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PREVENTING AND TREATING VIRAL HEPATITIS IN PEOPLE LIVING WITH HIV IS KEY FOCUS OF IAS 2015

Studies Confirm Need to Expand Diagnosis, Treatment and Prevention of Hepatitis B and C to Reduce HIV-Related Mortality Worldwide

Vancouver, British Columbia, Canada (22 July 2015) – The latest research points to new directions for reducing the significant impact of viral hepatitis co-infection among individuals living with HIV, according to new data presented this week at the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) in Vancouver.

According to the World Health Organization, the hepatitis C virus (HCV) affects an estimated 5-15% of all people living with HIV worldwide, and viral hepatitis (including hepatitis B and C) is a growing cause of illness and death among people living with HIV.

“The HIV epidemic does not exist in a vacuum,” said **Linda-Gail Bekker** of the Desmond Tutu HIV Centre in Cape Town and International AIDS Society President-Elect. “The story of HIV is also very much the story of the serious illnesses such as viral hepatitis that often accompany HIV, either because they are transmitted in similar ways or because HIV-positive individuals with weakened immune systems are more susceptible to other diseases. Expanding global access to treatment and prevention for serious co-infections is a critical but often overlooked component of efforts to reduce the toll of the HIV epidemic.”

At today’s IAS 2015 official press briefing, a panel of global researchers, advocates and NGO leaders, including **Tracy Swan** of Treatment Action Group, **Anchalee Avihingsanon** of the Thai Red Cross, **Marina Klein** of McGill University and **Jürgen Rockstroh** of the University of Bonn reviewed advances and challenges in addressing HIV and hepatitis co-infection, including results from several important studies presented at the conference:

Significant advances in hard-to-treat types of hepatitis C: While research has brought major advances in HCV treatment and cures in recent years, progress has been slower for individuals living with harder-to-treat HCV genotypes, advanced liver disease and HIV-HCV co-infection. The phase 3 C-EDGE study evaluated the effectiveness of 12 weeks of therapy with a once-daily, single tablet, fixed-dose combination of the protease inhibitor grazoprevir and the NS5A inhibitor elbasvir among 218 individuals living with HIV and HCV genotype 1, 4 or 6 – all three being traditionally harder to treat than other HCV genotypes. Ninety-five percent (95%) of patients in the study achieved sustained virologic response at week 12 (SVR12), meaning that HCV is undetectable 12 weeks following treatment. SVR12 was high across all patient subgroups including African Americans and those with cirrhosis. The study adds important data to a growing body of experience that even harder-to-treat forms of HCV may now be curable. *[Summary based on submitted abstract; updated data may be presented on site.]*

Abstract: High efficacy of grazoprevir/elbasvir in HCV genotype 1, 4, and 6-infected patients with HIV co-infection: the phase 3 C-EDGE co-infection study

Session: HCV: The Good News Continues (Ballroom C-D; Tuesday 21 July 14.30 – 16.00)

Direct-acting agents are highly effective against advanced HCV in real-world settings:

The ANRS CO13 HEPAVIH cohort enrolled hard-to-treat patients living with HIV and HCV co-infection: 69% were cirrhotic and 71% had failed to respond to previous treatment. Patients were treated with different direct acting antiviral (DAA)-based regimens, including sofosbuvir plus either daclatasvir or ledipasvir, or sofosbuvir plus pegylated interferon-ribavirin. Following treatment, HCV-RNA was undetectable in 99% of the patients, and global SVR12 was 90%. This real-life cohort showed that oral DAA-based regimens showed high efficacy and excellent tolerability in HIV-HCV co-infected patients in a variety of clinical settings. *[Summary based on submitted abstract; updated data may be presented on site.]*

Abstract: Use of oral DAA-based regimens in HIV-HCV co-infected patients in a real life setting – Interim analysis from the ANRS C013 HEPAVIH cohort

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Positive real-world HCV treatment experience for individuals with HIV and advanced HCV-related liver disease:

In another study, patients with HIV and advanced HCV-related liver disease from 221 centres in France were treated with an all-oral regimen containing the NS5A inhibitor daclatasvir (DCV) and the NS5B inhibitor sofosbuvir (SOF). Physicians in the study were able to add oral ribavirin to the treatment regimen at their discretion, and did so for 12% of the patients involved. Among patients treated with DCV+SOF for 12 or 24 weeks, 96.0% (24/25) and 95.1% (58/61) achieved an SVR12 respectively, as did 100% (6/6) and 100% (6/6) of the patients receiving DCV+SOF+RBV. In another positive development for individuals living with HIV and advanced liver disease, neither the duration of treatment nor cirrhosis status and genotype influenced the rate of SVR12. *[Summary based on submitted abstract; updated data may be presented on site.]*

Abstract: Daclatasvir plus sofosbuvir with or without ribavirin in patients with HIV-HCV co-infection: interim analysis of a French multicenter compassionate use program

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About IAS

Founded in 1988, the International AIDS Society (IAS) is the world's largest association of HIV professionals, with members from more than 180 countries. IAS members work on all fronts of the global response to AIDS and include researchers, clinicians, policy and programme planners, and public health and community practitioners.

About IAS 2015

The 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (19-22 July, Vancouver) is the leading scientific meeting on HIV. IAS 2015 brings together a broad cross section of more than 6,000 HIV professionals from around the world, with a focus on moving science into practice.

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- Like IAS 2015 on [Facebook](#) – and stay in touch with the latest conference updates and developments.
- Check us out on Instagram to see photos as they are happening! <https://instagram.com/iasociety/>
- Tell us why you're following IAS 2015 and what matters most to you. Join the IAS Conference on HIV Pathogenesis, Treatment and Prevention group on LinkedIn. You are welcome to start new discussions and add your comments to existing threads.

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