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## THE DIFFICULTIES OF INVESTIGATING THE ROLE OF HCV COINFECTION ON SURVIVAL AND RESPONSE TO HAART

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**INTRODUCTION:** We aimed to examine the role of HCV coinfection on survival in the pre-HAART era; and on the chance of achieving viral suppression on HAART. We describe some of the difficulties in assessing the true role of HCV.

**METHODS:** Using pooled data from 22 cohorts of HIV-seroconverters, we analysed the effect of HCV on time from seroconversion to death using a Cox model, adjusting for known prognostic factors, and censoring at the end of 1996. We then considered individuals starting HAART, analysing the effect of HCV status on the time from starting HAART to below-detectable viral load (BDVL) using a Cox model, adjusted for previous ART use, baseline viral load, and other known prognostic factors.

**RESULTS:** In the pre-HAART era, data were available on 6053 seroconverters of whom 1405 (23%) died. 1316 (22%), 1507 (25%) and 3223 (53%) were HCV-positive, negative and untested respectively. Persons with known HCV status were at much lower risk of death, compared to those untested for HCV (RR=0.18 (0.15-0.21),  $p<0.001$ ). Of 2322 individuals starting HAART, 507 (22%), 976 (42%), and 839 (36%) were HCV-positive, negative, and untested respectively. 2005 (86%) achieved BDVL. HCV prevalence was >90% among tested IDUs/haemophiliacs, and <16% in other groups. After adjusting for IDU vs non-IDU, HCV-positive status had no effect on time to BDVL (RR=0.96 (0.81-1.15),  $p=0.69$ ), however IDUs appeared less likely to achieve viral suppression (RR=0.81 (0.67-0.98),  $p=0.03$ ).

**CONCLUSIONS:** We found no evidence of an independent effect of HCV on time to viral load suppression. However, it is possible that HCV-positive status contributes to the longer time to viral suppression in IDUs. It is difficult to separate these effects, given the

high prevalence of HCV in IDUs. Natural history studies must tackle the problem that those tested for HCV in the pre-HAART era may be an extremely selected group with better prognosis.

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