

Pushing the Envelope: Treatment of Acute HCV Infection with Direct-acting Agents

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Treatment of Acute HCV

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TREATMENT OF ACUTE HEPATITIS C WITH INTERFERON ALFA-2b

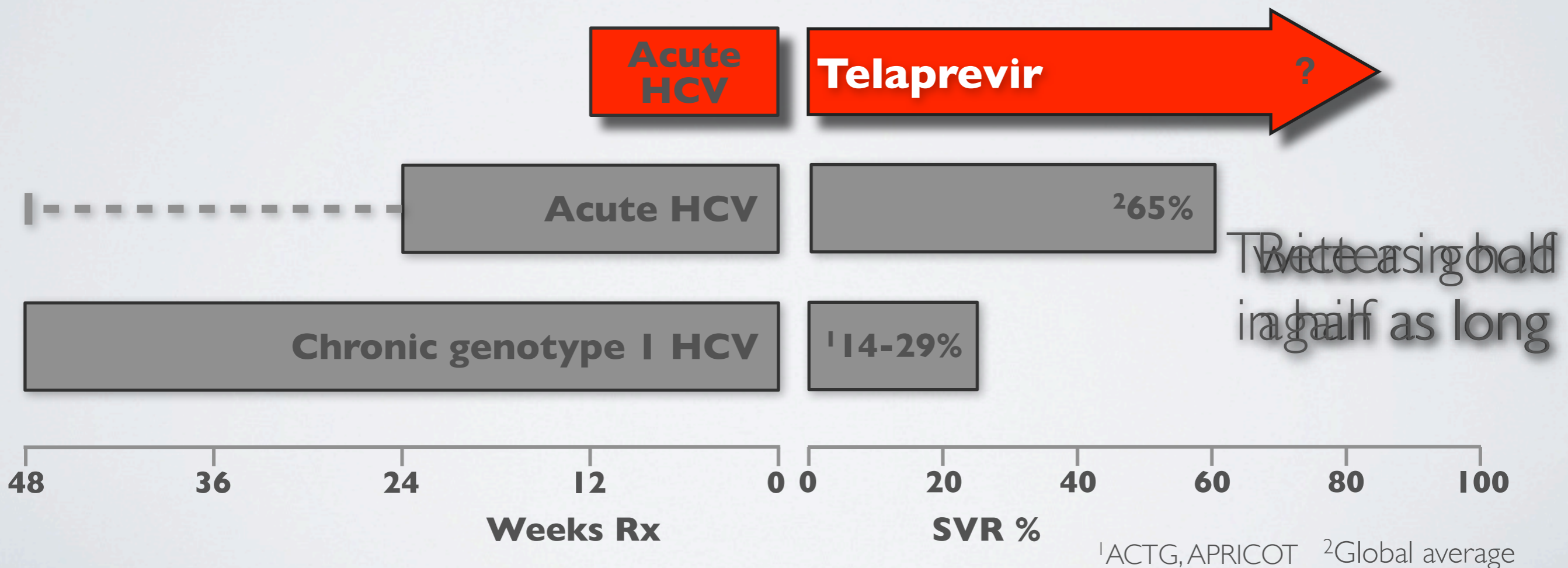
ELMAR JAECKEL, M.D., MARKUS CORNBERG, M.D., HEINER WEDEMEYER, M.D., TERESA SANTANTONIO, M.D., JULIKA MAYER, M.D., MYRGA ZANKEL, D.V.M., GIUSEPPE PASTORE, M.D., MANFRED DIETRICH, M.D., CHRISTIAN TRAUTWEIN, M.D., AND MICHAEL P. MANNS, M.D., FOR THE GERMAN ACUTE HEPATITIS C THERAPY GROUP

- 43 HIV-negative patients
- regular IFN without RBV for 24 wk
- SVR: 43 (98%) of 44

Acute HCV in HIV+ MSM: Global Treatment Reports

Study	Rx	Duration (wk)	SVR rate
 Gilleece 2005, UK	pIFN+RBV	24	16/27 (59%)
 Vogel 2006, Germany	pIFN+RBV	24-48	22/36 (61%)
 Dominguez 2006, France	pIFN+RBV	24	10/14 (71%)
 Matthews 2009, Australia	pIFN+RBV	24	16/22 (73%)
 Piroth 2010, France	pIFN+RBV	24-48	32/39 (82%)
 Lambers 2011, Holland	pIFN+RBV	24-48	38/50 (76%)
 Obermeier 2011, Germany	pIFN+RBV	24-48	93/175 (53%)
 Webster 2013, UK	pIFN+RBV	48	35/42 (83%)
TOTAL:	pIFN+RBV	24-48	262/405 (65%)

