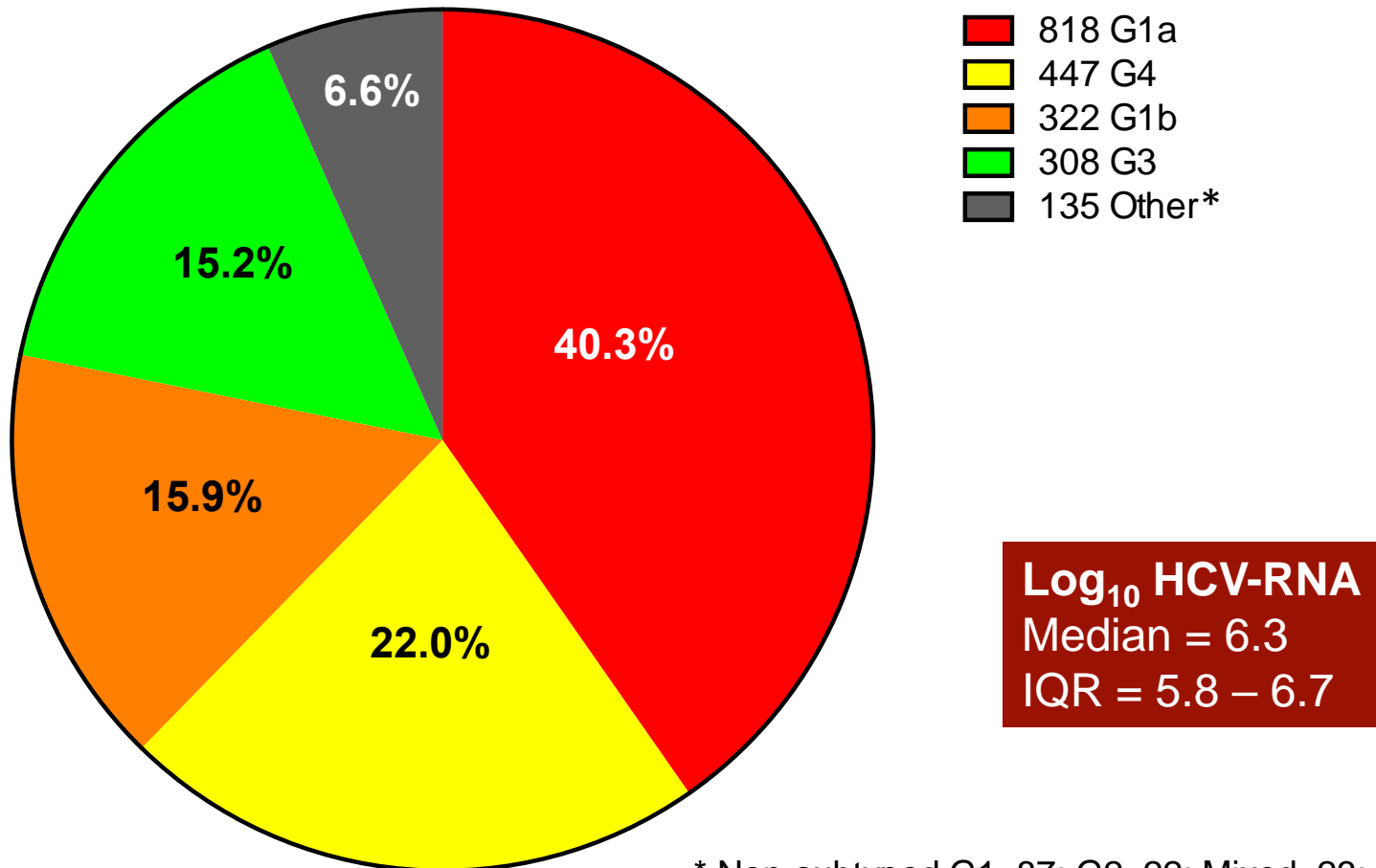
77 patients without information about completion of Rx  
42 patients completed Rx, but data on SVR pending

2,030 patients included  
in this analysis

# Patient characteristics

Variable	N = 2030
Age years – median (IQR)	50 (47 – 54)
Male – n (%)	1591 (78.4)
CD4+ T cells/ $\mu$ L – median (IQR)	570 (356 – 785)
cART – n (%)	1930 (95.1)
Liver disease severity	
No cirrhosis – n (%)	1125 (55.4)
Compensated cirrhosis – n (%)	754 (37.1)
Decompensated cirrhosis – n (%)	146 (7.2)
Unknown – n (%)	5 (0.3)
History of hepatocellular carcinoma – n (%)	15 (0.7)
Liver transplantation – n (%)	17 (0.8)
Liver transplantation waiting list – n (%)	7 (0.3)
Severe extrahepatic manifestations – n (%)	143 (7.0)
Anti-HCV – naïve – n (%)	1256 (61.9)
Liver stiffness kPa – median (IQR)	11.4 (8.1 – 20.2)

