Abstract Q-134

Kinetically Guided Peginterferon alfa-2a and Ribavirin Therapy for HIV-infected Adults with Acute HCV Infection

C. Bradley Hare1, Kristen M. Marks2, Anne F. Luetkemeyer1, Edwin D. Charlebois1, Gavin Cloherty3, Marshall J. Glesby2, Andrew H. Talal2, Diane V. Havlir1, and Marion G. Peters1

1University of California, San Francisco, CA; 2Weill Cornell Medical College, New York, NY; and 3Abbott Molecular, Inc. Des Plaines, IL

Introduction

Acute HCV infection is increasingly being recognized among persons infected with HIV. Treatment during acute HIV infection can lead to shorter duration of treatment with high success rates. Regimens individualized based on virologic kinetic response may be developed to optimize treatment outcomes in HIV-infected individuals.

Study Population

HIV-infected individuals with acute HCV infection of <6 months duration, defined by a known or suspected exposure to HCV, detectable HCV RNA, plus any one of the following: (1) HCV Ab negative with detectable HCV RNA; (2) Current positive HCV Ab test with negative HCV Ab test >6 months prior; (3) ALT > 5x upper limits of normal, with normal levels within the prior year; and (4) Current positive HCV Ab test with most recent HCV Ab test negative at any time in the past. Other causes of acute hepatitis excluded.

Results (cont)

Demographics of enrolled subjects (N=21):
- All MSM (one also IDU)
- Median age 42 years (range 26 – 59)
- Median weight = 74.7 kg (range 62.3 – 103.6)
- Median entry HCV RNA 6.1 log10 IU/mL (range 2.3-7.5)
- Median ALT (peak) = 489 U/L (range 176 – 2715)
- Median ALT (entry) = 161 U/L (range 21 – 734)
- Median days from diagnosis to entry = 87 (range 40 – 163)

Results (cont)

In univariate analysis, SVR was negatively associated with entry HCV RNA (P<0.05) and positively associated with entry ALT (P<0.05) and entry CD4 (P<0.05). SNP917 (TT) 6/13 5/8 NS, SNP860 (CC) 4/13 4/8 NS, Black Race 1/13 2/8 0.25 (0.02-3.34) NS, Entry ALT, IU/L (median, range) 48 (21-106) 220 (65-734) 0.34 (0.04-60.66) 0.000, Days 1st abnormal ALT to entry (median, range) 5.20 (99-101) NS. All subjects with RVR achieved SVR. In patients with slow HCV clearance or negative predictors, longer duration of therapy may be of benefit and requires further study.

Conclusions

Overall SVR rates are high (62%) using this kinetically-guided, 24-week treatment approach when compared to standard 48-week treatment in chronic HCV infection. RVR was 100% predictive of SVR. IL28B genotype was not associated with treatment outcome. In patients with slow HCV clearance or negative predictors, longer duration of therapy may be of benefit and requires further study.

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