Telaprevir in the Treatment of Acute HCV in HIV+ MSM



Treatment of Acute HCV

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MAJOR ARTICLE

HIV/AIDS

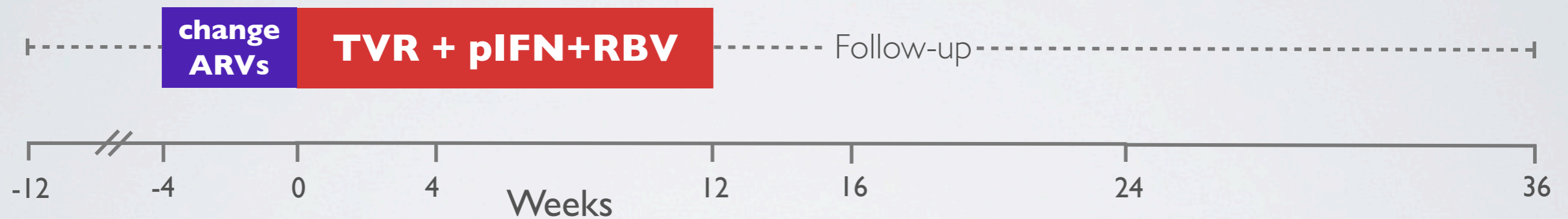
Telaprevir in the Treatment of Acute Hepatitis C Virus Infection in HIV-Infected Men

Daniel S. Fierer,¹ Douglas T. Dieterich,² Michael P. Mullen,¹ Andrea D. Branch,² Alison J. Uriel,² Damaris C. Carriero,² Wouter O. van Seggelen,¹ Rosanne M. Hijdra,¹ David G. Cassagnol,¹ and the New York Acute Hepatitis C Surveillance Network^a

- 19 HIV-infected men
- telaprevir (tid) + pIFN + RBV for 12 wk
- SVR: 16 (84%) of 19

