

HCV-HIV Coinfection: Pathogenesis of Accelerated Liver Disease Progression

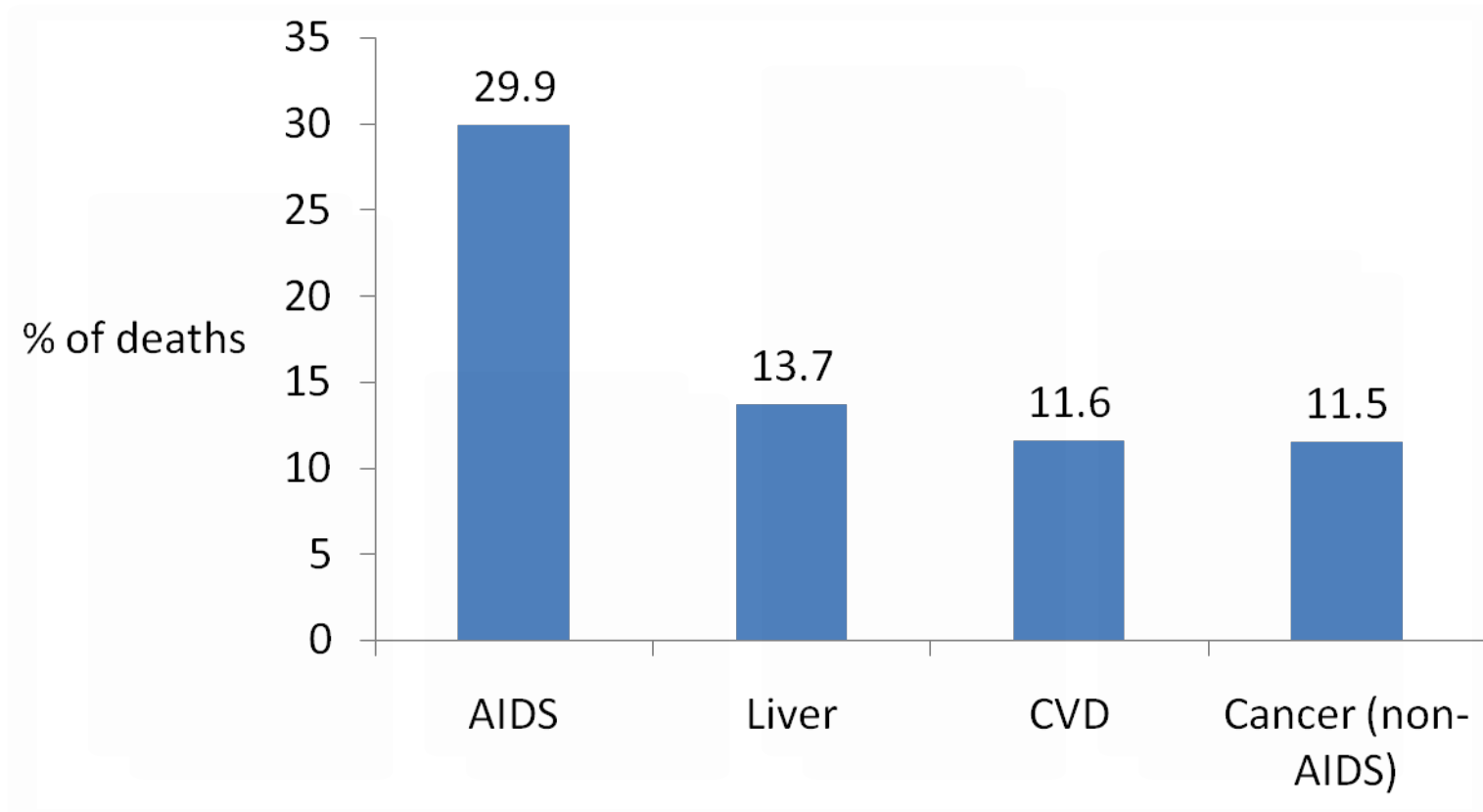
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Disclosures

- Research Funding (to Institution, clinical trials)
 - Gilead
 - Abbvie
 - Merck
 - BMS
 - Mass Biologics

Liver disease is the second leading specific cause of death among HIV(+) persons

D:A:D study
n=33,308, 180,000 p/y

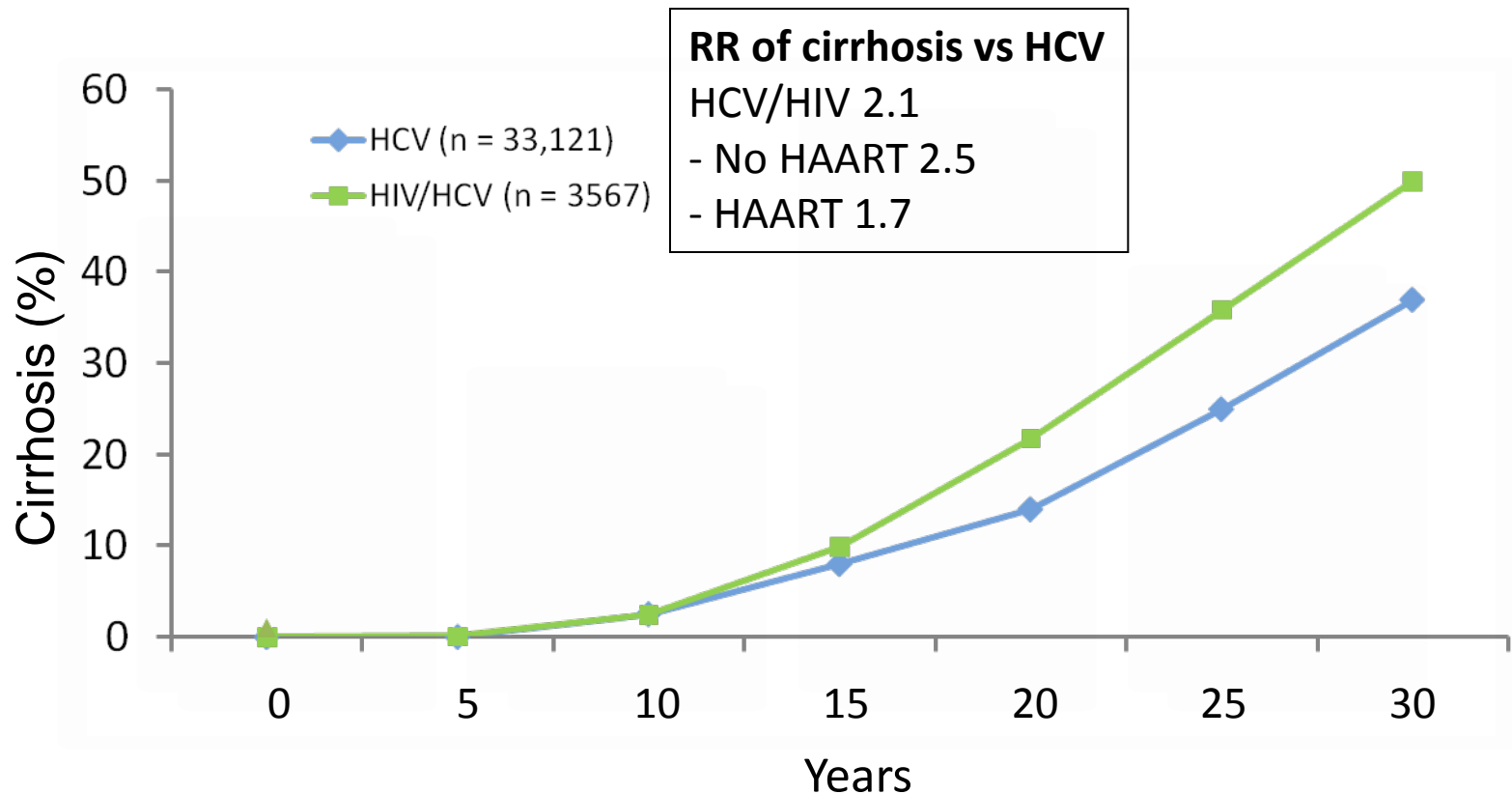


HIV's adverse effects on HCV

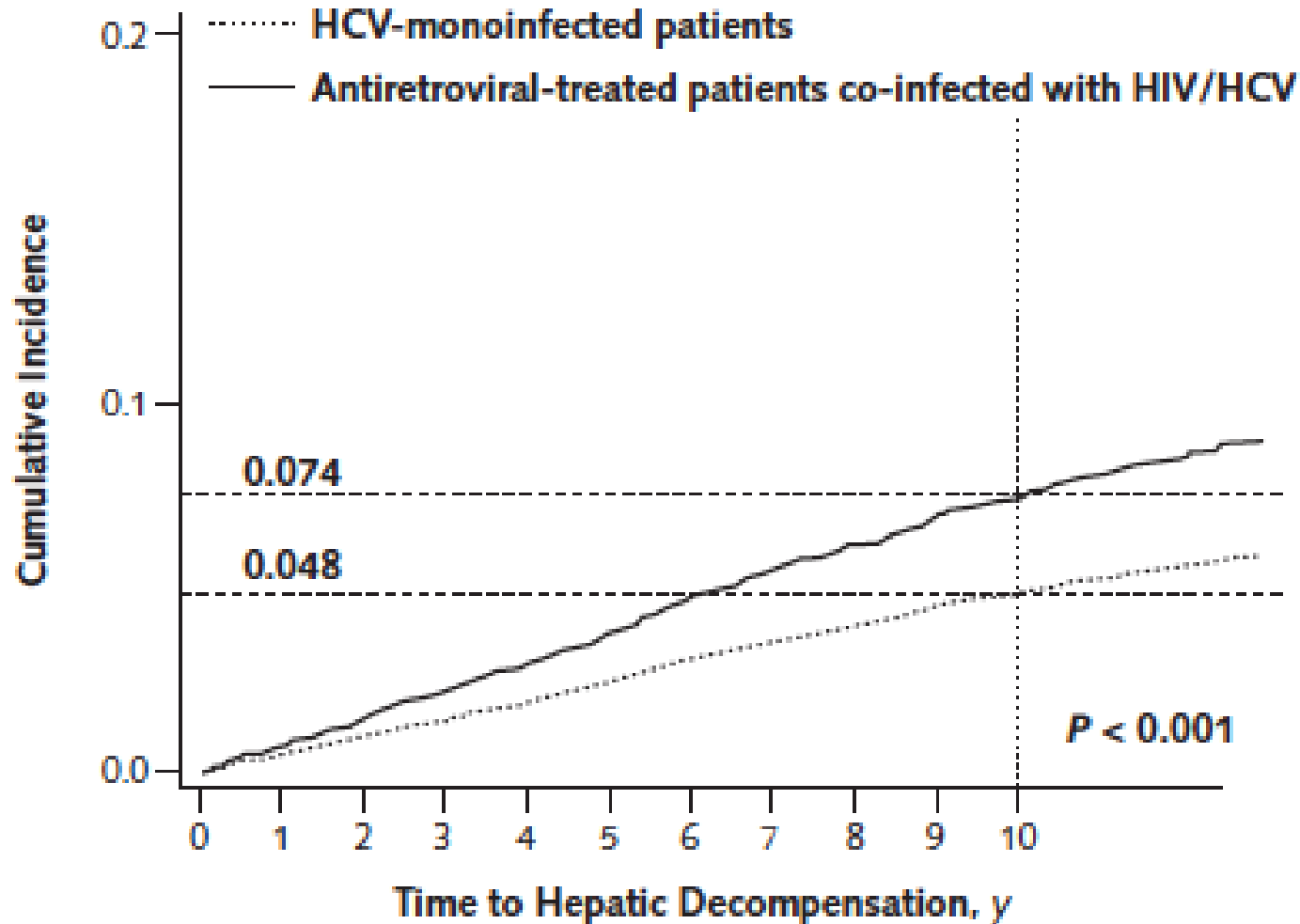
- Higher rates of persistence
- Enhanced HCV replication
- Accelerated fibrogenesis
- Increased frequency of liver decompensation and death
- Until recently, diminished response rates to antiviral therapy for HCV

