

Treatment Naïve, Chronic HCV and HIV

Peginterferon alfa-2a + RBV versus Interferon alfa-2a + RBV  
ACTG 5071

Chung RT, et. al. N Engl J Med. 2004;351:451-9.

## PEG alfa-2a + RBV versus IFN alfa-2a + RBV in HCV & HIV ACTG 5071 Study: Features

- **Study**
  - Randomized, placebo-controlled, phase 2 trial
  - Conducted at 21 ATG sites in United States
- **Subjects**
  - N = 133 chronically infected with both HCV and HIV
  - Treatment naïve
  - 78% genotype 1
- **Regimens (48 Week Treatment)**
  - Peginterferon alfa-2a 180 µg 1x/week + Ribavirin (dose escalation)
  - Interferon alfa-2a: 6 million IU 3x/week, then 3 million IU 3x/week + Ribavirin (dose escalation)
- **Primary Endpoint**
  - Undetectable HCV RNA (< 50 IU/ml) 24 weeks after stopping Rx

## PEG alfa-2a + RBV versus IFN alfa-2a + RBV in HCV & HIV ACTG 5071 Study: Design



### Drug Dosing

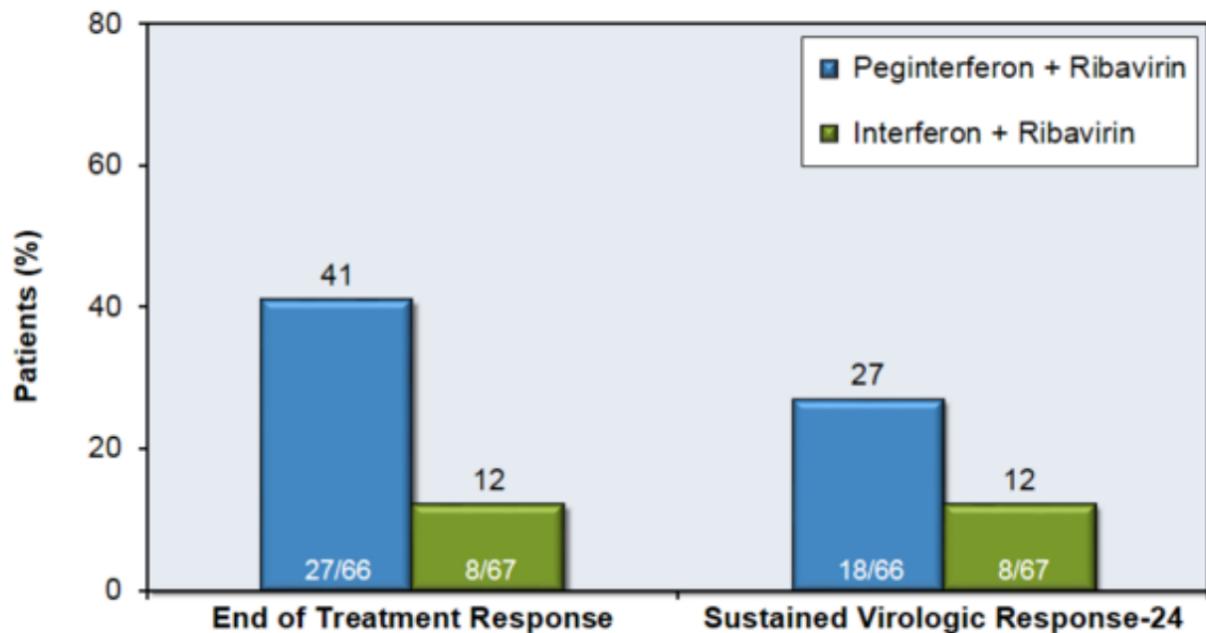
Peginterferon alfa-2a 180 µg 1x/week x 48 weeks

Interferon alfa-2a 6 million IU 3x/week x 12 weeks, then 6 million IU 3x/week x 36 weeks

Ribavirin (divided bid): 600 mg/day x 4 weeks, then 800 mg/day x 4 weeks, then 1000 mg/day x 40 weeks

