Panel Discussion 4: Improving Liver Disease Outcomes: New Drugs, New Strategies, New Realities
Case Presentation: Jeffrey J. Weiss, PhD, MS
Victor

- 46 year old man with AIDS diagnosis
- Major Depression, Recurrent
- Alcohol, Marijuana and Cocaine Dependence (smokes crack cocaine)
- Bisexual – only active with men in recent years
Acute HCV diagnosed Feb 2011
Possible routes of acute infection?

• Well engaged in care with HIV physician, psychiatrist, psychologist, outpatient substance use program
• Could acute infection have been prevented through better counseling?
• There certainly were enough of us professionals meeting with the patient on a regular basis to do the counseling!
February 2011

- 5 months since infection
- HCV RNA 3.6 million
- Genotype 1a, IL28B CT
- HIV meds – TDF/FTC + ATV/r
- Psych meds – citalopram, olanzapine
- Undetectable HIV viral load; CD4 = 499
Began Peg-IFN/RBV Feb 2011

• Baseline – 3.6 million
• Week 2 – 4.0 million
• Week 4 – 6.6 million
• Week 6 – 6.5 million
• Week 8 – 15.7 million
• Week 10 – 5.7 million
• Week 12 – 4.9 million

What to do now?

Adherent to clinic visits; occasional alcohol and crack cocaine use during first 12 weeks of treatment; reports a few missed doses of ribavirin and no missed doses of interferon
Treatment stopped June 2011

• HIV viral load is 11,500
  What could explain this?

• Liver Biopsy (Nov 2011)
  Stage 2, Grade 3

Offer option of re-treatment with telaprevir?
Triple therapy started June 2012

- Required to come to clinic for weekly PEG-IFN injections, meeting with psychiatrist or psychologist and adherence visits

- Enrolled in electronic monitoring of telaprevir study protocol
12 weeks of telaprevir
Currently at week 39 of treatment

Week 0 – HCV RNA 11.5 million
Week 1 – 830
Week 2 – 69
Week 4 – 8
Week 5 - < 5
HCV RNA not detected since week 12