Impact of HIV on HCV-related Liver Disease Progression

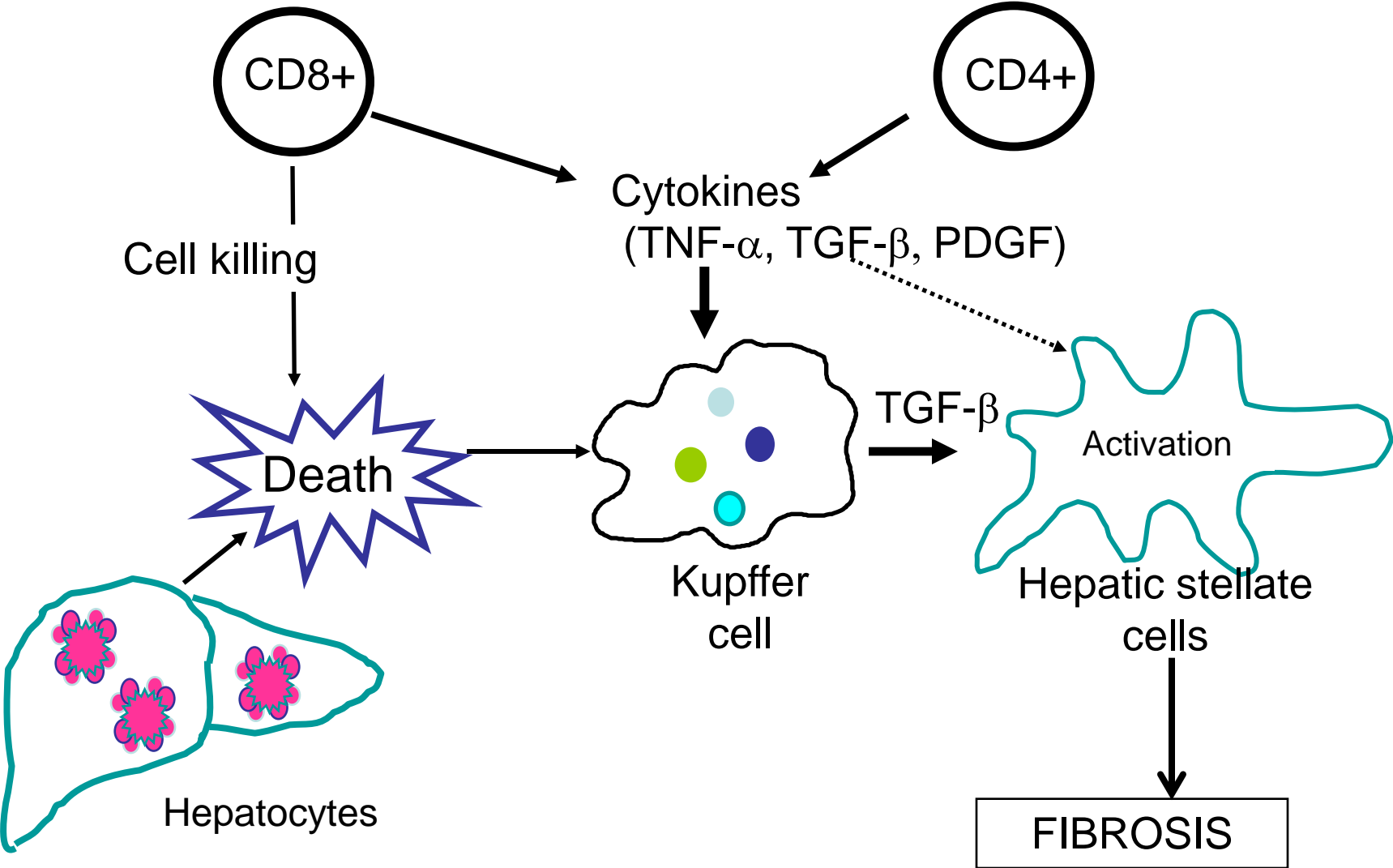
Systematic review of natural hx studies



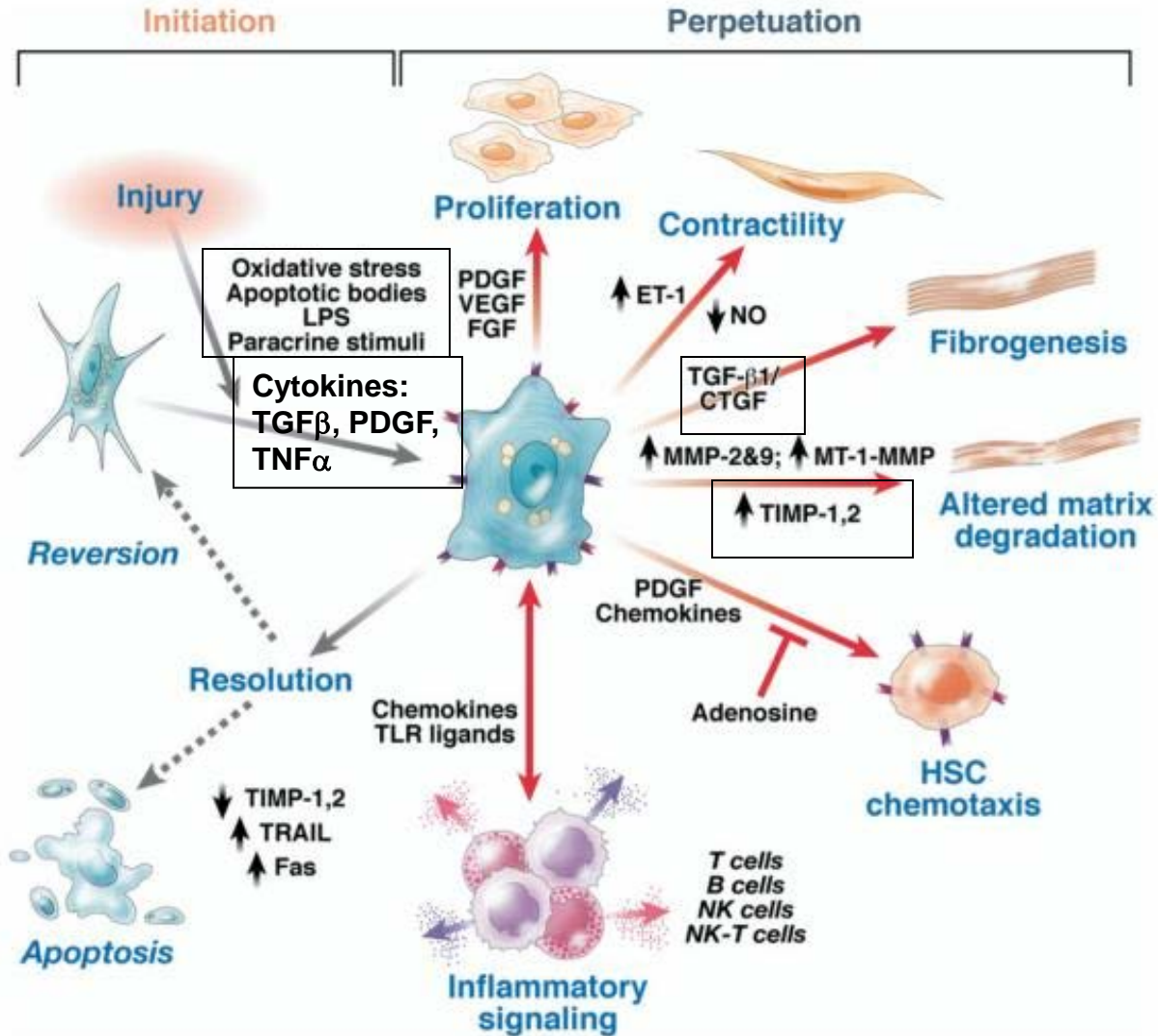
Hepatic decompensation is accelerated in HCV-HIV coinfection (VA: 4280 HCV-HIV, 6079 HCV)



