Rilpivirine-TDF-FTC in HIV-HCV Coinfected Patients **hEPAtic Study**



Rilpivirine-TDF-FTC in HIV-HCV Coinfected Patients hEPAtic: Design

Study Design: hEPAtic STUDY

- Background: Retrospective, case-control study to evaluate the hepatic safety (as measured by frequency of transaminase and total bilirubin elevations) of rilpivirine-tenofovir DF-emtricitabine once daily in HIV-HCV-coinfected patients.
- Inclusion Criteria (n = 519)
 - Age >18 years
 - Chronic HCV (detectable HCV RNA)
 - Starting new antiretroviral (ART) regimen
- Treatment Arms
 - EPA Group: Rilpivirine-tenofovir DF-emtricitabine
 - Control Group: Other new antiretroviral regimen

EPA group
RPV-TDF-FTC
(n = 173)

Control Group
Other ART Regimen

(n = 346)

EPA = rilpivirine-tenofovir DF-emtricitabine (*Complera*)

Source: Neukam K, et al. PLoS One. 2016;11:e0155842.



Rilpivirine-TDF-FTC in HIV-HCV-Coinfected Patients hEPAtic: Patient characteristics

Newly introduced antiretroviral therapy (ART) in the control group (n=346)

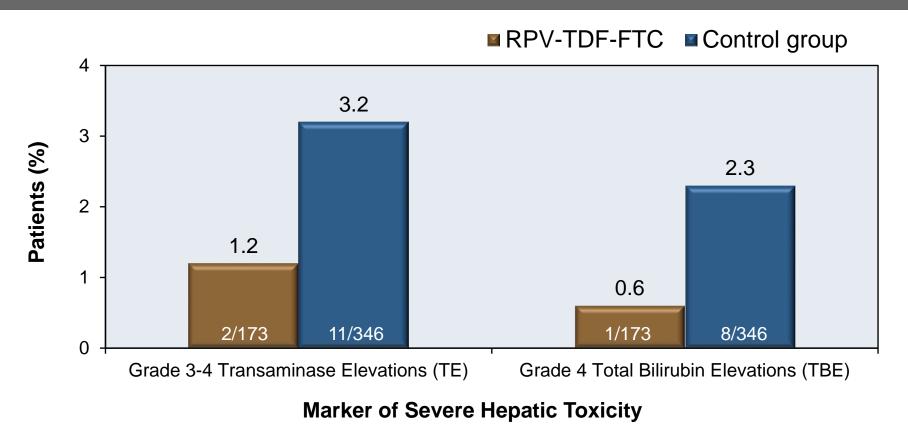
Antiretroviral Drug	Initiated ART (%)	Antiretroviral Drug	Initiated ART (%)
Tenofovir DF-emtricitabine	21.7	Efavirenz	9.5
Abacavir-lamivudine	12.4	Nevirapine	2.9
Other NRTI combinations	11	Etravirine	8.7
Lopinavir/ritonavir	4.3	Raltegravir	13
Atazanavir/ritonavir	13.9	Maraviroc	6.9
Darunavir/ritonavir	32.9		

Source: Neukam K, et al. PLoS One. 2016;11:e0155842.



