Clinical and virological characteristics of HIV and HCV co-infected versus HCV monoinfected patients: a real-life evaluation in the PITER (Piattaforma Italiana per lo studio della Terapia delle Epitopi vIRali) cohort

INTRODUCTION

Due to shared routes of transmission, HIV co-infection is common among patients with chronic HCV infection. On the other hand, in Italy more than 22,000 HIV infected patients in care, also carry HCV infection, and more than 7,000 of them have advanced liver disease. HIV co-infection increases the rate of chronicity and accelerates progression of HCV-related liver disease.

PITER (Piattaforma Italiana per lo studio della Terapia delle Epitopi vIRali) is a multicentric cohort study, developed as a collaboration among the Istituto Superiore di Sanità, the Italian Society for the Study of the Liver (AISF) and the Italian Society of Infectious Diseases (SIMIT). It aims to address the epidemiological burden of HIV and HCV co-infected patients in care with the final goal to address challenges in the field of therapy of HCV, as well as the long term effect of SVR in the natural history of HCV and HCV infections.

AIM

In this cross sectional analysis we aimed to characterize the HIV/HCV co-infected patients enrolled in PITER-HVC cohort according to socio-demographic, clinical and virological profiles and in relation to the treatment prioritization algorithm.

MATERIALS AND METHODS

The cohort of 8500 patients consecutively enrolled by more than 80 Italian clinical centers over the last 12 months within the PITER framework is a representative sample of HCV chronic infected patients in care. The web-based platform contains detailed clinical data of the enrolled patients. For this study the analysis included 7359 patients. Descriptive analysis is performed for the baseline parameters.

RESULTS

HIV/HCV co-infected patients are significantly younger than HCV mono-infected patients: median age is 51 years (SD 6 years) vs 61 years (SD 12 years) respectively (p<0.05).

HIV/HCV co-infected patients have a different distribution of HCV genotypes.

Clinical cirrhosis is present in 31% of HIV/HCV co-infected patients vs 39% of HCV mono-infected patients.

Fibrosis stage distribution is similar in HIV/HCV co-infected vs HCV mono-infected patients.

CONCLUSIONS

- The high cost of DAA has generated allocation policies mostly based on fibrosis stage as a surrogate for immediate treatment needs.

- The EASL 2015 Guidelines consider HIV co-infection as an HCV treatment priority because it increases the rate of chronicity and accelerates the progression of liver disease. The prioritization algorithm endorsed by AIFA is mostly based on fibrosis stage linked to HCV genotype.

- Allocation of DAA according to the priority rules should consider access to the treatment experience of patients.

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