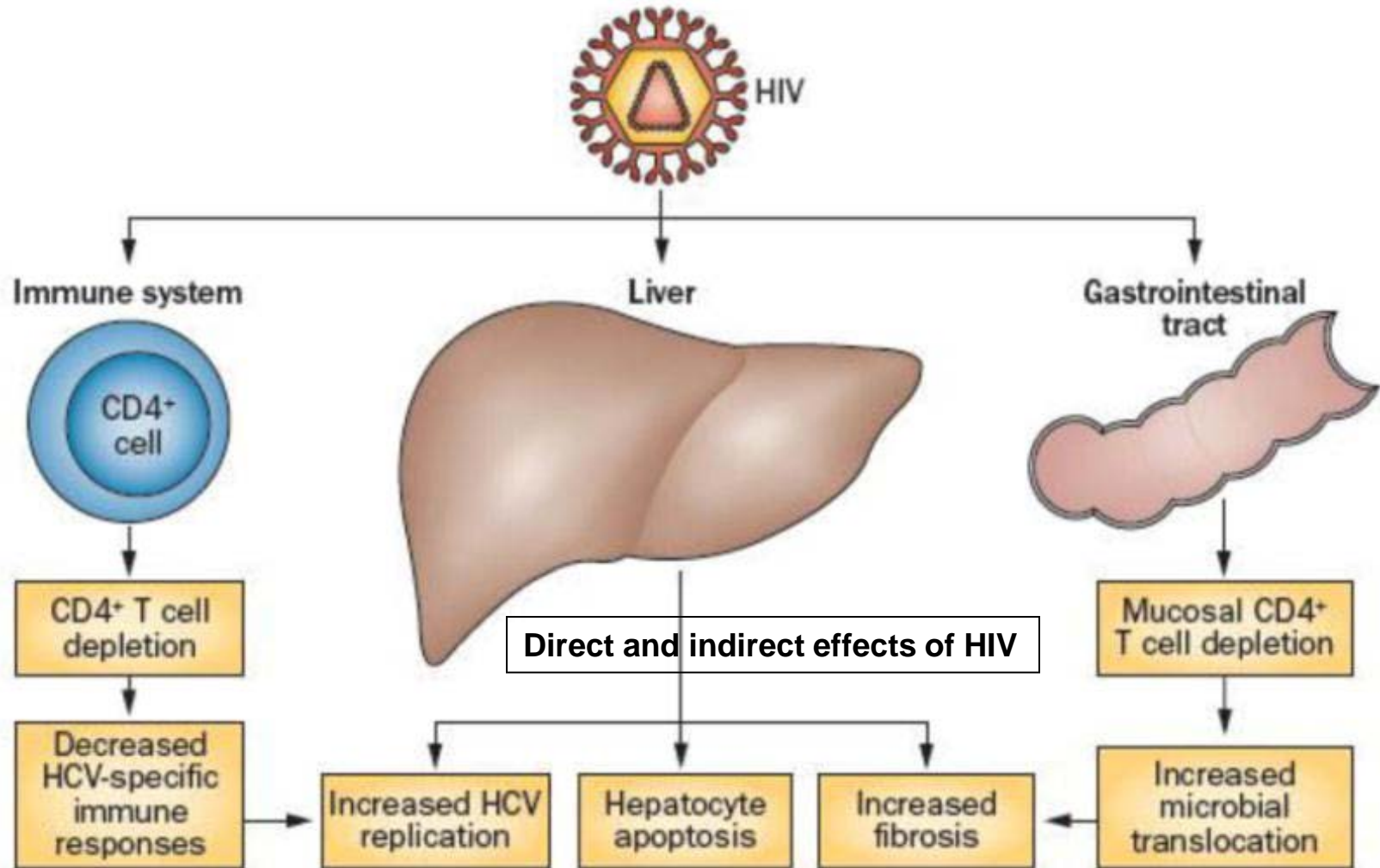
Hepatitis C disease pathogenesis



Pathways to fibrogenesis



HIV pathogenesis and interaction with HCV-related liver disease

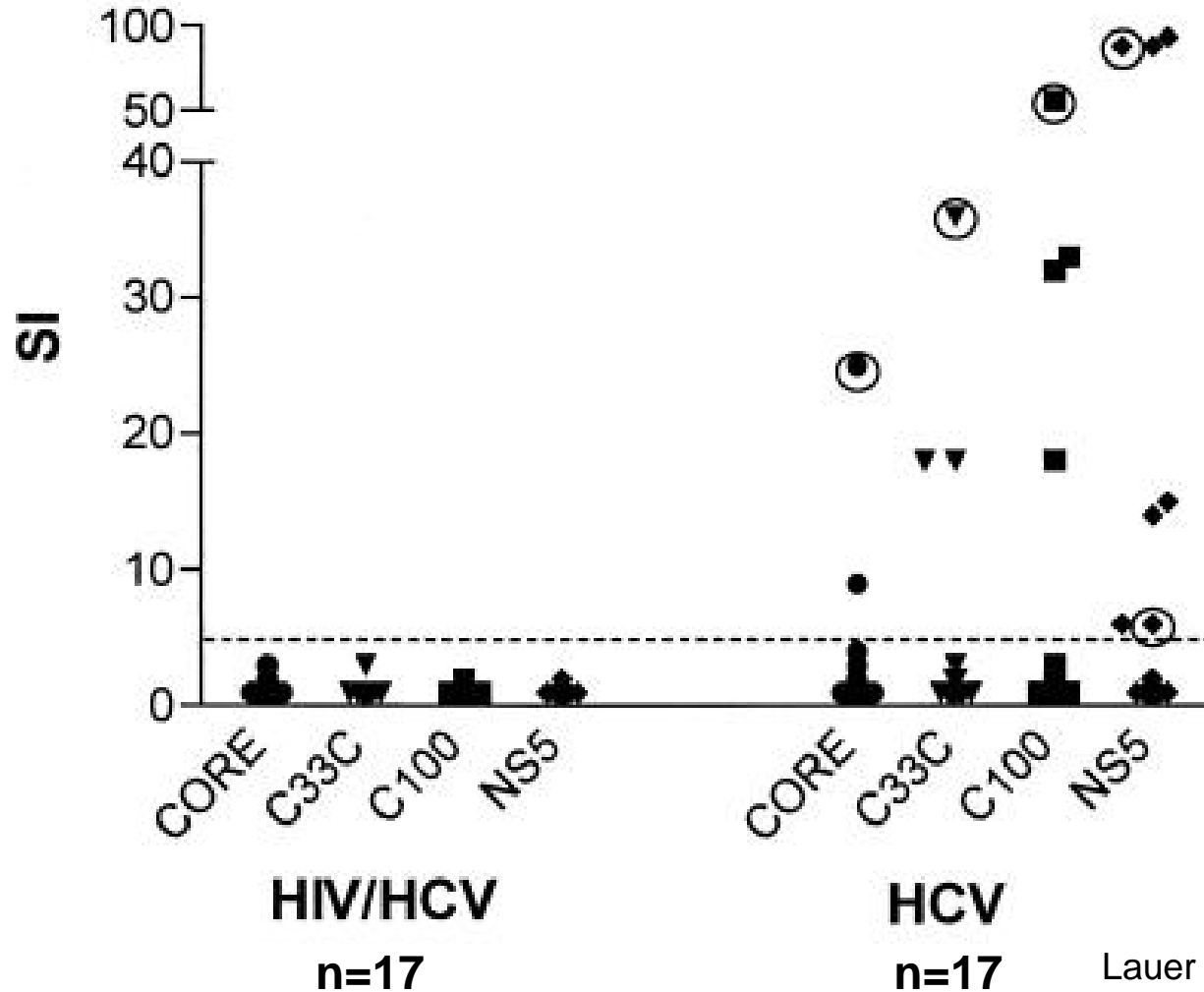


Determinants of Pathogenesis in HCV-HIV Coinfection

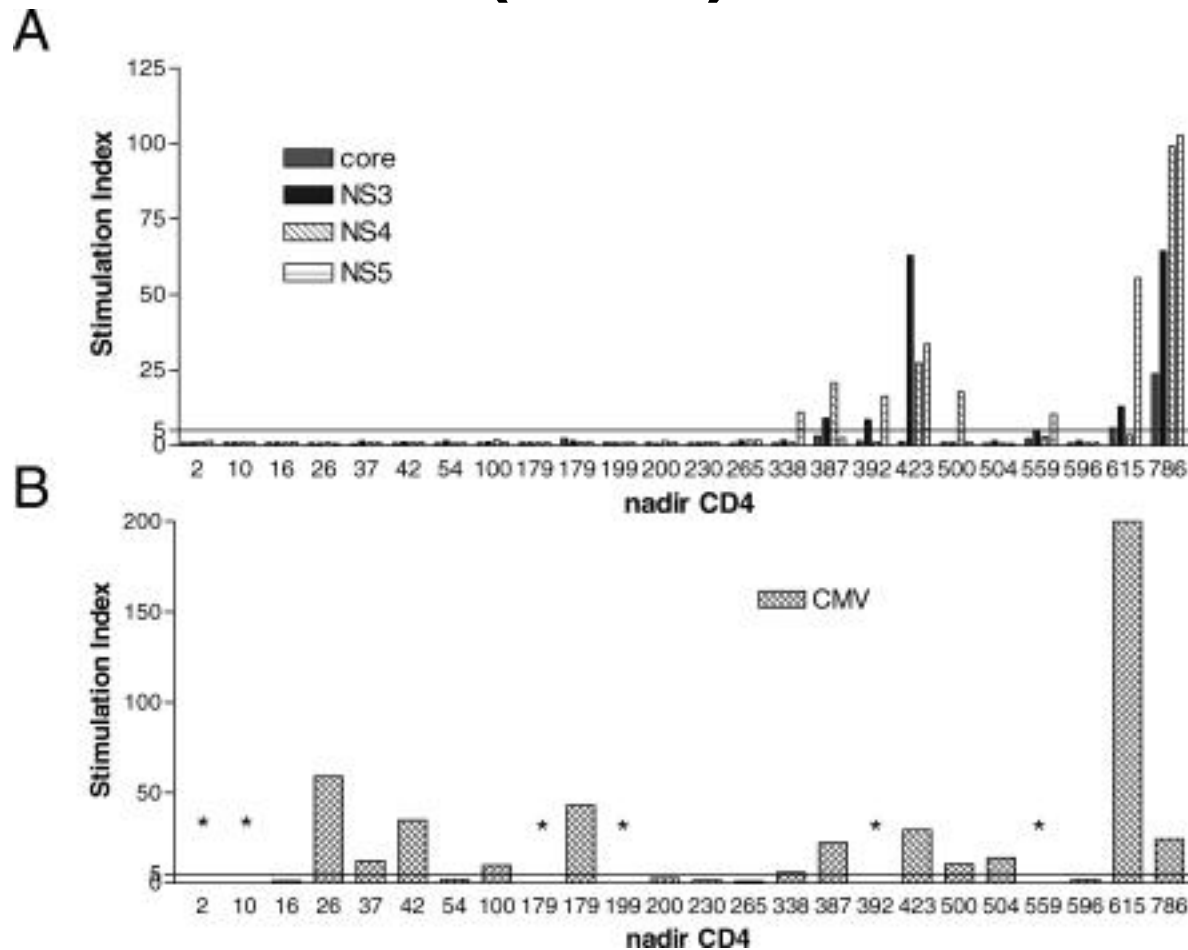
- Effects on HCV-specific T cell responses
- T cell independent effects of HIV on HCV replication
- Cooperative effects on
 - TGF- β 1 secretion
 - Hepatic stellate cell activation and fibrogenesis
 - Hepatic macrophage polarization
 - Hepatocyte apoptosis
- Microbial translocation