# PEG alfa-2a + RBV versus IFN alfa-2a + RBV in HCV & HIV ACTG 5071 Study: Results

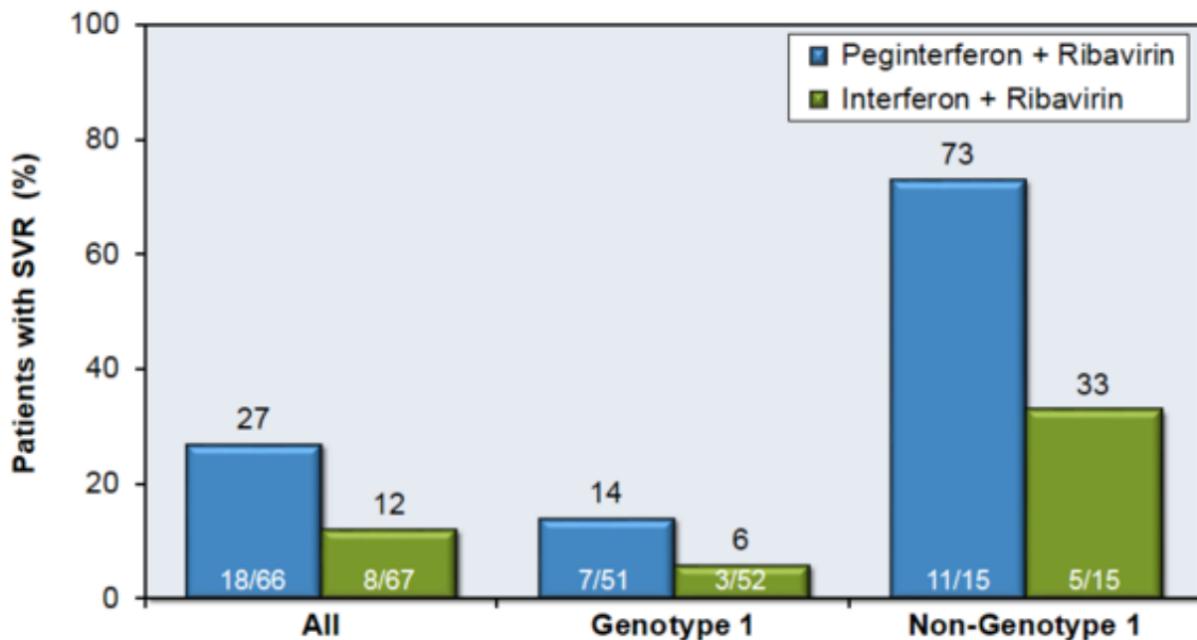
## ACTG 5071 Study: Virologic Responses by Treatment Regimen



Source: Chung RT, et. al. N Engl J Med. 2004;351:451-9.

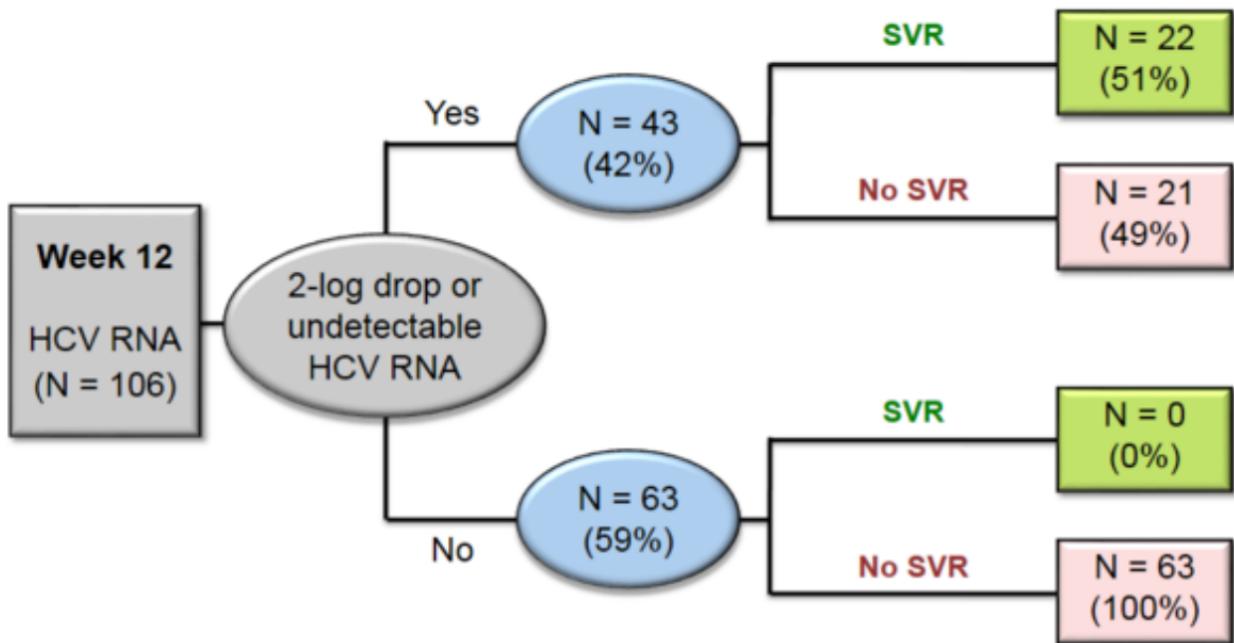
# PEG alfa-2a + RBV versus IFN alfa-2a + RBV in HCV & HIV ACTG 5071 Study: Results

## ACTG 5071 Study: SVR24 by Treatment Regimen and Genotype



Source: Chung RT, et. al. N Engl J Med. 2004;351:451-9.

# PEG alfa-2a + RBV versus IFN alfa-2a + RBV in HCV & HIV ACTG 5071: Predictive Value of Early Virologic Response



Source: Chung RT, et. al. N Engl J Med. 2004;351:451-9.

## PEG alfa-2a + RBV versus IFN alfa-2a + RBV in HCV & HIV ACTG 5071 Study: Conclusions

**Conclusions:** "In persons infected with HIV, the combination of peginterferon and ribavirin is superior to the combination of interferon and ribavirin in the treatment of chronic hepatitis C. These regimens may provide clinical benefit even in the absence of virologic clearance. The marked discrepancy in the rates of sustained virologic response between HCV genotypes indicates that strategies are needed to improve the outcome in persons infected with HCV genotype 1."

This slide deck is from the University of Washington's  
*Hepatitis C Online* and *Hepatitis Web Study* projects.

Hepatitis C Online  
[www.hepatitisc.uw.edu](http://www.hepatitisc.uw.edu)

Hepatitis Web Study  
<http://depts.washington.edu/hepstudy/>

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