DIRECT ACTING ANTIVIRALS IN HCV MONO-INFECTION COMPARED TO HCV/HIV CO-INFECTION IN COMMUNITY CARE SETTING- A REAL-WORLD EXPERIENCE

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Background:
Clinical trials involving direct acting antivirals (DAAs) have already demonstrated an effective response in both HCV mono-infected and HCV/HIV co-infected patients, but there are few published studies in the real-world community settings in both groups. We evaluated the efficacy, safety, and tolerability of different regimens of DAA in both HCV monoinfected and HCV/HIV co-infected patients in such clinical practice setting

Approach:
All the HCV mono-infected and HCV/HIV co-infected patients treated with DAAs between January 2014 and October 2017 in community clinic settings were retrospectively analyzed. Pretreatment baseline patient characteristics, treatment efficacy, factors affecting sustained virologic response at 12 weeks (SVR 12) after treatment, and adverse reactions were compared between the groups

Outcomes:
327 patients were included in the study, of which 253 were HCV mono-infected, and 74 were HCV/HIV co-infected. There was a statistically significant difference observed in SVR12 when comparing HCV mono-infection and HCV/HIV co-infection (94% and 84% respectively, P = 0.005). However, there were no significant factors identified as a predictor of lower response.
The most common adverse effect is fatigue (27%). No significant drug interaction observed between DAA and anti-retroviral therapy (ART). None of the patients discontinued the treatment due to adverse events.

Conclusions:
In the real-world setting, direct acting antiviral regimens have lower SVR 12 in HCV/HIV co-infection than HCV mono-infection. Further studies involving a higher number of HCV/HIV co-infected patients are needed to identify real predictors of lower response.

Disclosure of Interest Statement:

None