HIV Effects on HCV T cell responses

HCV T cell responses in coinfection are blunted compared with HCV mono-infection

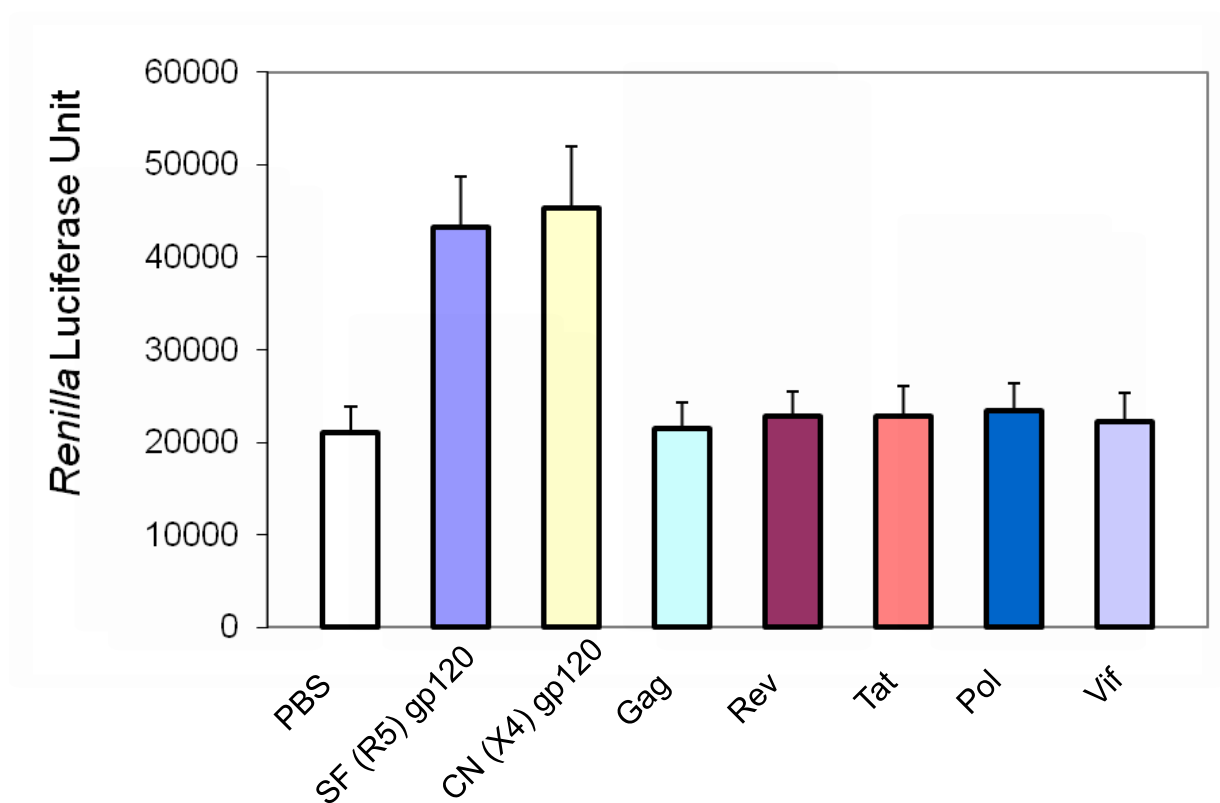


CD4+ Proliferative Responses to HCV are dependent on nadir CD4 (n=47)



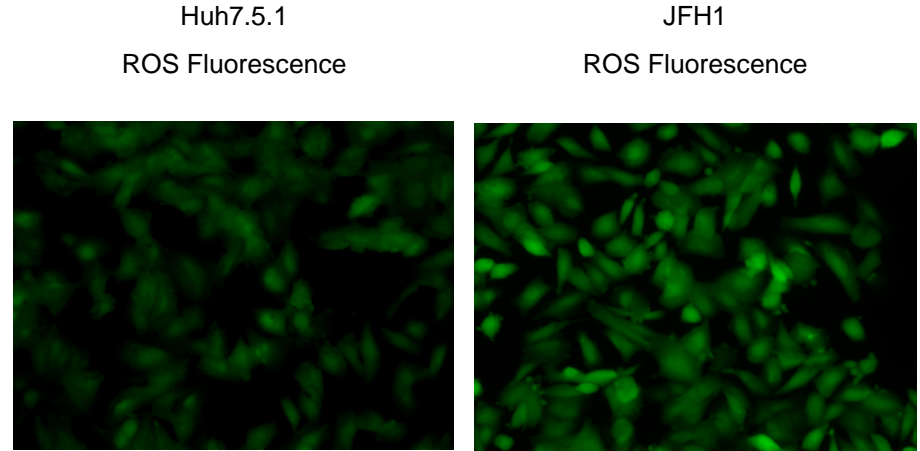
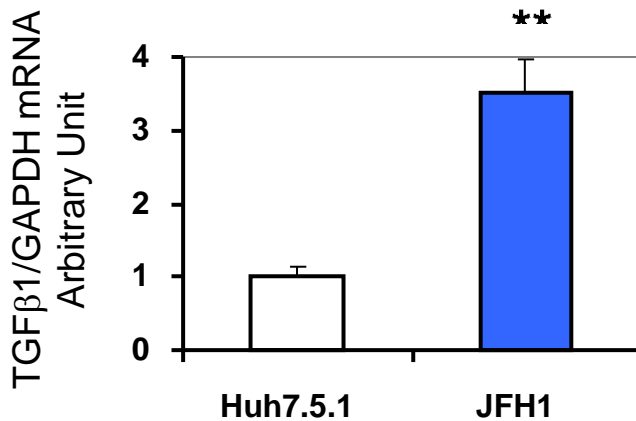
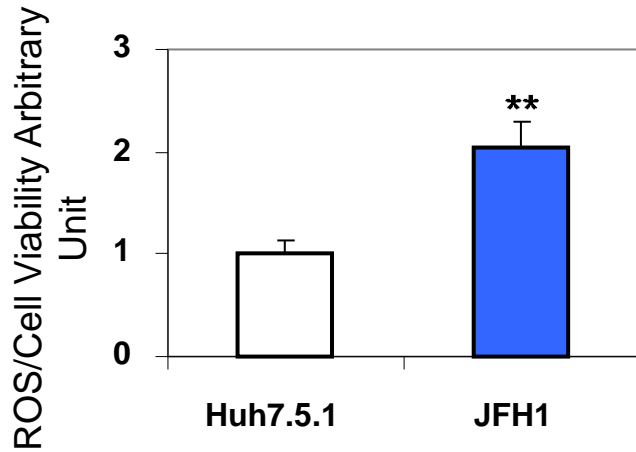
HIV effects on HCV replication

HIV gp120 directly enhances HCV replication in a full-length replicon (OR6)

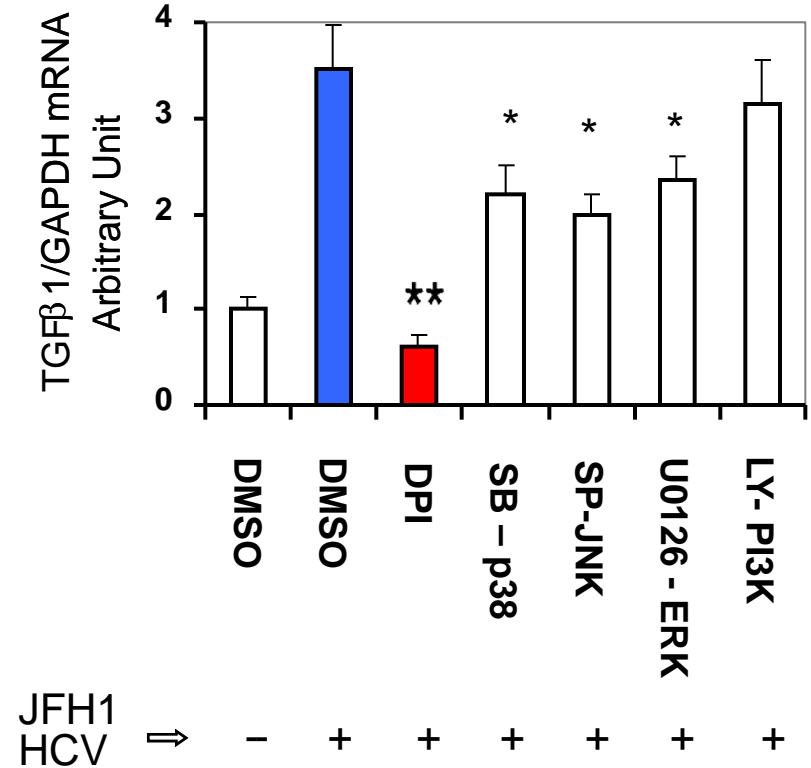
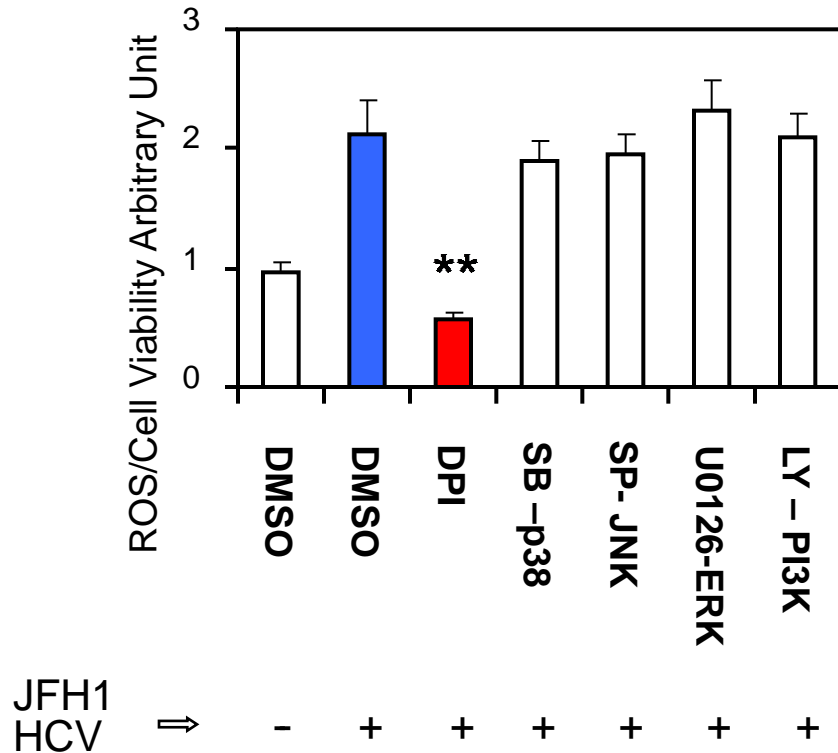