TVR in Acute Geno 1 HCV in HIV+ MSM: Schema

Goal: both shorten treatment and increase SVR rate

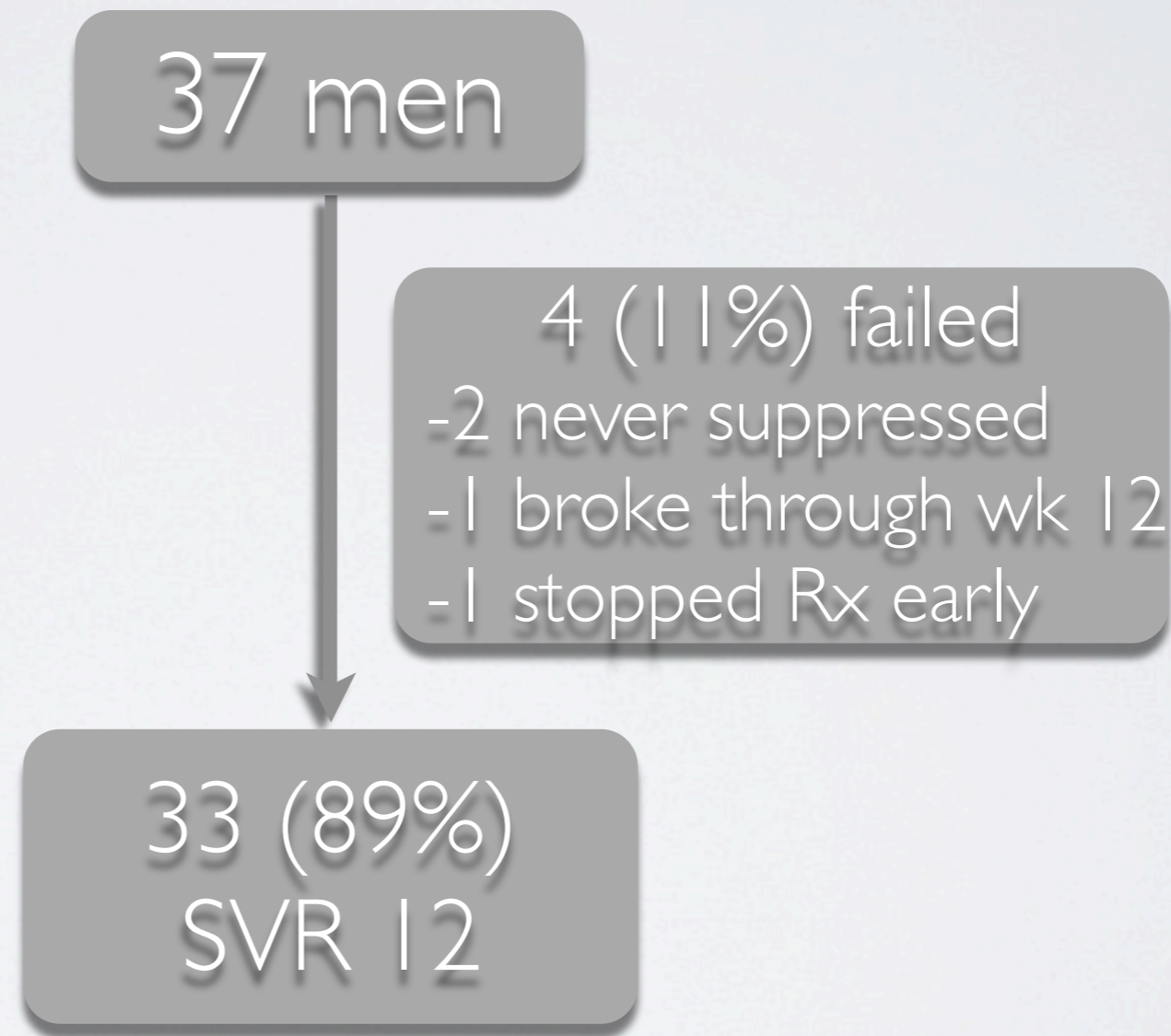


- Broad, general enrollment:
- New $> 5x$ ULN ALT elevation (150 IU/mL)
- No restriction on time to treatment per se if HCV VL still endogenously controlled
- No exclusions for HIV control

Telaprevir in the Treatment of Acute HCV in HIV+ MSM

- 37 men completed 12 wk TVR+pIFN+RBV and 12 wk f/u (18 got TVR bid)
- Median age 43 years
- 28 (76%) white, 4 Hispanic, 5 black
- 31 (84%) geno 1a; 4 geno 1b, 2 geno 2b
- IL28B: 20 (54%) CT+TT
17 (46%) CC

Telaprevir in the Treatment of Acute HCV in HIV+ MSM



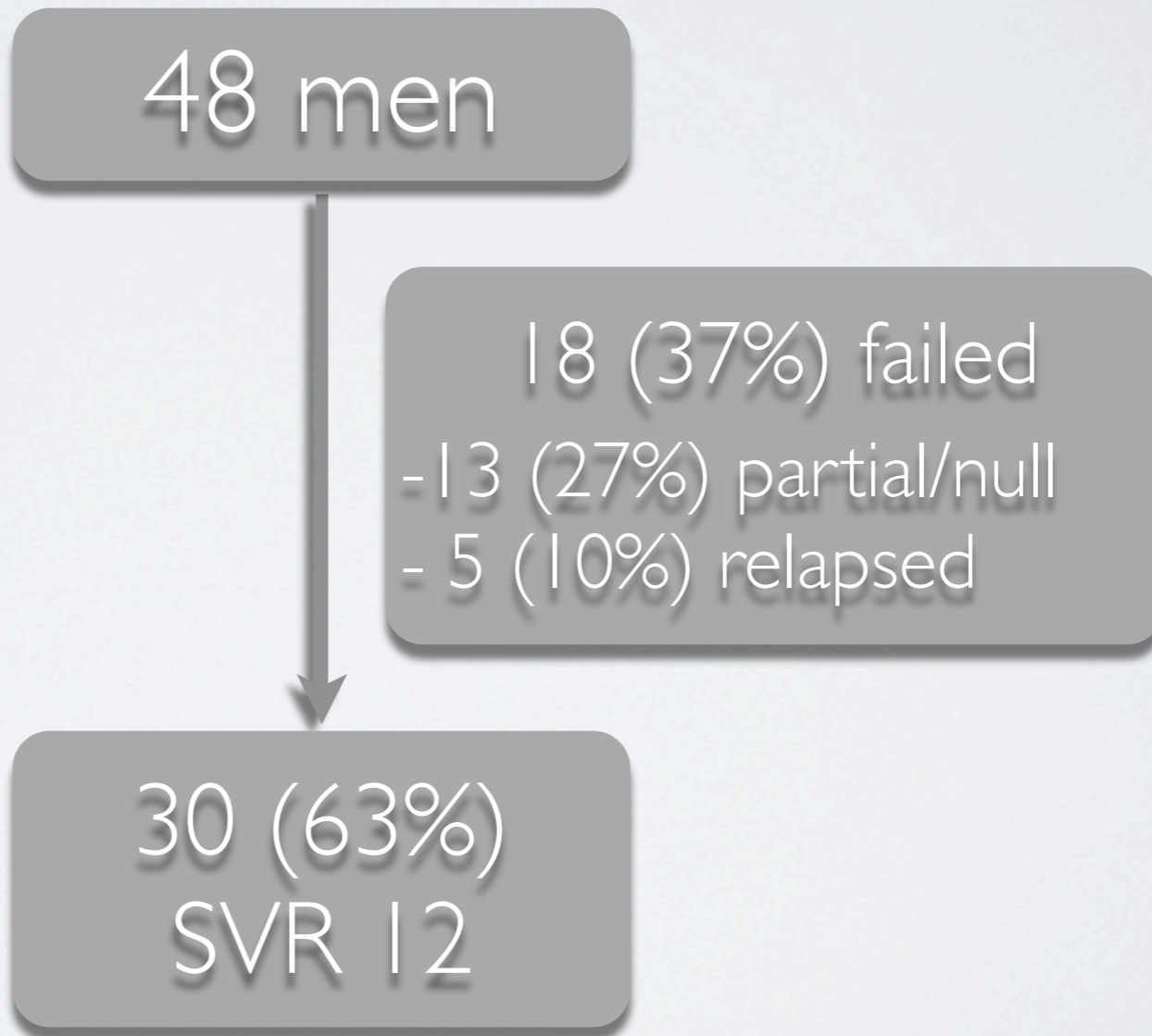
Telaprevir in the Treatment of Acute HCV in HIV+ MSM