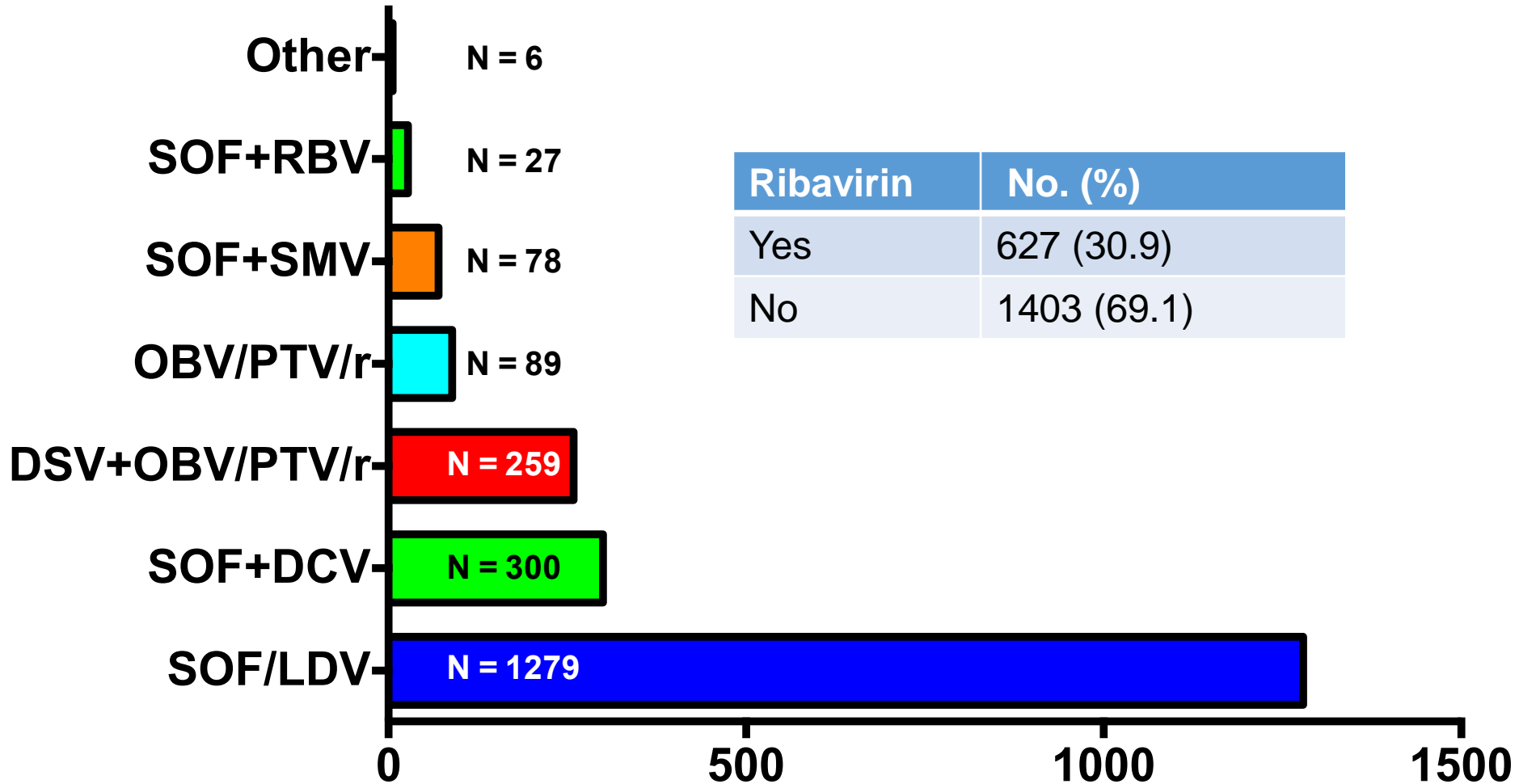
# Genotypes and HCV-RNA



\* Non-subtyped G1, 87; G2, 22; Mixed, 23; Undetermined, 3



# DAA-based regimens



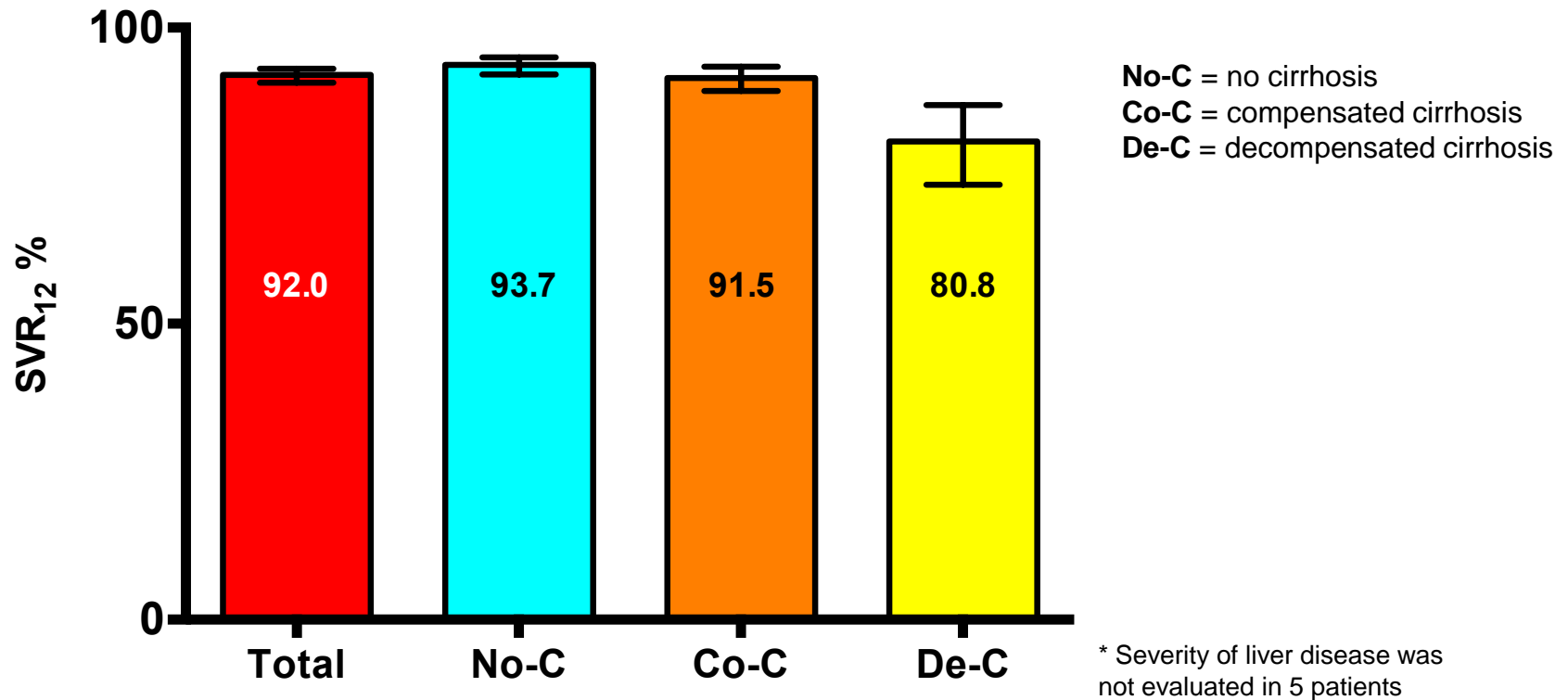
# DAA regimens by HCV genotype

Regimen	G1a	G1b	G3	G4	Other <sup>1</sup>
<b>SOF/LDV</b>	<b>604</b>	<b>185</b>	<b>82</b>	<b>325</b>	83
<b>SOF+DCV</b>	38	12	<b>219</b>	18	13
<b>DSV+OBV/PTV/r</b>	<b>141</b>	<b>105</b>	0	0	13
<b>OBV/PTV/r</b>	1	0	0	<b>88</b>	0
<b>SOF+SMV</b>	29	18	0	15	8
<b>Other <sup>2</sup></b>	5	2	7	1	18