**HCV directly induces
profibrogenic cytokines**

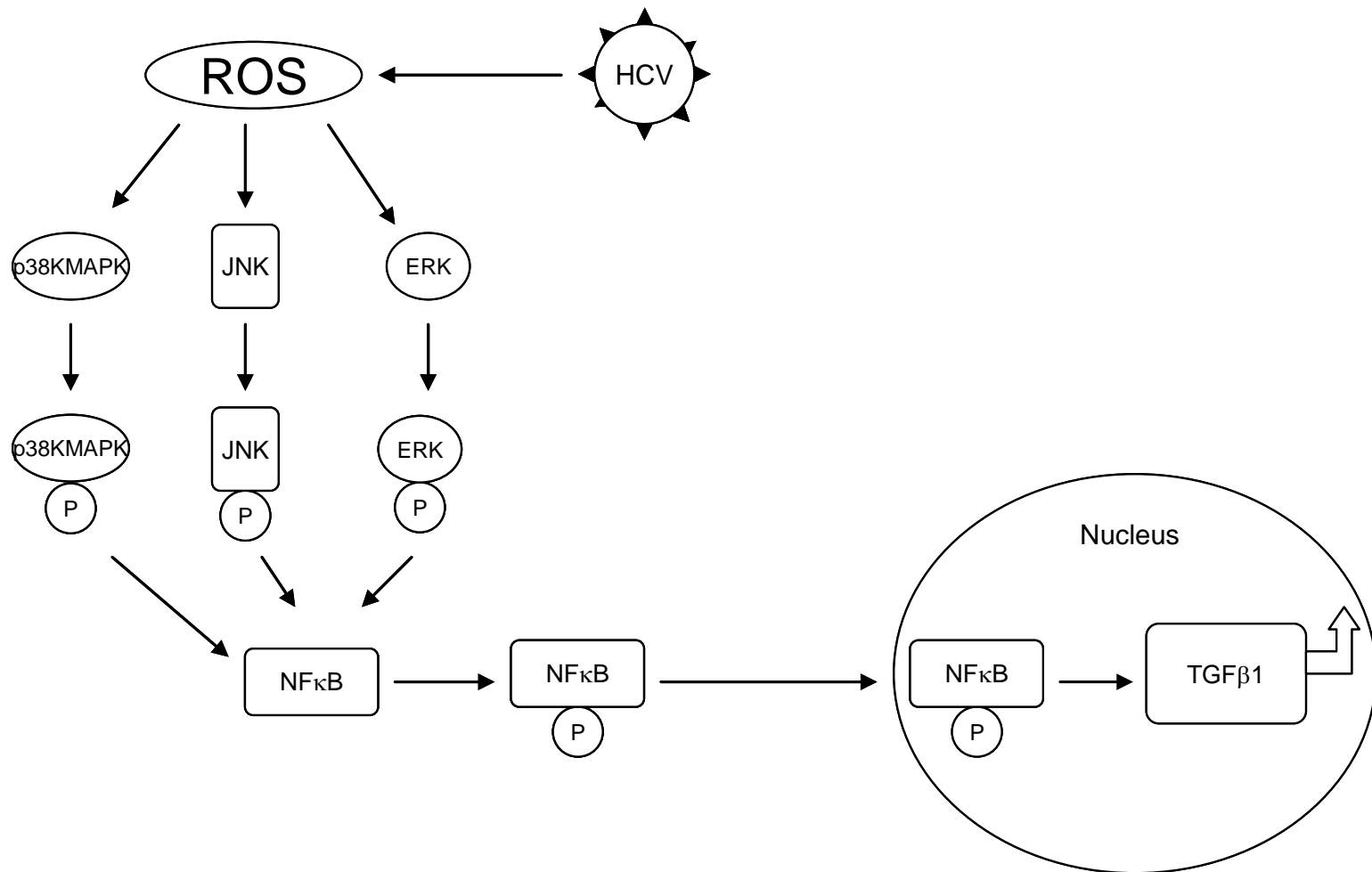
HCV induces ROS formation and TGF β in hepatocytes



HCV induction of TGF- β 1 is ROS-dependent and partially dependent on p38 MAPK, ERK and JNK

