FOLLOW-UP OF SUSTAINED VIROLOGIC RESPONDERS WITH HEPATITIS C/HIV COINFECTION AND ADVANCED LIVER DISEASE

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BACKGROUND

- Treatment with DAA has increased SVR rates in patients with advanced liver disease and HIV/HCV coinfection.

- Long-term follow-up studies in patients treated with PEG-INF/RBV have shown that SVR prevented progression to end-stage liver disease, liver-related death and reduced the incidence of HCC.

- However, data on clinical outcome and risk of liver complications after successful DAA therapy is scarce.
METHODS

- Prospective study
- HCV/HIV co-infected patients with advanced liver disease (METAVIR F3 or F4) treated with DAA
- February 2015 – October 2016
- Analysis of baseline characteristics and evolution until 1 year after SVR12
- Patients without SVR were excluded
RESULTS - BASELINE

156 co-infected patients with advanced liver disease and SVR
RESULTS - BASELINE

- All patients were under ART

- Mean CD4+ T lymphocytes count: $624/\text{mm}^3$

- HIV RNA < 20 copies/mL: 96%
RESULTS - BASELINE

Genotype

- Genotype 1: 76.3% (n = 119)
- Genotype 2: 0.6% (n = 1)
- Genotype 3: 11.5% (n = 18)
- Genotype 4: 11.5% (n = 18)
RESULTS - BASELINE

Fibrosis

- F3: 31.4% (n = 49)
- F4: 68.6% (n = 107)

Pressure Ranges:
- > 25 kPa: 25.6% (n = 40)
- 14 - 25 kPa: 33.3% (n = 52)
- < 14 kPa: 41.0% (n = 64)
RESULTS - BASELINE

- Mean MELD Score: 7.9
- 4 patients had a baseline MELD score above 16 points
RESULTS - ONE YEAR AFTER SVR12

Evolution of Fibrosis: F3

Baseline: 10.5 kPa
1 year after SVR12: 6.6 kPa

Evolution of Fibrosis: F4

Baseline: 26.7 kPa
1 year after SVR12: 15.9 kPa

$p < 0.001$
RESULTS - ONE YEAR AFTER SVR12

- Of the 4 patients with baseline MELD > 16 points, all showed improvement to values below this cut-off.

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<th>Baseline MELD</th>
<th>MELD 1 year after SVR12</th>
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12 patients had previous history of hospitalization due to chronic hepatic disease. Of these, only 1 had liver decompensation requiring new admission, ultimately needing a liver transplant.
RESULTS - ONE YEAR AFTER SVR12

Liver-related events:

- 1 patient (F4) with recurrent ascitis
- 1 case (F4) of newly diagnosed esophageal varices
- 1 case (F4) of *de novo* hepatocellular carcinoma
- 1 patient (F4) with hepatorenal syndrome

Another patient (F3) died with an infectious event non-liver related

Mortality rate of 2%
CONCLUSION

In our cohort, in the 12 months after SVR12:

- Liver fibrosis **significantly improves** in both F3 and F4
- Low hospitalization and mortality rates
- Despite treatment of HCV infection, 4 patients presented liver disease progression and life-threatening events > necessity for surveillance
THANK YOU FOR YOUR ATTENTION.