

The role of Hepatitis C core Antigen (HCV-cAg) in the era of hepatitis C Direct-Acting Antiretroviral (DAA)

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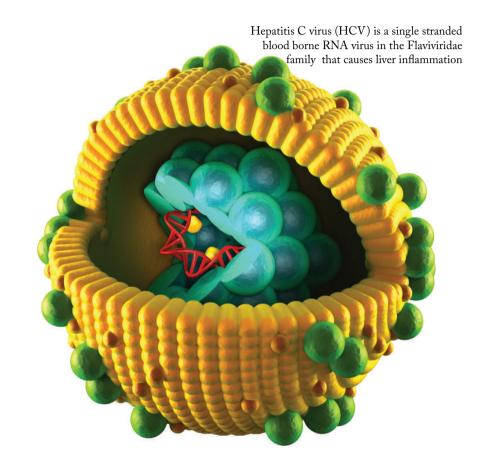




214,000 chronically infected people living with hepatitis C in the UK ²

An estimated 40% remain undiagnosed ²

The prevalence of HIV and HCV coinfection is about 9% in the UK³





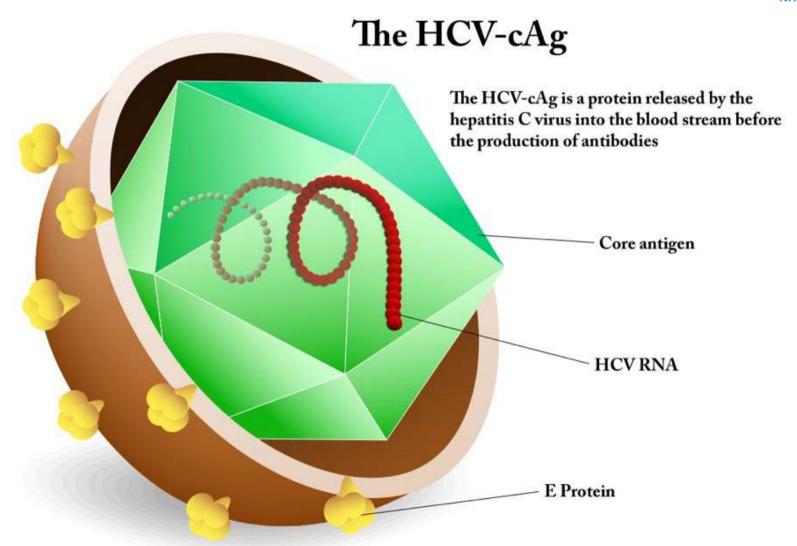
^{1.} Costella, A., Goldberg, D., Harris, H., Hutchinson, S., Jessop, L., Lyons, M., Mandal, S., Ramsay, M. & Salmon, J. [Public Health England] (2016) Hepatitis C in the UK - 2016 report. Strategy Retrieved from <a href="https://www.gov.uk/government/uploads/system/uploads/syst

Turner J et al. The prevalence of hepatitis C virus (HCV) infection in HIV-positive individuals in the UK – trends in HCV testing and the impact of HCV on HIV treatment outcomes. J Viral Hepat, 17: 569-77, 2010



