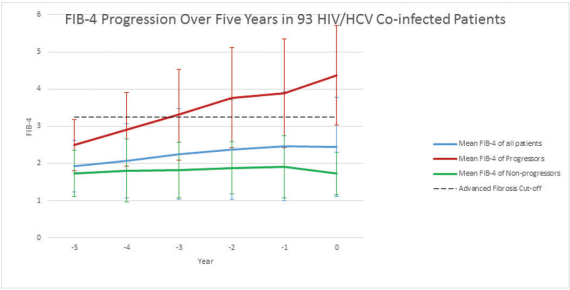

Disclosures. **All authors:** No reported disclosures.

2227. Hepatitis C Virus Treatment Response to Ledipasvir/Sofosbuvir Among Patients Co-Infected with HIV and HCV: Real-world Data in a Black Population

Jaspreet Banga, MD, MPH[1]; Sobia Nizami, MD[1]; Jihad Slim, MD[2]; Sandhya Nagarakanti, MD[3]; Mario Portilla, RN[1] and Shobha Swaminathan, MD[1]; [1]Rutgers - New Jersey Medical School, Newark, New Jersey, [2]Saint. Michael's Medical Center, Newark, New Jersey, [3]Infectious Disease, Family Treatment Center, Newark Beth Israel Medical Center, Newark, New Jersey

Session: 245. HIV and HCV
Saturday, October 7, 2017: 12:30 PM

Background. Treatment of Hepatitis C virus (HCV) infection for patients with Human Immunodeficiency Virus (HIV) has improved with direct acting antivirals (DAAs). However, outcomes among Black persons treated with ledipasvir/sofosbuvir (LDV/SOF) may be inferior to non-Blacks. We assessed responses to LDV/SOF in a cohort of Black HIV/HCV co-infected persons in Newark, New Jersey.

Methods. Retrospective chart reviews were conducted for Black, genotype 1 (GT1), HIV/HCV co-infected patients treated with LDV/SOF at three hospitals in Newark, New Jersey between January 2014 and July 2016. Data collected included demographics, HCV treatment history, treatment duration and response.

Results. 117 HIV/HCV co-infected Black patients started treatment with LDV/SOF but 5 had no follow up data and 5 prematurely discontinued treatment (1 due to side effects). We included 107 HIV/HCV co-infected patients who completed LDV/SOF at all three sites. The study population was 65% male, median age 58 years, 26% had cirrhosis and 77% had GT1a. 31% were treatment experienced but none with prior NS5a treatment. At baseline, median CD4 count was 680 cells/mm^3, HIV viral load (VL) was < 40 in 94% and median HCV VL was 2257403 IU/ml. 29% of patients changed antiretroviral treatment (ART) before LDV/SOF treatment due to drug interactions (Table-1).

Table-1: ART changes prior to LDV/SOF treatment

Regimen	Baseline (*N* = 107)	Switched (*N* = 31)	Switched to	Final prior to treatment (*N* = 107)
Integrase inhibitor (INSTI)	48	10	INSTI	65
Protease inhibitor (PI)	28	14	INSTI	14
Included efavirenz	12	3	INSTI	5
		4	Other	
Other	19	0	-	23

6, 89, and 12 patients completed 8, 12, and 24 weeks of LDV/SOF respectively. Table-2 shows details of our sustained virologic response (SVR) data.

Table-2: SVR12 Rates by Treatment Duration and ART class

	SVR12 Rates	Relapse
Overall	93%	7/107
By duration		
8 weeks	67%	2/6
12 weeks	96%	4/89
24 weeks	92%	1/12
By ART Class		
INSTI	95%	3/65
PI	93%	1/14
Included efavirenz	80%	1/5
Other	91%	2/23

Conclusion. In this real-world cohort of Black, GT1, HIV/HCV co-infected patients, LDV/SOF had high SVR12 rate of 93%. However, there were not enough patients in the 8 week arm to assess its efficacy. This data supports the overall high efficacy of LDV/SOF in a difficult-to-treat patient population.

Disclosures. **J. Slim**, Gilead: CME/CE, Consultant, Investigator and Speaker's Bureau, Consulting fee, Research support and Speaker honorarium; Abbvie: CME/CE, Consultant and Investigator, Consulting fee, Research support and Speaker honorarium; Merck: CME/CE, Consultant and Investigator, Consulting fee, Research support and Speaker honorarium; ViiV: CME/CE, Consultant and Investigator, Consulting fee, Research support and Speaker honorarium; Janssen: CME/CE and Consultant, Consulting fee and Speaker honorarium; BMS: CME/CE, Speaker honorarium; **S. Swaminathan**, Gilead Sciences: Grant Investigator and Scientific Advisor, Consulting fee and Research grant

2228. Treatment of HCV NS3/4a Protease Inhibitor Experienced Patients with Sofosbuvir Containing Regimens in an Outpatient Clinic

Shelley Gilroy, MD[1]; Madhuchanda Choudhary, MD[2]; John Faragon, PharmD[3]; Peter Ells, MD[4]; Zoe Kingsley RN and Joseph Cirabisi; [1]Infectious Diseases, Albany Medical College, Albany, New York, [2]Infectious Disease, Albany Medical College, Albany, New York, [3]Pharmacy, Albany Medical College, Albany, New York, [4]Gastroenterology, Albany Medical College, Albany, New York

Session: 245. HIV and HCV
Saturday, October 7, 2017: 12:30 PM

Background. We assessed the success rate of retreatment with a sofosbuvir containing regimen in HIV/ HCV genotype 1 coinfected patients who failed a regimen containing a HCV protease inhibitor in a HIV Primary care clinic.

