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[PL6.1] NEW TREATMENTS IN HEPATITIS C AND B CO-INFECTION

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PURPOSE OF THE STUDY: HIV has been shown to accelerate the progression of hepatitis C and B, and to result in higher liver disease related mortality and morbidity, thereby clearly underlining the importance of treating HIV patients for underlying hepatitis. A number of important clinical studies were able to show that the introduction of pegylated interferon plus ribavirin combination therapy has significantly improved treatment outcome and that sustained virological response rates (SVR) over 40% in HIV/HCV co-infected individuals seem achievable. New data suggest that longer treatment duration of 48 weeks or 72 weeks may increase SVR in genotype (GT) 2/3 or GT 1 patients, respectively, and therefore needs to be considered particularly in slow responders. Recent studies could demonstrate that in HIV/HCV co-infected patients with GT 1/4 the optimal dose of ribavirin is similar to monoinfection (1000-1200mg daily) and thereby helps to enhance SVR rates in this particular group of patients. HCV drugs with different modes of action such as protease inhibitors and polymerase inhibitors are currently under investigation and may substantially impact HCV treatment algorithms in the near future.

In HIV/HBV co-infected patients with an indication for therapy for both HIV and hepatitis B, tenofovir + lamivudine (3TC) or emtricitabine (FTC)-containing HAART regimens are the favored first-line therapy as they includes medications which are dually active against HIV and HBV. In patients with no indication for HAART, either early initiation of a HAART regimen including two drugs active against both HBV and HIV, or a non-HAART regimen active only against HBV and not HIV (*i.e.* entecavir, peg-IFN) may be considered. Although HAART has no direct effect on hepatitis C replication, the immune restoration associated with it appears to slow down the progression of liver fibrosis. Therefore, in most situations, HIV therapy should not be withheld in HIV/HCV co-infected individuals.

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