HIGHER AGE LEADS TO LOWER SVR-RATES IN BOTH, CHRONIC HEPATITIS C (CHCV MONO-) AND CHCV/HIV COINFECTED PATIENTS TREATED WITH PEGINTERFERON ALFA 2A AND RIBAVIRIN (RBV)

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Objectives: HCV associated liver disease has evolved as a major cause of morbidity and mortality in HIV-infected patients. This analysis evaluates the association of age with treatment response in chCV and chCV/HIV co-infected patients treated with Peginterferon alfa 2a + ribavirin. Methods: Noninterventional prospective multicenter German cohort, started January 2008. Interim analysis (July 2011) of chCV patients treated with Peginterferon alfa 2a + RBV, with complete follow-up data. Missing HCV-PCR for given timepoint was classified as failure. Patients were stratified for chCV and chCV/HIV co-infection and for age (years): 18<30, 30<40, 40<50, 50<60 and 60+. Results: 4421 chCV and 261 chCV/HIV coinfected patients were included in this analysis. Main baseline-characteristics (chCV vs. chCV/HIV): 61.7%, 77.4% were GT1/4; 62.9%, 82.4% male; BMI 25.5, 23.4 kg/m²; naïve/relapse/non-responder/re-infection: 88.4/5.4/5.6/0.7%, 83.1/5.0/7.7/4.2%; main source of infection: ivdu 45.5%, 32.6%, sexual transmission 3.9%, 44.8%. Baseline HCV-RNA was 650.000 and 1400.000 IU/ml. 62.9% of co-infected patients had HIV-RNA <50 copies/ml, 79.4% had baseline CD4 counts >350 u/µl. SVR rates substantially decreased in both patient groups with older age (18<30, 30<40, 40<50, 50<60): chCV 56.3/53.6/47.8/37.8%, chCV/HIV 50.0/47.9/46.0/23.1%. Conclusion: Older age was associated with lower SVR in chCV/HIV infected and chCV infected patients. This effect seems to be more pronounced in coinfected patients. Older patients will accumulate in the nonresponder population. Additionaly increasing age is associated with more rapid progression of liver fibrosis. Consequently more potent treatment strategies including direct acting antivirals against HCV are needed in this ageing patient population.