Comparator Group:

- 48 men completed ≥ 24 wk pIFN+RBV (RGT) and 12 wk f/u
- Median age 42 years
- 28 (58%) white, 10 Hispanic, 10 black
- 43 (90%) geno 1a; 5 geno 1b
- IL28B: 25 (58%) CT+TT
18 (42%) CC

Telaprevir in the Treatment of Acute HCV in HIV+ MSM

Comparator Group:



Telaprevir in the Treatment of Acute HCV in HIV+ MSM

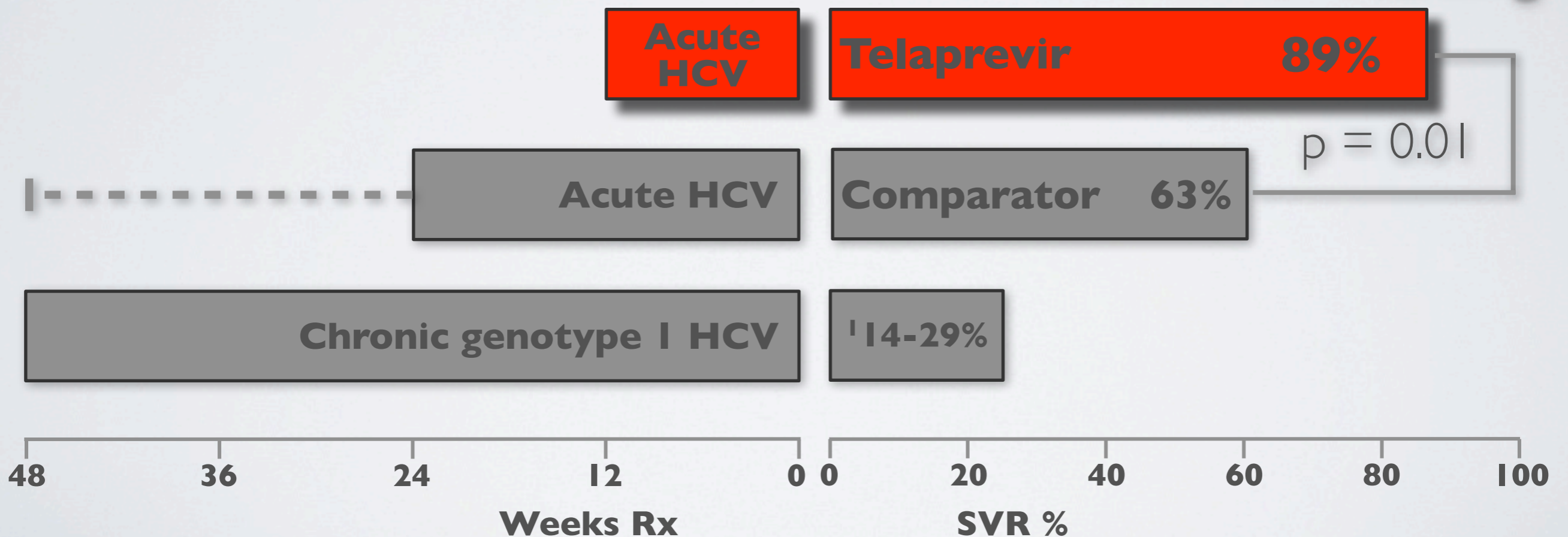
	N	White (%)	IL28B CC (%)	Geno Ia (%)	SVR 12
Telaprevir	37	76	46	84	89%
Comparator	48	58	42	90	63%