<sup>1</sup> Non-subtyped G1, 87; G2, 22; Mixed, 23; Undetermined, 3

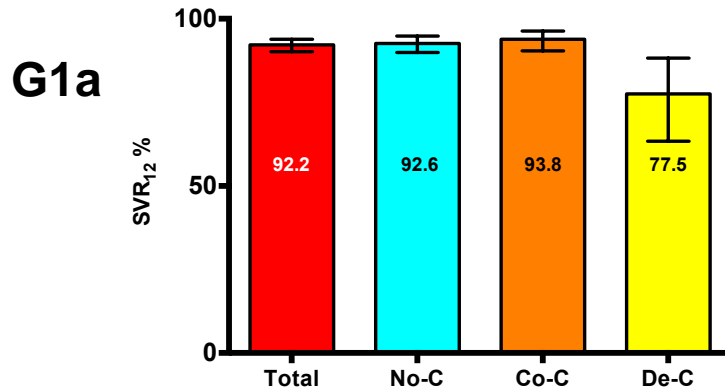
<sup>2</sup> SOF+RBV, 27; SMV+DCV, 4; SOF+SMV+DCV, 2

# Treatment outcomes by severity of liver-disease

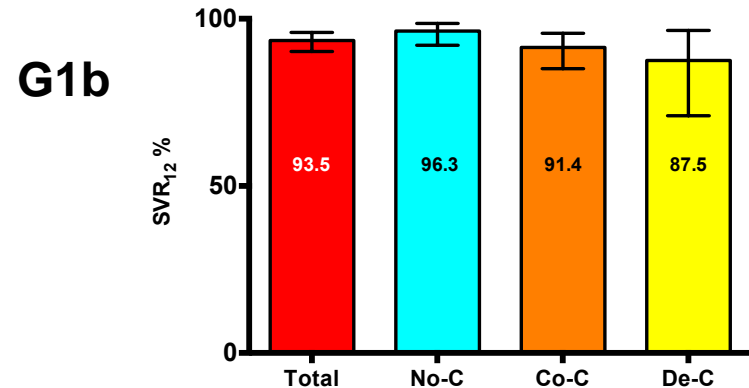


	No. 2030	1125	754	146
SVR ITT	1867 (92.0)	1054 (93.7)	690 (91.5)	118 (80.8)
SVR (95% CI)	(90.7 - 93.1)	(92.1 - 95.0)	(89.3 - 93.4)	(73.5 - 86.9)
Relapse	89 (4.4)	36 (3.2)	36 (4.8)	17 (11.6)
Breakthrough	5 (0.2)	3 (0.3)	1 (0.1)	1 (0.7)
DC due to AE	14 (0.7)	7 (0.6)	5 (0.7)	2 (1.4)
DC other	36 (1.8)	23 (2.0)	10 (1.3)	3 (2.0)
Death	19 (0.9)	2 (0.2)	12 (1.6)	5 (3.4)

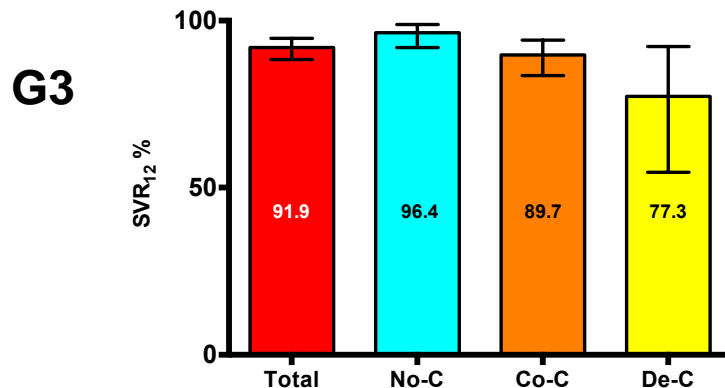
# Treatment outcomes by HCV genotype



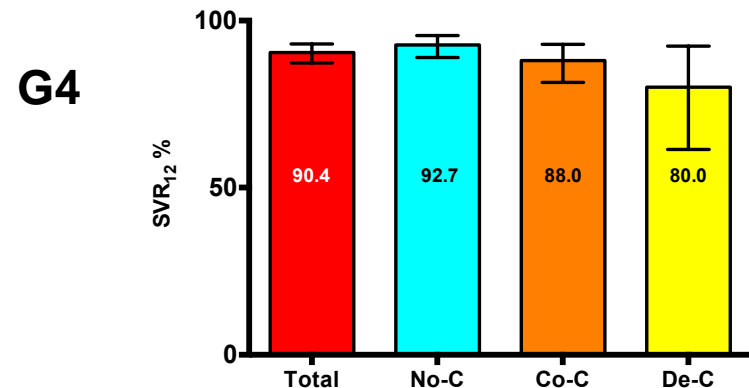
	Total	No-C	Co-C	De-C
No.	818	474	292	49
SVR ITT	754 (92.2)	439 (92.6)	274 (93.8)	38 (77.5)
SVR (95% CI)	(90.1 - 93.9)	(89.9 - 94.8)	(90.4 - 96.3)	(63.4 - 88.2)
Relapse	33 (4.0)	18 (3.8)	9 (3.1)	6 (12.2)
Breakthrough	0	0	0	0
DC due to AE	7 (0.9)	4 (0.8)	1 (0.3)	2 (4.1)
DC other	17 (2.1)	11 (2.3)	4 (1.4)	2 (4.1)
Death	7 (0.9)	2 (0.4)	4 (1.4)	1 (2.0)