Methods. A retrospective review of outpatient medical records was conducted to identify HCV Genotype 1 coinfected patients whose last HCV regimen included an NS3/4a protease inhibitor, had failed treatment, and were retreated with sofosbuvir containing regimen between January 2014-December 2015. All had suppressed HIV viremia prior to treatment initiation. HIV and HCV care was provided by the primary provider who consisted of 4 infectious disease physicians, two internists and one physician assistant. Referral to a Hepatologist and medication review by a Pharmacist was decided by the primary provider. Age gender, ethnicity, prior HCV treatment regimen, change in antiretroviral regimen and SVR 12 rates were collected and tabulated.

Results. 14 patients were retreated during this two year period; 13 males and 1 female. 4(29%) were Black, 8(57%) Caucasian, 2(14%) Hispanic. Age ranged from 37 to 69. 12(86%) had genotype 1a, 1 (7%) genotype 1b, 1 had genotype 1a/1b. 9(64%) were treated previously with Pegylated Interferon-Ribavirin (Peg-RBV) plus telaprevir, 2 (14%) simeprevir/sofosbuvir, 1 (7%)Peg-RBV/faldaprevir, 1(7%) Peg-RBV/simeprevir, 1(7%) Peg-RBV/sofosbuvir. HIV regimen was changed in 5(36%) patients prior to HCV treatment due to drug-drug interactions. 7(50%) patients were F4, 1(7%) patient was F2–3, 3(21%) patients were F2, 2(14%) patients were F1, 1 (7%) patient had an unknown fibrosis status. 10(71%) were treated with ledipasvir/sofosbuvir, 2(14%) were treated with simeprevir/sofosbuvir, 1(7%) was treated with ledipasvir/sofosbuvir/ribavirin, 1(7%) was treated with Peg-RBV/sofosbuvir. 13(93%) patients obtained an SVR12 and 1 (7%) patient was lost to follow up after 8 weeks of ledipasvir/sofosbuvir.

Conclusion. In this group of HIV coinfected Genotype 1 HCV NS3/4a protease inhibitor experienced patients, retreated with ledipasvir/sofosbuvir with or without ribavirin and Peg-RBV-sofosbuvir, 93% SVR12 was achieved in a HIV primary care setting. HIV/HCV treatment was delivered using a multidisciplinary approach.

Disclosures. **J. Faragon**, Abbvie, BMS, Gilead, Janssen, Merck: Speaker's Bureau, Speaker honorarium; **P. Ells**, ABBVIE, GILEAD, MERCK: Speaker's Bureau, Speaker honorarium

2229. Difference in SVR12 Outcomes in the HIV/HCV Co-Infected Population in New Orleans, Louisiana

Tulsi Shah, MBBS[1]; Yussef Bennani, MD, FIDSA[2]; George Therapondos, MD[3]; Christopher Parsons, MD, FIDSA[2]; Randi Kendrick, MPH[4] and Julia Garcia-Diaz, MD, FIDSA[1]; [1]Infectious Diseases, Ochsner Clinic Foundation, New Orleans, Louisiana, [2]Infectious Diseases, Louisiana State University, New Orleans, Louisiana, [3]Multiorgan Transplant Program, Ochsner Clinic Foundation, New Orleans, Louisiana, [4]Infectious Diseases, Ochnser Clinic Foundation, New Orleans, Louisiana

Session: 245. HIV and HCV
Saturday, October 7, 2017: 12:30 PM

Background. While historically, African American (AA) patients chronically infected with hepatitis C (HCV) have had lower rates of response to interferon-based therapy, recent studies show that rates of sustained viral response at 12 weeks (SVR12) receiving ledipasvir-sofosbuvir (LDV/SOF) for 8–12 weeks are comparable to those for non-AAs. Data from the ION-4 study demonstrated overall similar SVR12 rates for patients co-infected with Human Immunodeficiency Virus (HIV) and HCV, but significantly reduced SVR12 observed in the AA population (11% vs 0% in non-AAs). The purpose of this study was to determine SVR12 outcomes of the AA population with HIV/HCV co-infection in New Orleans, Louisiana.

Methods. We conducted a retrospective chart review at Ochsner Medical Center (OMC) and Louisiana State University's HIV Outpatient Program (LSU-HOP) using EPIC-CLARITY from 01/2014 to 02/2017. Specific inclusion criteria included: age 18 or older, and co-infection with HIV and chronic HCV. Exclusion criteria included: pregnancy, acute HCV infection, and chronic HBV infection. The primary outcome was proportion of AA patients achieving SVR12. Secondary outcome was proportion of all patients achieving SVR12.

Results. A retrospective record review was performed on a total of 228 patients, yielding 188 patients that met inclusion criteria. Our population demographics included 139 AA (73.9%), 45 Caucasian (23.9%), and 4 other (2.1%). 64/188 (34.0%) patients received active therapy against HCV [45 AA (70.3%), 17 Caucasian (26.6%)]. Of those, 41/64 (64.1%) achieved SVR12; when further analyzed by race 28/41 (68.3%) were AA and 12/41 (29.3%) were Caucasian (P = 0.65). 8/64 (12.5%) were