p = 0.01

Telaprevir in the Treatment of Acute HCV in HIV+ MSM

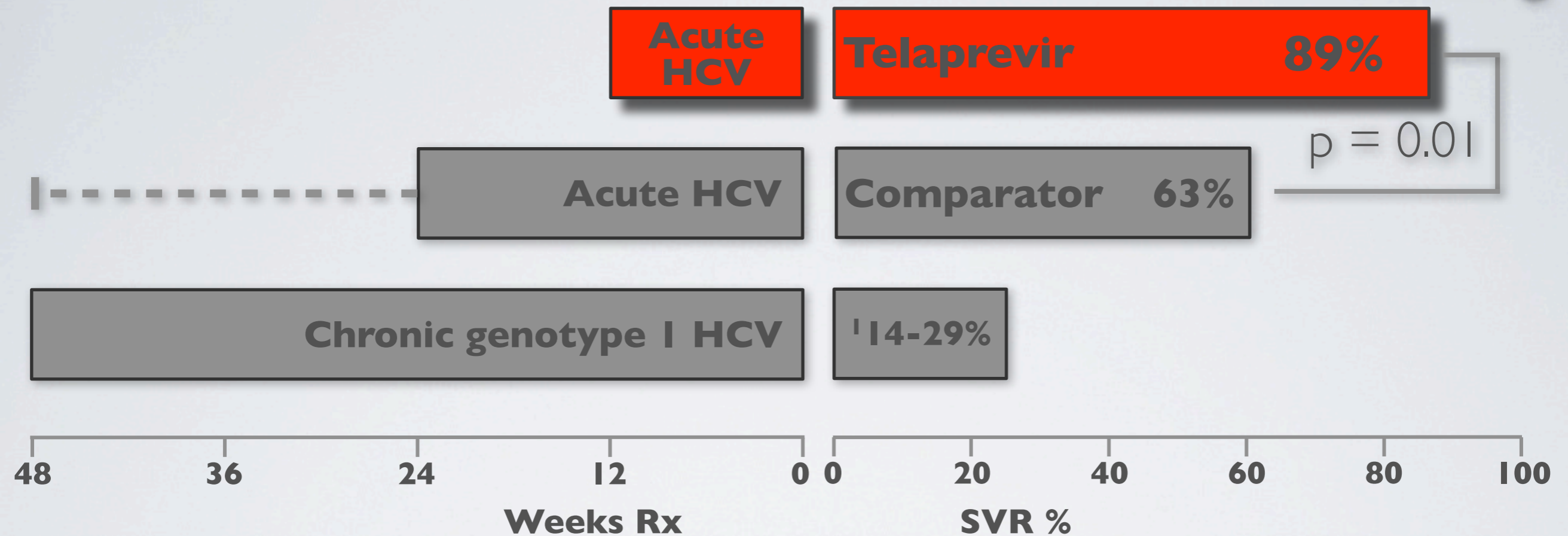
Conclusions:

Much better in half again as long



Conclusions

Much better
in half again
as long



¹ACTG, APRICOT

- Proved that study of new HCV agents can be done in HIV + MSM
- But not everyone cured, and too toxic
 - setting the stage for the next, best thing....

Interferon-free Treatment of Acute HCV in HIV+ Patients



- sofosbuvir (400 mg daily) + ribavirin (wt-based) x 12 wk
- any HCV genotype
- any ARVs (except tipranavir)
- ACTG study opened nationally in US in May '14
- But I have my own cohort to report:

Interferon-free Treatment of Acute HCV in HIV+ Patients



● 12 men treated so far:



Interferon-free Treatment of Acute HCV in HIV+ Patients

- potent, expensive, and morbid drug (TVR) added to low-potency and highly morbid regimen (pIFN+RBV) resulted in excellent outcomes but *even more morbid*
 - not, however, bullet-proof
- with SOF+RBV we can stop hurting our patients with IFN while likely curing even more of them
- next goal is to remove RBV with a regimen as tolerable and effective as their ARVs

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- Alison Uriel
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- Wouter van Seggelen
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