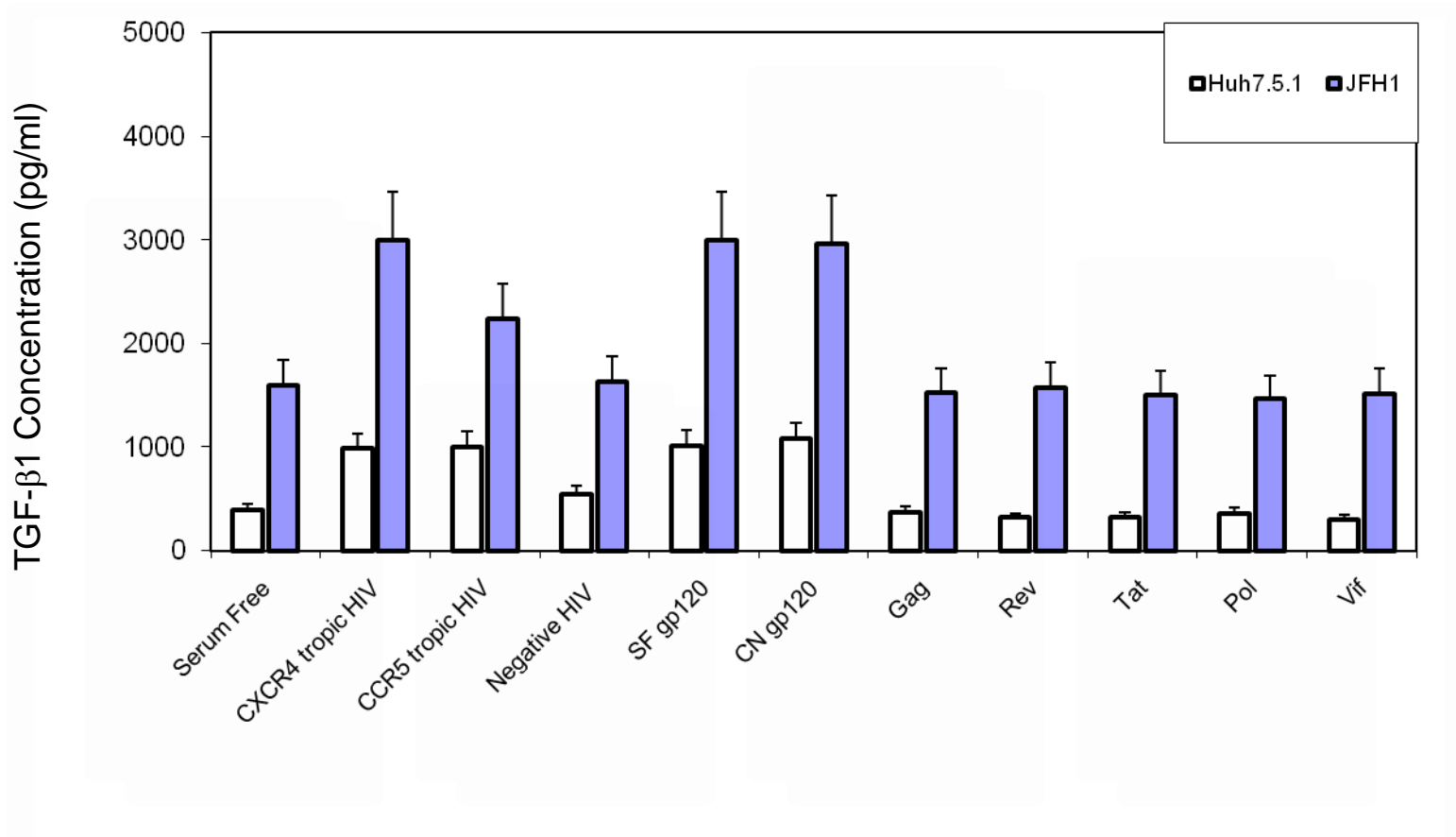


Model of events underlying HCV induction of TGF- β 1 production in hepatocytes

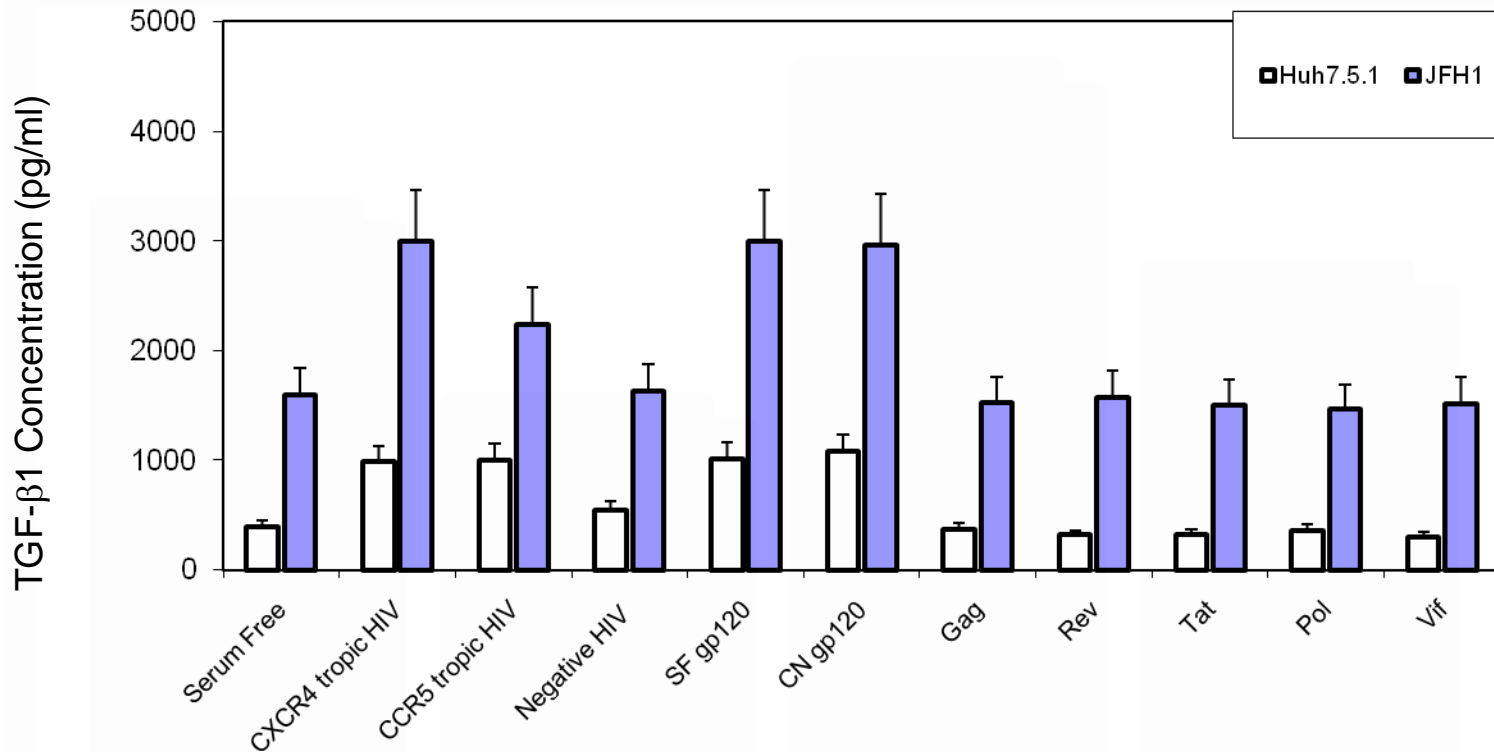


HCV and HIV exert cooperative effects on TGF- β 1 secretion

HIV or gp120 increase TGF- β secretion in JFH1-infected or uninfected Huh7.5.1 cells



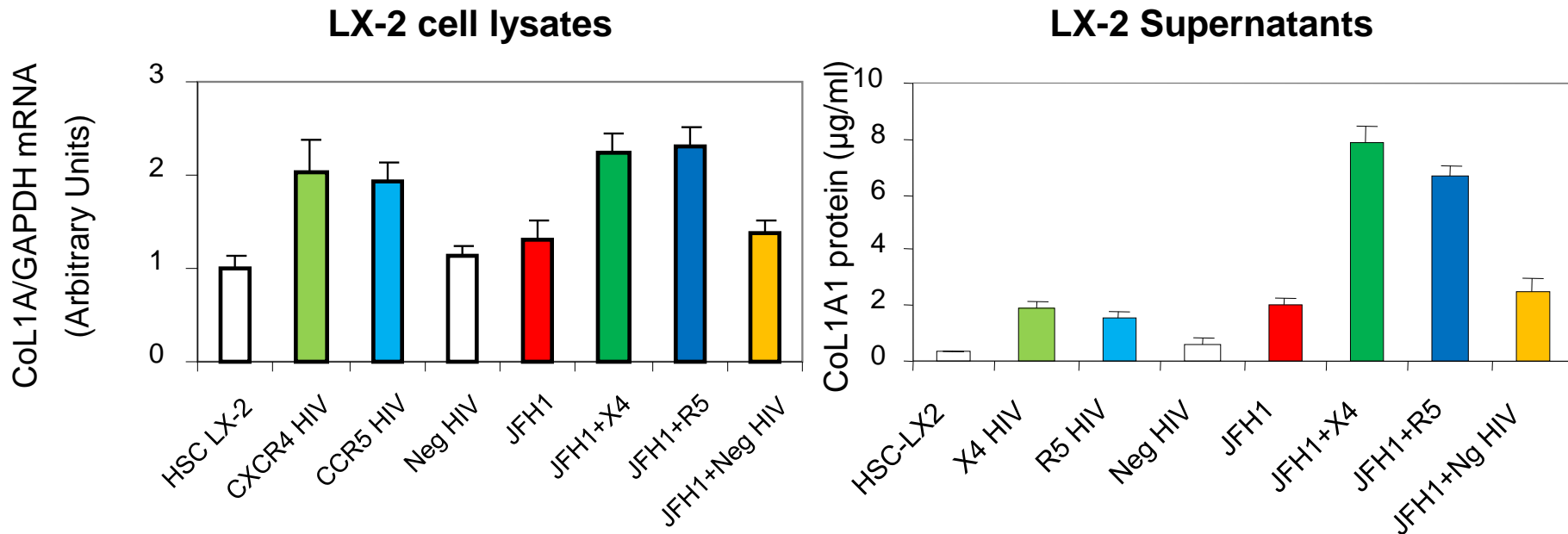
HIV or gp120 increase TGF β secretion in JFH1-infected or uninfected Huh7.5.1 cells



This enhancement of TGF β secretion is also ROS-dependent

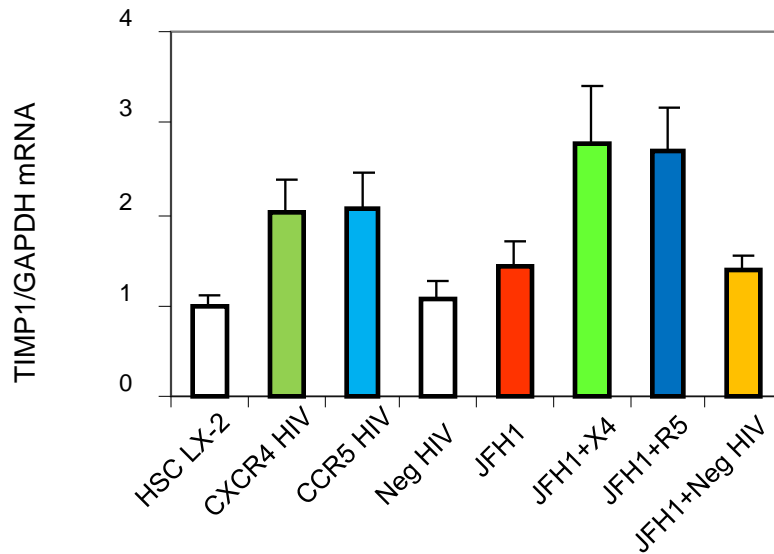
HIV and HCV cooperative effects on hepatic fibrogenesis

HIV-1 and HCV cooperatively increase type I collagen secretion in hepatic stellate cells

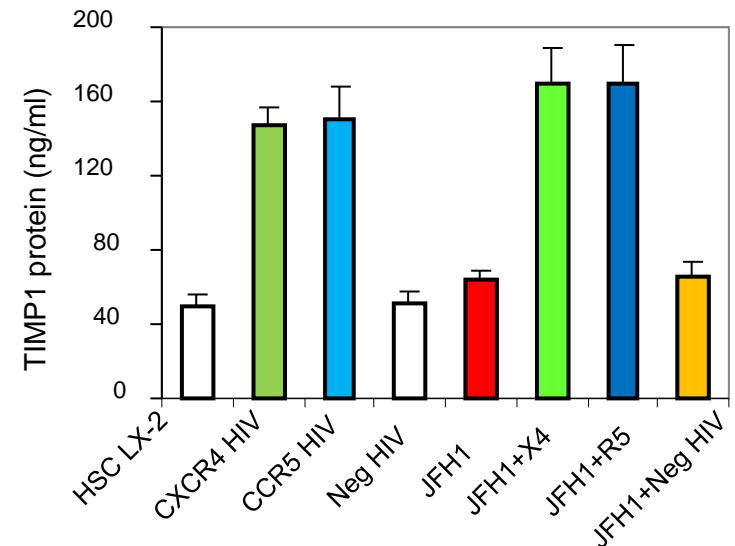


HIV-1 increases TIMP-1 expression and secretion in HSCs

LX-2 Cell Lysates

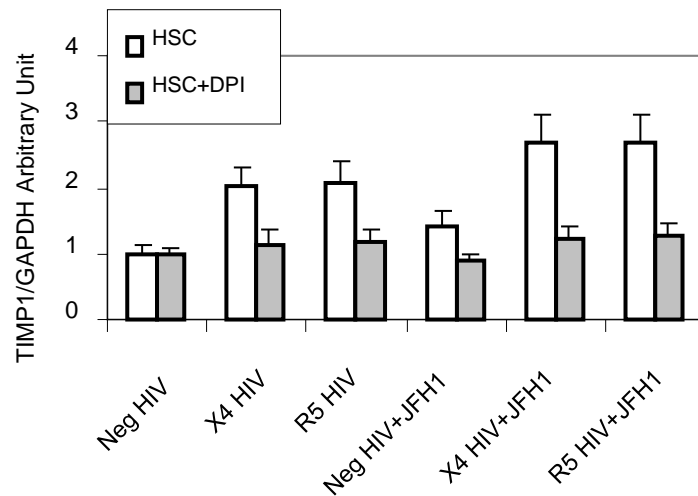


LX-2 Supernatants

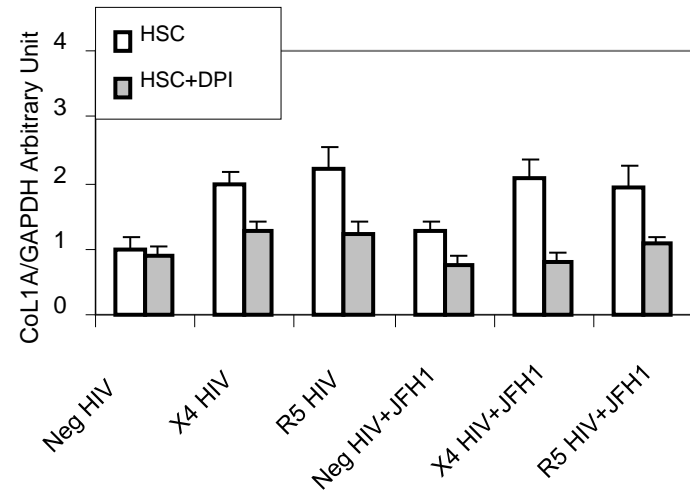


ROS inhibition blocks HIV-1 and HCV-induced TIMP-1 and collagen mRNA expression in HSCs

