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HIV infection does not increase the risk of liver complications in HCV-
infected patients with advanced fibrosis treated with direct-acting antivirals
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Abstract

Objective: To assess the impact of HIV coinfection on the risk of developing liver-related complications in HCV-infected patients with advanced fibrosis treated with direct-acting antivirals (DAA) after sustained virological response (SVR).

Design: Prospective cohort study.

Setting: Multicenter.

Subjects: Patients from the GEHEP and HEPAVIR cohorts were selected if they fulfilled the following criteria: treatment against HCV with all oral DAA combination; SVR achievement, defined as undetectable plasma HCV RNA 12 weeks after the end of therapy; pretreatment liver stiffness equal to or higher than 9.5 kPa; liver stiffness measurement at the time of SVR.

Main outcome measure(s): The primary variable was the time until the development of a liver complication or requiring liver transplant.

Results: Seven hundred and seventeen patients were included and 507 (71%) were coinfecting with HIV. After a median follow-up time of 21 (14-25) months, 15 (2.1%) patients developed a liver complication and/or underwent a liver transplant and 15 (2.0%) died. The probability of remaining free of hepatic complications or transplant at 1 and 2 was, respectively, 99 and 96% in HCV-

monoinfected patients and 99 and 98% in coinfecting patients ($P = 0.648$). In a multivariate analysis, in which nonliver-related death was considered as a competing event, HIV coinfection was not associated with the appearance of hepatic complications or requiring liver transplant [hazard ratio = 0.24; 95% CI (0.03-1.93), $P = 0.181$]. Having presented hepatic decompensation prior to SVR [hazard ratio = 29.06; 95% CI (3.91-216.16), $P < 0.001$] and the value of liver stiffness at the SVR time-point (hazard ratio = 1.12; 95% CI (1.07-1.18), $P < 0.001$) were associated with a higher probability of development of liver events.

Conclusion: HIV coinfection is not associated with a higher probability of developing liver complications in HCV-infected patients with advanced fibrosis, who achieved SVR with interferon-free regimens.

Corma-Gómez A, Morano L, Téllez F, Rivero-Juárez A, Real LM, Alados JC, Ríos-Villegas MJ, Vera-Méndez FJ, Muñoz RP, Geijo P, Macías J, Pineda JA; RIS-HEP13 and GEHEP 011 study groups. HIV infection does not increase the risk of liver complications in hepatitis C virus-infected patient with advanced fibrosis, after sustained virological response with direct-acting antivirals. *AIDS*. 2019 Jun 1;33(7):1167-1174. doi: 10.1097/QAD.0000000000002186