Journal of the International AIDS Society

Poster presentation

Open Access

HCV relapse after peg-interferon (IFN) plus ribavirin (RBV) therapy: is 12-week follow-up enough to determine sustained HCV clearance?

J Medrano*[1], S Resino[2], E Vispo[1], P Tuma[1], J García-Samaniego[1], L Martin-Carbonero[1], P Labarga[1], I Jimenez[1], M Romero[1], P Barreiro[1] and V Soriano[1]

Address: [1]Hospital Carlos III, Madrid, Spain and [2]Instituto Salud Carlos III, Majadahonda, Spain
* Corresponding author

from Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, **11**(Suppl 1):P268 doi:10.1186/1758-2652-11-S1-P268

This abstract is available from: http://www.jiasociety.org/content/11/S1/P268

Background

Sustained HCV clearance after pegIFN-RBV is less frequent in HIV-positive (-pos) than in HIV-negative (-neg) individuals. Less information exists about the rate of HCV relapses and timing for recurrence of HCV viremia upon completion of therapy in these two populations.

Methods

Retrospective analysis of all IFN-naïve patients with chronic hepatitis C who received a full course of 48 weeks of pegIFN (alpha 2a or 2b, at standard doses) plus weight-adjusted RBV (~13 mg/kg, 1,000–1,200 mg/day) therapy and had negative serum HCV-RNA at the end of treatment (EOT). Incidence and timing for HCV relapse were analyzed separately in HIV-pos and HIV-neg patients. Serum HCV-RNA was measured at EOT and every 3 months thereafter during the next year using a real-time PCR assay (Cobas Taqman, Roche), which has a lower limit of detection of 10 IU/mL.

Summary of results

A total of 610 patients treated with pegIFN-RBV were retrospectively identified; 390 (64%) HIV-pos and 220 (36%) HIV-neg. A total of 253 (41%) patients achieved EOT response (ITT analysis); 152 HIV-pos (39%) and 101 HIV-neg (46%) patients (p = 0.03). At EOT, main differences between HIV-pos vs. HIV-neg patients were as follows: mean age (41 vs. 45 years-old, p < 0.01), male gender (70% vs. 55%, p = 0.01) and HCV genotype 1–4 (58% vs. 79%, p < 0.01). HCV relapse occurred in 49 (32%) HIV-pos and in 26 (26%) HIV-neg subjects (p = 0.5). Timing for relapse was comparable in HIV-pos and HIV-neg patients: 70% vs. 55% within 12 weeks following EOT; 27% vs. 40% between week 12 and 24 following EOT, respectively (p = 0.3). There were two patients (one HIV-pos and one HIV-neg), who relapsed after week 24 following EOT. Re-infection was excluded in both cases by phylogenetic analysis. HCV genotype influenced the rate of relapse (more frequent in HCV-1/4 than in HCV-2/3), but not timing for relapse.

Conclusion

While the proportion of patients achieving EOT is lower in HIV-pos than HIV-neg, subsequent relapse occurs with similar frequency in the two groups (~30%). The rate of late relapses (≥week 12 upon completion of therapy) with pegIFN-RBV is greater than formerly reported using IFN monotherapy (2%, Zeuzem *et al.*, *J Hepatol* 2003), regardless of HIV status. The use of RBV may not only reduce the risk for relapse (Shiffman *et al.*, *Hepatology* 2007) but also delay timing for relapses upon completion of hepatitis C therapy. Therefore, 24 weeks of follow-up following EOT are warranted to ensure the achievement of sustained HCV clearance in most cases.