

Study Category

Hepatitis C and HIV

Title

If hepatitis C (HCV) is an opportunistic infection, why has HAART not led to dramatic improvements in liver disease among HIV-HCV co-infected patients?

Principal Investigator at TGH

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Sponsor

CIHR

Brief Description of Study

Highly active antiretroviral therapy (HAART) has brought dramatic reductions in morbidity and mortality from virtually all causes of illness among HIV-infected persons. One of the glaring exceptions to this trend is endstage liver disease—now one of the leading causes of death in HIV-HCV-infected persons. HCV clearly progresses more rapidly in the context of HIV and thus, HCV has been called an opportunistic infection. Consequently, HCV related disease should improve with the initiation of HAART. Paradoxically, this has not been clearly demonstrated. Several potential factors may be tempering gains from immune restoration including, chronic hepatotoxicity related to antiretrovirals, possible irreversibility of hepatic damage, incomplete immune recovery, alcohol use, other co-morbid conditions and problems with access and/or adherence to HAART in a population with high rates of substance use.

The primary objective is to determine the effect of HAART on progression to endstage liver disease in HCV-HIV co-infection while evaluating the contributions of important social and biologic factors that may modify fibrosis progression rates. The project will also focus on validation and use of non-invasive markers of hepatic fibrosis, chronic hepatotoxicity of antiretrovirals and the immunopathogenesis of HCV related disease in the context of HAART.

Contact Person

Enrollment expected to begin September 2006
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