	Total	No-C	Co-C	De-C
No.	322	162	128	32
SVR ITT	301 (93.5)	156 (96.3)	117 (91.4)	28 (87.5)
SVR (95% CI)	(90.2 - 95.9)	(92.1 - 98.6)	(85.1 - 95.6)	(71.0 - 96.5)
Relapse	12 (3.7)	3 (1.8)	5 (3.9)	4 (12.2)
Breakthrough	1 (0.3)	1 (0.6)	0	0
DC due to AE	2 (0.6)	0	2 (1.6)	0
DC other	3 (0.9)	2 (1.2)	1 (0.8)	0
Death	3 (0.9)	0	3 (2.3)	0



	Total	No-C	Co-C	De-C
No.	308	141	145	22
SVR ITT	283 (91.9)	136 (96.4)	130 (89.7)	17 (77.3)
SVR (95% CI)	(88.3 - 94.7)	(91.9 - 98.8)	(83.5 - 94.1)	(54.6 - 92.2)
Relapse	12 (3.9)	3 (2.1)	6 (4.1)	3 (13.6)
Breakthrough	1 (0.3)	0	1 (0.7)	0
DC due to AE	1 (0.3)	0	1 (0.7)	0
DC other	6 (1.9)	2 (1.4)	3 (2.1)	1 (4.5)
Death	5 (1.6)	0	4 (2.8)	1 (4.5)



	Total	No-C	Co-C	De-C
No.	447	274	142	30
SVR ITT	404 (90.4)	254 (92.7)	125 (88.0)	24 (80.0)
SVR (95% CI)	(87.3 - 93.0)	(88.9 - 95.5)	(81.5 - 92.9)	(61.4 - 92.3)
Relapse	25 (5.6)	10 (3.6)	13 (9.1)	2 (6.7)
Breakthrough	2 (0.4)	1 (0.4)	0	1 (3.3)
DC due to AE	3 (0.7)	2 (0.7)	1 (0.7)	0
DC other	9 (2.0)	7 (2.5)	2 (1.4)	0
Death	4 (0.9)	0	1 (0.7)	3 (10.0)

# Factors associated with treatment failure by logistic regression analysis

Variable	Univariate analysis			Multivariate analysis		
	OR	95% CI	P	OR	95% CI	P
Female sex	0.66	0.43 – 1.03	0.068	0.67	0.43 - 1.04	0.079
No cirrhosis	Ref.			Ref.		
Comp. cirrhosis	1.37	0.96 – 1.95	0.074	1.26	0.88 – 1.82	0.198
Dec. cirrhosis	3.52	2.18 – 5.67	<0.001	2.29	1.30 – 4.05	0.004
Hep. carcinoma	5.87	1.98 – 17.40	0.001	2.81	0.84 – 9.36	0.091
DSV+OBV/PTV/r	Ref.			Ref.		
SOF/LDV	1.23	0.70 – 2.16	0.469	1.14	0.65 – 2.02	0.634
SOF+DCV	1.54	0.79 – 2.98	0.196	1.31	0.67 – 2.56	0.429
OBV/PTV/r	1.38	0.54 – 3.52	0.490	1.49	0.58 – 3.82	0.396
SOF+SMV	5.21	2.45 – 11.10	<0.001	3.69	1.66 – 8.23	0.001
SOF+RBV	4.64	1.63 – 13.23	0.004	3.54	1.20 – 10.41	0.021
SMV+DCV	16.26	2.14 - 123.62	<0.001	12.06	1.54 – 9.40	0.018

# Conclusions

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- 1) In this large prospective cohort of HIV/HCV-coinfected persons, 45% of whom had liver cirrhosis, the  $SVR_{12}$  of DAA-based therapy for HCV infection was  $>90\%$
- 2)  $<1\%$  of patients discontinued therapy owing to adverse events
- 3) Decompensated cirrhosis, and therapy with SOF+SMV, SOF+RBV, and SMV+DCV were independently associated with treatment failure

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