Background Chronic hepatitis C (CHC) treatment has dramatically changed with the introduction of direct-acting antivirals (DAAs) for hepatitis C virus (HCV)-infected patients. Available data from clinical trials reveal the effectiveness and safety of DAA, both in mono- or HIV-infected patients, with virologic response rates between 92%–98%.

Purpose To compare the real-life effectiveness of DAAs therapy in HCV-monoinfected or HIV-coinfected patients.

Material and methods Prospective study in patients with CHC who initiated treatment for 8–24 weeks, between 1 April 2015 and 1 January 2018. Exclusion criteria: patients from penitentiary centres and paediatric patients. Main variable: sustained virological response 12 weeks post-treatment (SVR12). Covariates: gender, age, HIV co-infection, previous treatment, hepatic transplantation, cirrhosis, fibrosis, viral genotype, baseline viral load and antiviral treatment. Statistical method: descriptive analysis comparing patients with SVR and patients with relapse. Statistical significance was calculated with the Fisher exact test and the Mann–Whitney U test. This study was authorised by the Health System Investigation Committee.

Results One-thousand three-hundred and thirteen patients were included. One-thousand one-hundred and forty-one monoinfected, 172 HIV-coinfected: 73% males; 49.2 years mean age; 66.2% genotype 1; 23.8% cirrhosis (F4), 20.1% F3 fibrosis grade, 34.3% F2. 2.3% with hepatocellular carcinoma; 22.6% HCV-treatment-experienced; 31.6% null-responders and 23.7% relapsers to previous treatments; 90.9% with estimated glomerular filtration rate ≥60 mL/min; 58.8% treated with ledipasvir/sofosbuvir±ribavirin, 19.2% with sofosbuvir/daclatasvir±ribavirin and 7.0% with sofosbuvir/velpatasvir; and 79.1% treatment length for 12 weeks, 15.1% for 24 weeks and 5.2% for 8 weeks. There were no clinical or statistical critical basal differences related with DDA’s effectiveness in genotype, fibrosis grade or treatment experience between mono- or HIV-coinfected patients (p>0.05). Effectiveness results: HCV-infected vs monoinfected patients: 0.6% vs 1.3% recidivists (p=0.66); 0.6% vs 0.3% null-responders (p=0.97); and 93.6% vs 96.6% SVR12 (p=0.091).

Conclusion DAAs against HCV are highly effective in HCV-coinfected patients, with response rates very similar to those observed in clinical trials. Also, no effectiveness differences were observed compared with HCV-monoinfected patients, even in this studied population with a high presence of advanced fibrosis grade. So, HCV-coinfection cannot constitute a barrier to accessibility to chronic hepatitis C interferon-free treatments for HCV/HIV-coinfected patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS


No conflict of interest.