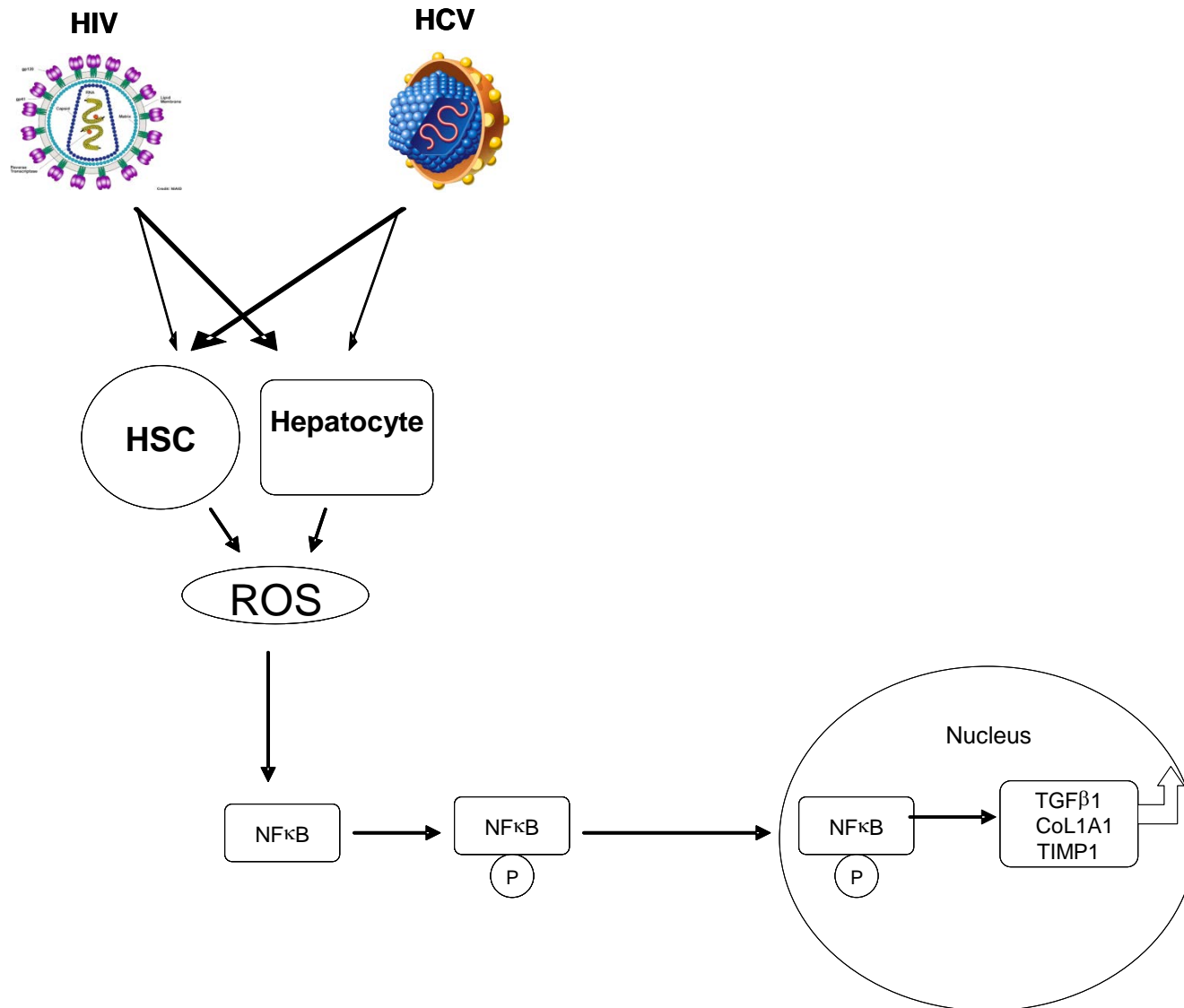
TIMP-1



Col1A1



Model of HIV/HCV regulation of hepatic fibrogenesis in HSCs and hepatocytes

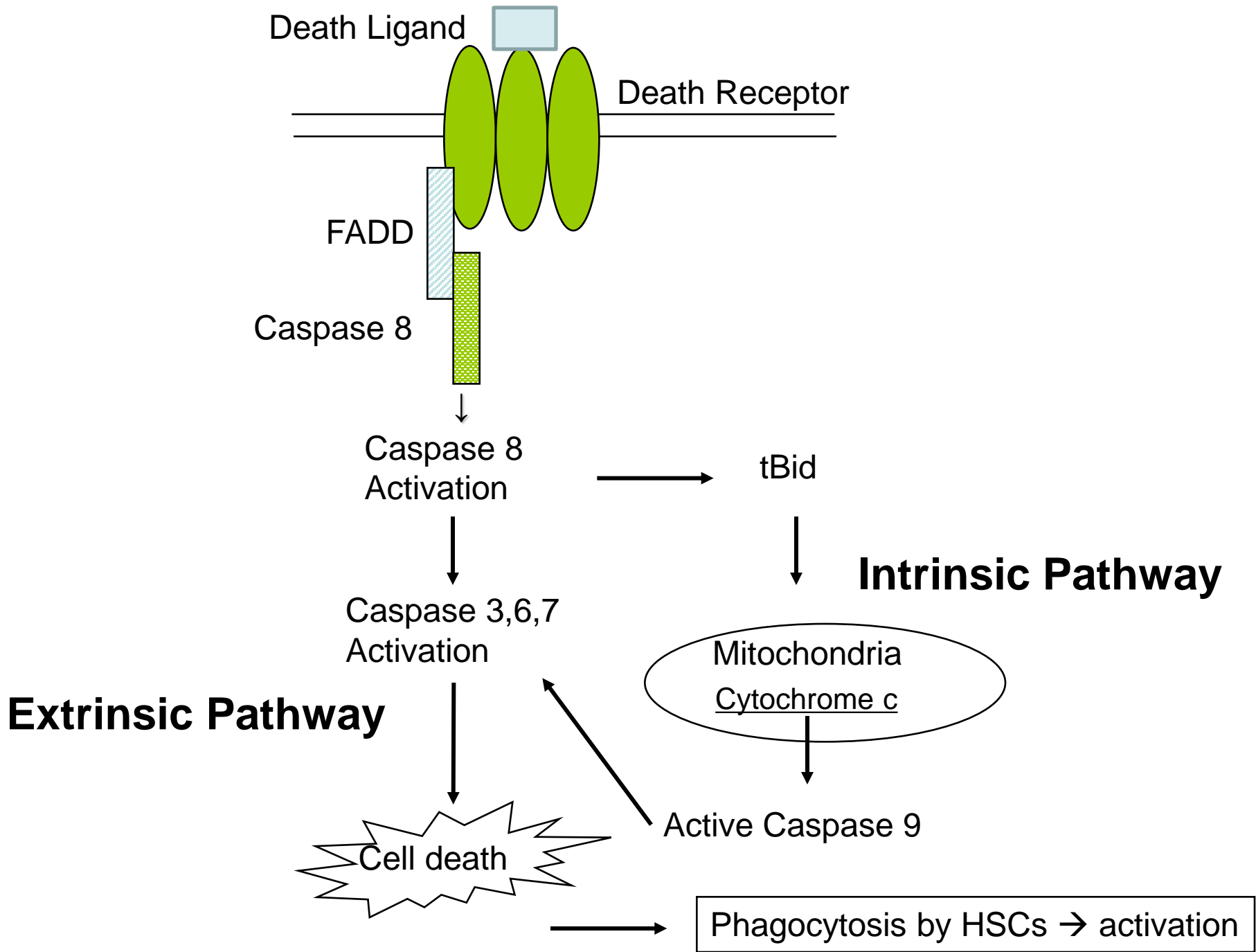


Cooperative effects of HCV and HIV on the hepatic macrophage population

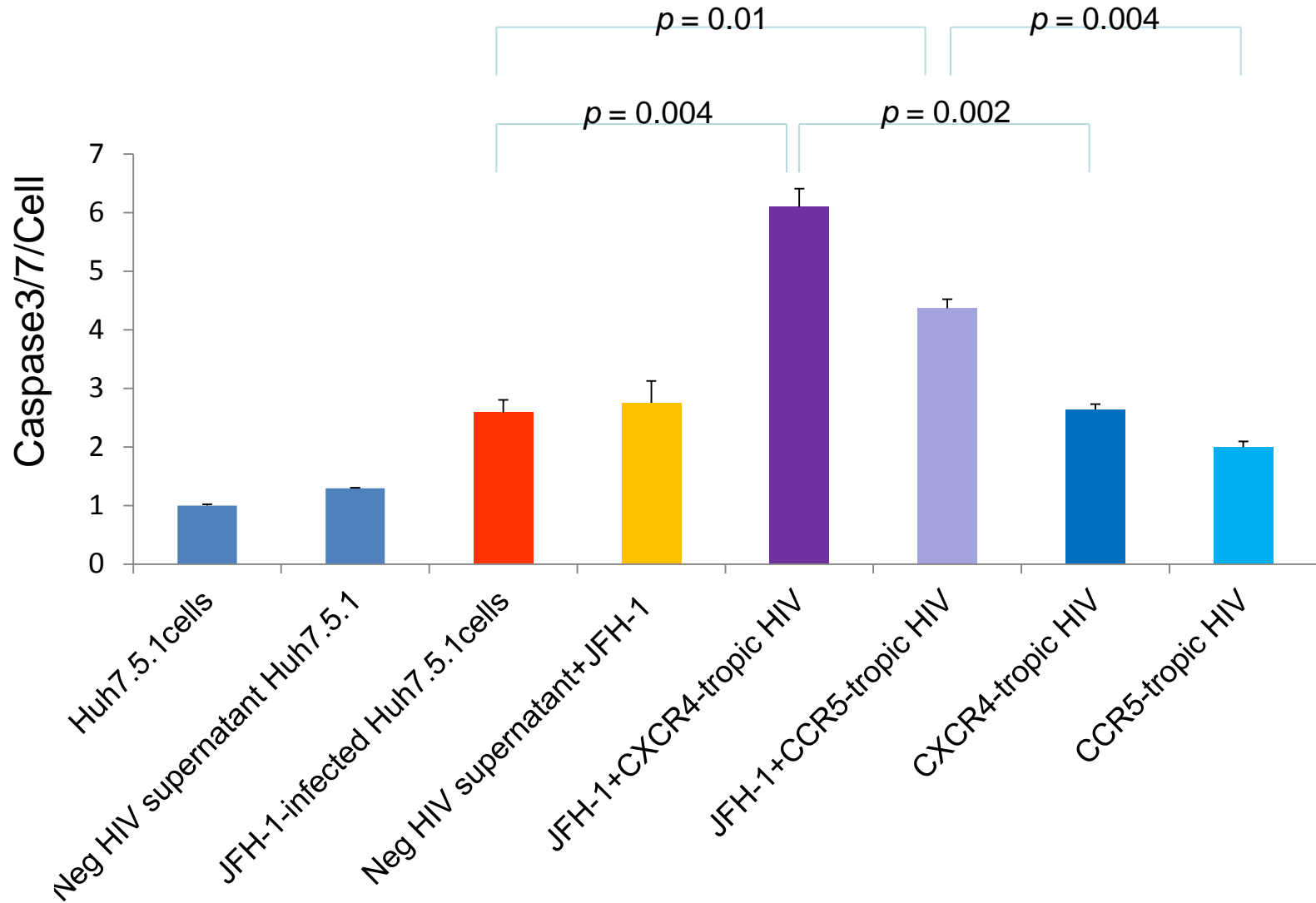
The contribution of the macrophage to HCV-HIV liver disease

