

Long-term outcomes of people living with HCV/HIV with advanced hepatic fibrosis treated with direct-acting antivirals: a retrospective study

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Background



Human immunodeficiency virus (HIV) infection significantly impacts the clinical progression of hepatitis C virus (HCV) infection. Direct-acting antivirals (DAAs) have revolutionized HCV treatment with outstanding success rates. However, long-term follow-up data, particularly in people living with HIV and advanced hepatic fibrosis (F3/F4), remain limited. This study aims to evaluate liver disease status and overall survival in this population five years post-DAA treatment.

Methods



A retrospective, observational, single-center study was conducted. People living with HCV/HIV were included if presenting with advanced hepatic fibrosis (F3/F4) at the time of DAA treatment and subsequently achieved sustained virological response (SVR). Clinical data were collected at baseline and five years post-treatment, or at the last follow-up for those lost to follow-up (LTF).

Test	Stage of fibrosis	Cut off
Fibroscan	F3*	10 kPa
	F4*	13 kPa
APRI	F4	2
Fib-4	F4	3.25

Results

234 patients

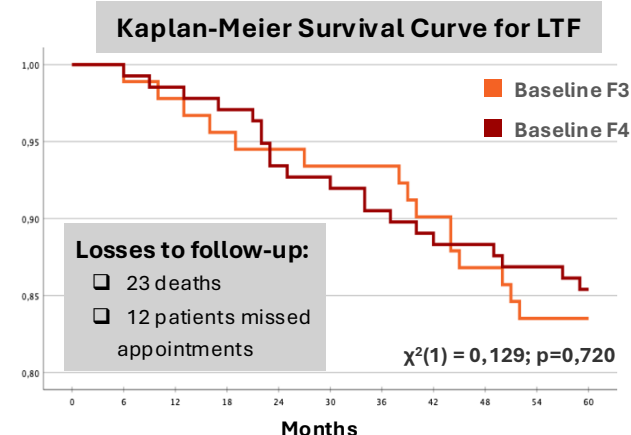
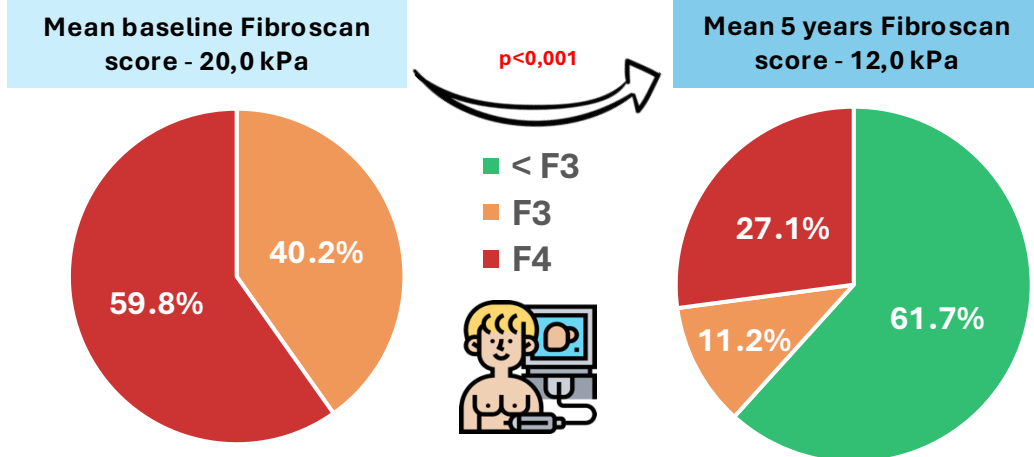
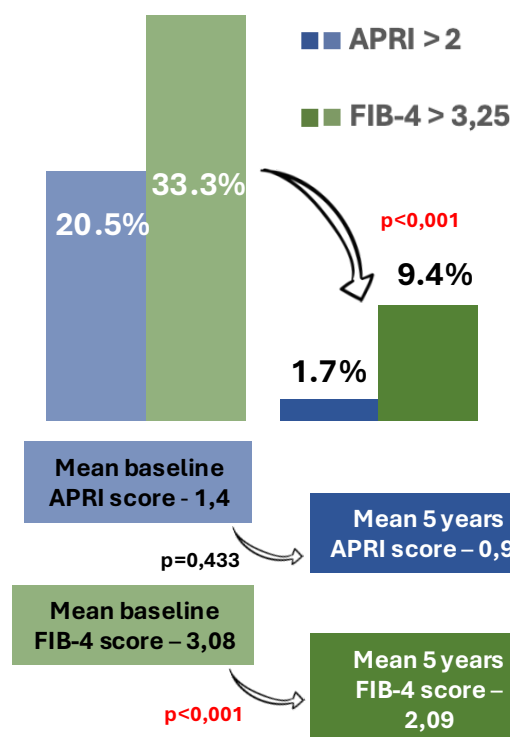
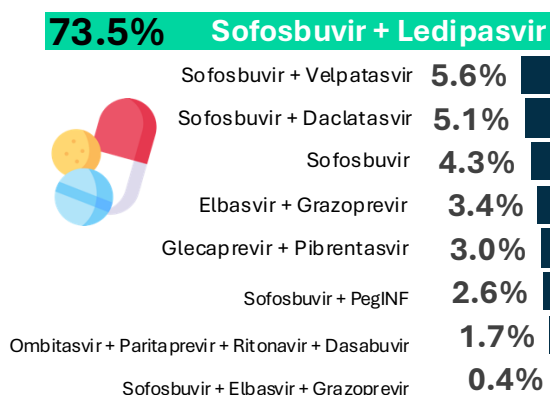
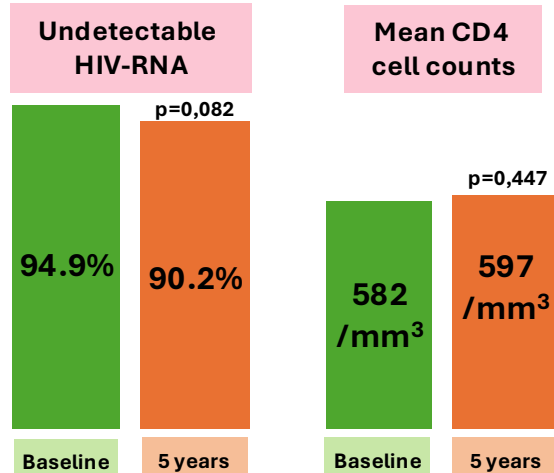


47,3 mean age
at start treatment

88,9%
male cis

96,6%
Portuguese

95,7% people who inject drugs
4,3% sexual transmission



5 years Outcome



Conclusions



This study underscores the long-term effectiveness of DAAs in improving liver disease outcomes and overall survival in people living with HCV/HIV with advanced hepatic fibrosis. The increased percentage of HIV viremia could be explained by the last RNA test being done in an acute setting/before LTF. Interestingly, there was no significant difference in LTF rates between patients with basal fibrosis stages F3 and F4. This suggests that the risk of LTF is similar across these stages, underscoring the need for close follow-up in all patients, regardless of baseline fibrosis.