Ledipasvir + sofosbuvir in HIV co-infection

Co-infection with HIV and hepatitis C virus (HCV) is relatively common because of shared routes of transmission.

Researchers enrolled 50 co-infected people with severe liver injury (cirrhosis) and assigned them to receive 12 weeks of ledipasvir + sofosbuvir.

Participants were divided into two groups based on their use (or not) of anti-HIV therapy (commonly called ART or HAART):

- untreated HIV infection – 13 participants
- ART users – 37 participants

The average profile of participants at the start of the study was as follows:

- 74% men and 26% women
- age – 58 years
- HCV genotype 1a – 78%
- HCV genotype 1b – 22%
- HCV viral load – 6 logs
- CD4+ cell counts – 687 cells/mm$^3$ in non-users of ART; 576 cells in ART users

Anti-HIV drugs that were allowed in this clinical trial included the following:

- a fixed-dose combination of FTC + tenofovir (Truvada)
- a fixed-dose combination of efavirenz + FTC + tenofovir (Atripla)
- rilpivirine (Edurant and in Complera)
- raltegravir (Isentress)

Results

Among all participants who were not using ART, 100% (13 of 13) achieved an SVR$_{12}$.

Among ART users, 97% (36 of 37) achieved an SVR$_{12}$.

There were no significant changes to CD4+ cell counts or HIV viral load or toxicities to major organ-systems.

No deaths or premature departures from the study occurred.

For the future

A larger study code-named ION-4 is ongoing in co-infected people. This trial has enrolled 335 participants with HCV genotypes 1 or 4, all of whom are using one of the following ART regimens:

- Atripla
- Complera (rilpivirine + Truvada)
- raltegravir + Truvada

ION-4 has enrolled participants from Canada, New Zealand and the U.S. Results are expected later in 2015 or early in 2016.

—Sean R. Hosein
REFERENCE:

Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

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