Introduction

HBV infection (HBV) is a common coinfection in HIV patients treated for HIV. Treatment options for chronic HBV in HIV and treatment rates are as high as 25% in areas where both cases are endemic. Coinfection worsens morbidity and mortality synergistically – HBV-HIV-infected patients have higher HBV DNA levels, are more likely to have chronic HBV or cirrhosis, and have higher rates of ARV and hepatocellular carcinoma. Tenofovir disoproxil fumarate (TDF) is active against both HBV and HIV and is approved for treatment of HIV by the FDA as a single agent. Current guidelines recommend TAF or tenofovir alafenamide (TAF) for treatment of HBV in HIV as a single agent. This study reports HBV and HIV outcomes in antiretroviral treatment (ART)-containing regimens for treatment of patients with HIV and HBV. We report HBV and HIV outcomes in antiretroviral treatment (ART)-containing regimens for treatment of patients with HIV and HBV. We report HBV and HIV outcomes in antiretroviral treatment (ART)-containing regimens for treatment of patients with HIV and HBV.

Methods

HBV Assessments and Definition of Active HBV Infection
All participants enrolled in the 4 studies were tested for HBV serostatus at screening and Week 48. All participants who tested positive for HBV surface antigen (HBsAg) were recommended to stay on ATIV and discontinued at 1 (1 had to follow-up). Two participants did not have Week 48 HBV DNA assessments – one randomized to stay on ATIV discontinued after 9 days later, HBV DNA was 599,000 IU/mL and HIV-1 RNA was <50 copies/mL. The other participant did not have Week 48 HIV RNA (HBV DNA was not detected at Week 48 visit).

Study 1490 Results: HIV-B/HBV-Infected Treatment-Naïve Participants

HIV and HBV Outcomes
12 of 13 treatment-naive participants with HBV/LV and BL, and BL, HIV and HBV DNA results at Week 48. 11 (9%) achieved HBV DNA <20 IU/mL, at Week 48 (Table 4).

Two participants (15%) had HBsAg loss at Week 48. Both had HBV DNA <20 IU/mL, BL, and were HBV sero-positive and HBsAg-negative at BL (1 had HBV DNA <20 IU/mL, BL, HBV sero-positive, and HBV DNA >20 IU/mL), and 200 IU/mL, BL, HBV sero-positive, and HBV DNA >20 IU/mL, BL).

HBV Outcomes and HBV DNA Results at Week 48

Factors associated with HBV DNA <20 IU/mL at Week 48 were HBV/HBV coinfection, and randomized to continue ATIV. At Week 48, 1 participant experienced HBV DNA >20 IU/mL and HIV RNA <50 copies/mL.

Study 1878 Results: HIV-B/HBV-Infected Treatment-Experienced Participants

Incident HBV Infections

At Week 48, HIV RNA was <50 copies/mL, and HBV DNA was <20 IU/mL. At Week 48, 1 participant experienced HBV DNA >20 IU/mL and HIV RNA <50 copies/mL.

Conclusions

1 participant randomized to receive DFTG/ATV/r/DCV treatment experienced incident HBV.

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References

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