Rilpivirine-TDF-FTC in HIV-HCV-Coinfected Patients hEPAtic: Result

Frequency of Severe Hepatic Toxicity

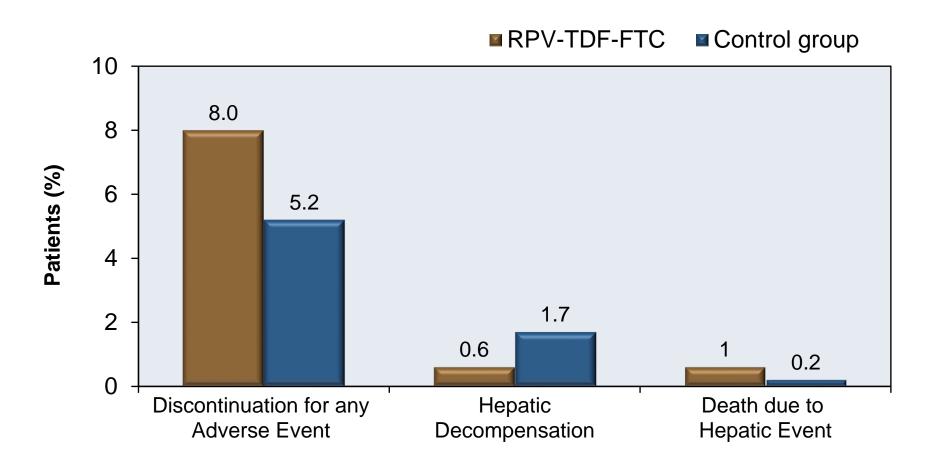


Grade 3 TE = ALT or AST 5-10x ULN; Grade 4 TE = ALT or AST > 10x ULN; Grade 4 TBE: total bilirubin ≥ 5 mg/dL



Rilpivirine-TDF-FTC in HIV-HCV-Coinfected Patients hEPAtic: Result

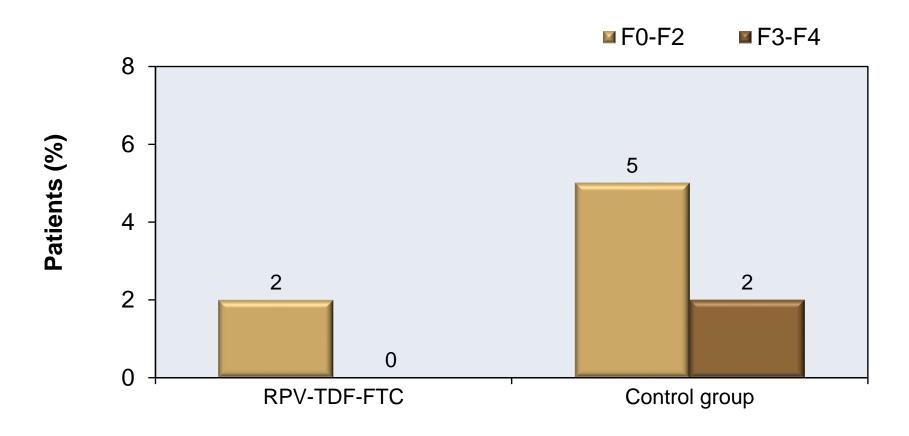
Discontinuation, Decompensation, and Death





Rilpivirine-TDF-FTC in HIV-HCV-Coinfected Patients hEPAtic: Result

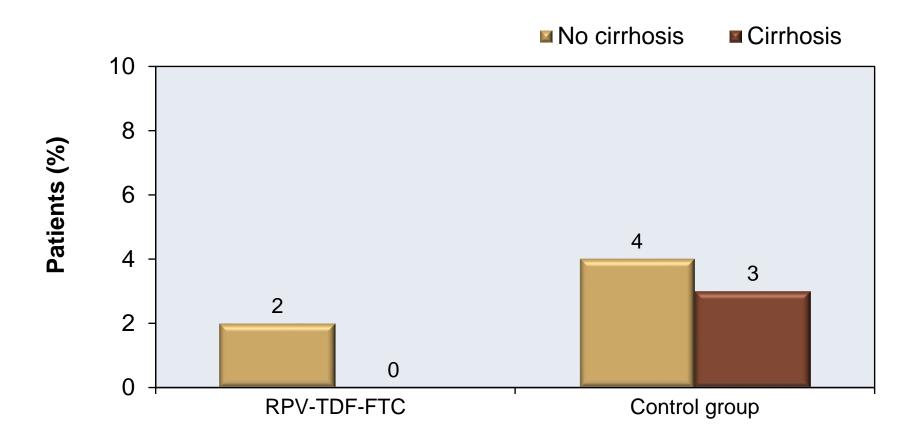
Grade 3-4 Transaminase Elevation, by Degree of Hepatic Fibrosis





Rilpivirine-FTC-TDF in HIV-HCV Coinfected Patients hEPAtic: Result

Grade 3-4 Transaminase Elevation, by Presence of Cirrhosis





Rilpivirine-FTC-TDF in HIV-HCV Coinfected Patients hEPAtic: Conclusions

Conclusion: "The frequency of severe liver toxicity in HIV/HCV-coinfected subjects receiving EPA under real-life conditions is very low, TE were generally mild and did not lead to drug discontinuation. All these data suggest that EPA can be safely used in this particular subpopulation."



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