- Macrophages important reservoirs for HIV and contribute to chronic liver disease (KCs)
- Activated tissue macrophages polarize into
 - pro-inflammatory (M1): CD86, CD80
 - pro-repair/fibrotic (M2): CD163, Arg1, CD206
- M2 polarized macrophages in turn activate HSCs
- Peripheral levels of soluble CD163 associated with
 - liver fibrosis in HCV, HBV, and NASH
 - HIV infection

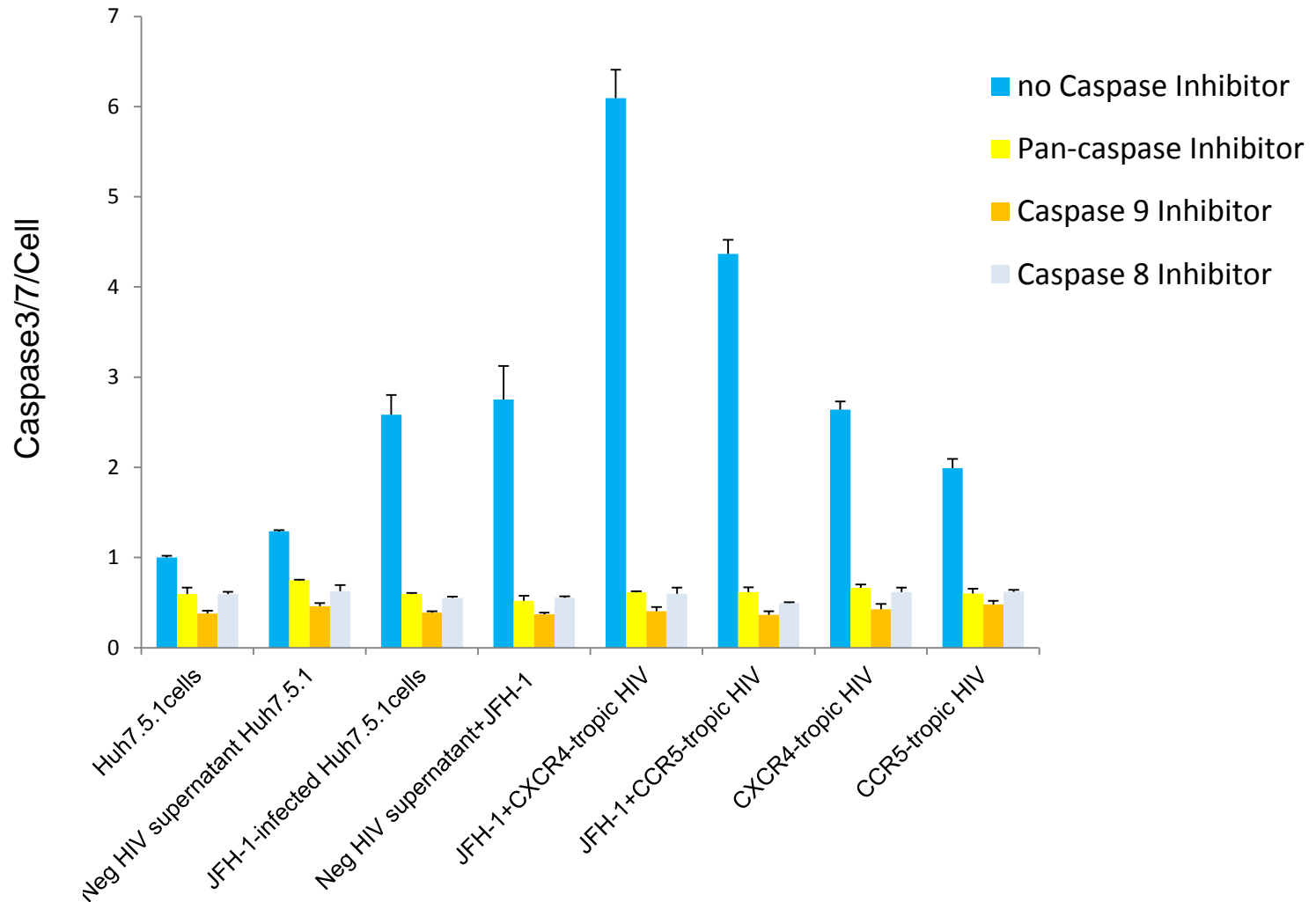
Cooperative effects of HCV and HIV on hepatocyte apoptosis



HCV and HIV induce caspase 3/7 activity in Huh 7.5.1 cells

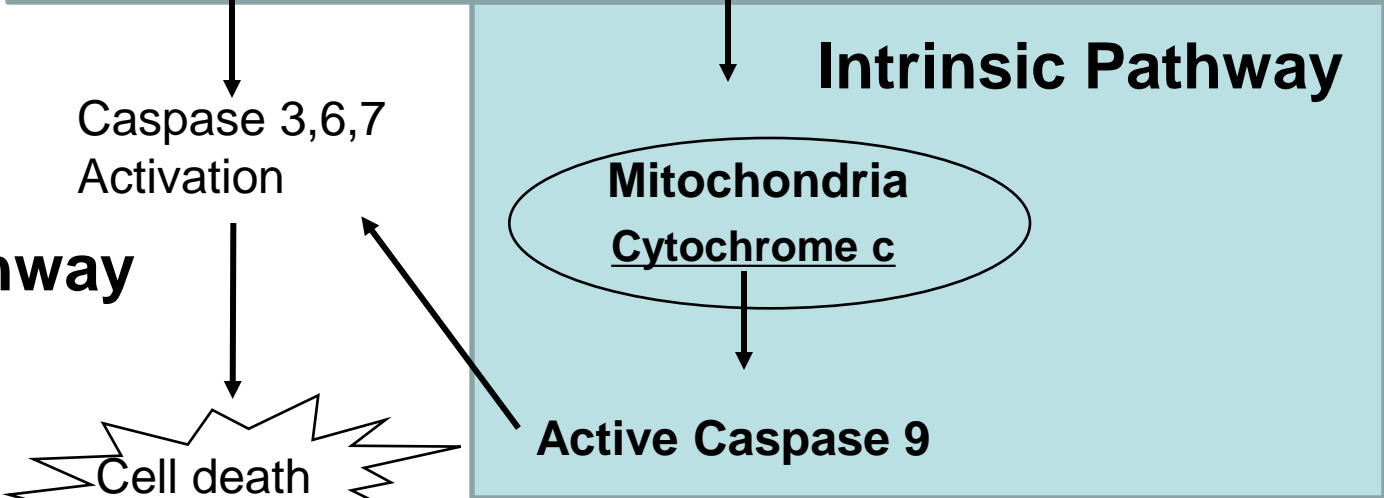
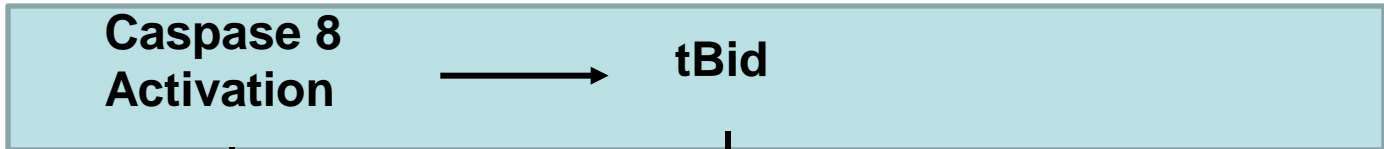
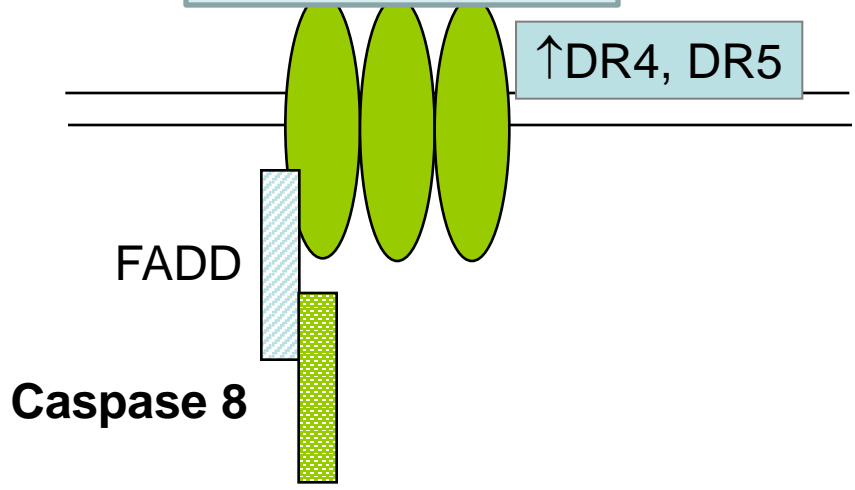


HCV and HIV-mediated hepatocyte apoptosis is blocked by caspase inhibitors



↑ TRAIL (in HIV)

↑ DR4, DR5



Extrinsic Pathway

Phagocytosis by HSCs → activation

Microbial Translocation and Pathogenesis

- Evidence for MT with HIV CD4 depletion enteropathy
- Translocated LPS
 - Triggers TNF- α secretion by KCs
 - TLR4 ligand \rightarrow HSCs \rightarrow enhanced TGF- β signaling
- Stimulates fibrogenesis
 - Triggers chemokine secretion
 - Enhances HSC sensitivity to TGF- β signaling
- Enteropathy is not fully reversed by ART
- ?role for clearance/alteration of microflora
 - probiosis
 - antibiosis

Summary

- HIV cooperatively interacts with HCV to accelerate liver disease through several mechanisms, both direct and indirect
 - increased HCV replication, oxidative stress, TGF- β , M2 polarization, hepatocyte apoptosis, microbial translocation
- Multiple cell types affected by both HCV, HIV cooperatively interact to accelerate fibrosis
- Effective HIV suppression still incompletely removes the profibrogenic environment
- These findings provide a framework for understanding HIV and its contribution to acceleration of other liver diseases (HBV, NASH)

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