^{2.} Harris H, Costella A, Goldberg D, et al. Hepatitis C in the UK 2015 report

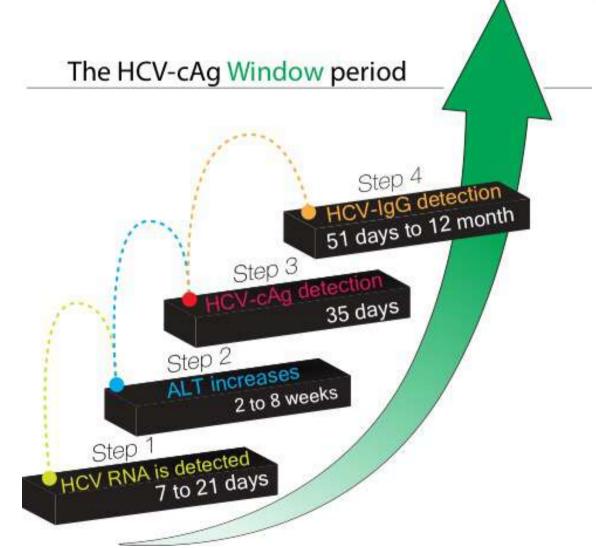
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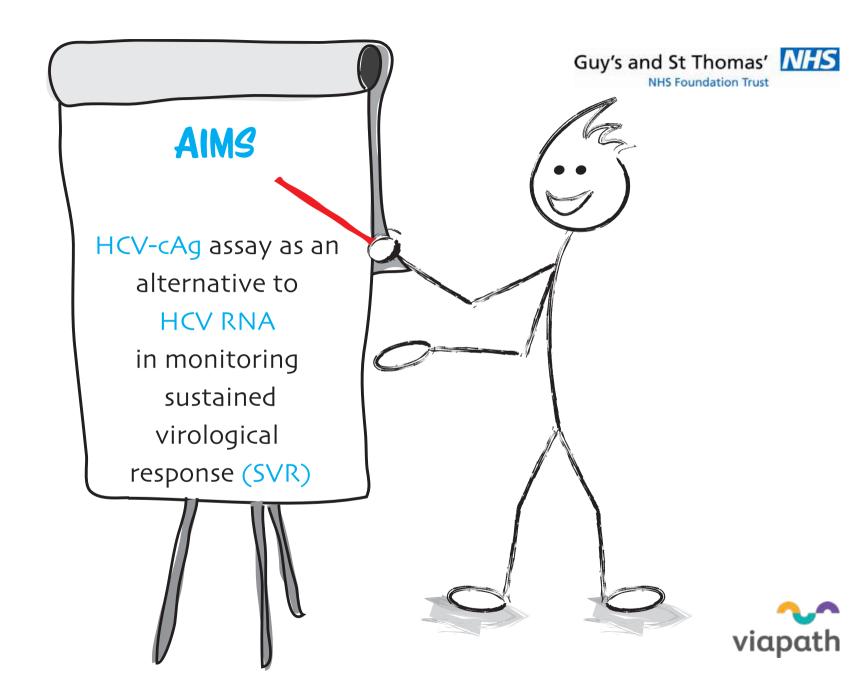
















Background

- Hepatitis C core antigen (HCVc-Ag) could be a cost effective alternative to hepatitis C RNA.
- Currently the cost of one HCV-RNA test is £76 whereas HCV-cAg test is predicted to be less at £16 (variable).

• HCV-cAg testing takes 60 minutes, decreasing the turnaround time ¹.







Background – Clinical

- More than 90% HCV cure rate using DAAs.
- Monitoring on DAAs treatment includes:
 - HCV RNA at baseline
 - On treatment: week 4, 8, 12
 - Post treatment: SVR4, 12 and 24
 - Long term monitoring for HCV reinfection ¹.







Methods

- Retrospective data collection (February 2016 to March 2017)
 - Demographics, HCV RNA and genotype
 - Liver Fibrosis assessment FibroScan.
- HCV RNA samples were retested using the Abbott Architect HCV antigen assay.
 - a chemiluminescent microparticle immunoassay for the quantitative determination of core antigen to HCV in human serum and plasma, with a manufacturers sensitivity report of 97.8% and specificity of \geq 99.5% ¹.
- Result interpretation use for the HCV-cAg.
 - Negative = less than 3 fentomol (fmol/L)
 - Equivocal = between 3 to 10 fmol/L
 - Positive = more than 10 fmol/L

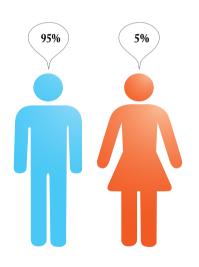






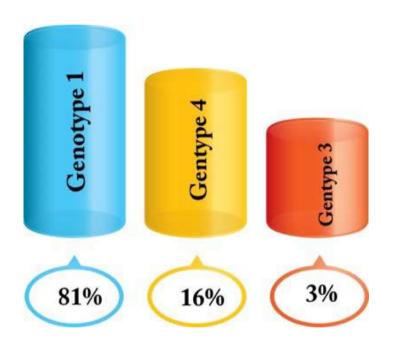
Results 1: Demographics

65 HIV / HCV patients Median age of 44 - IQR: 36 - 50 85% MSM



Ethnicity

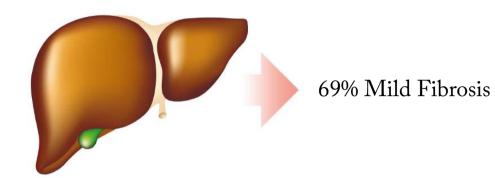
80% White 7% Black 13% Asian

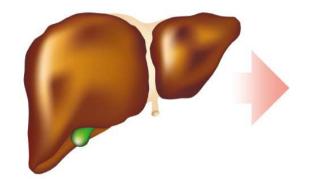




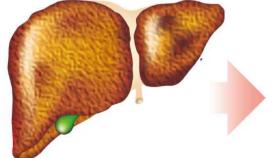


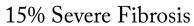






17% Moderaten Fibrosis









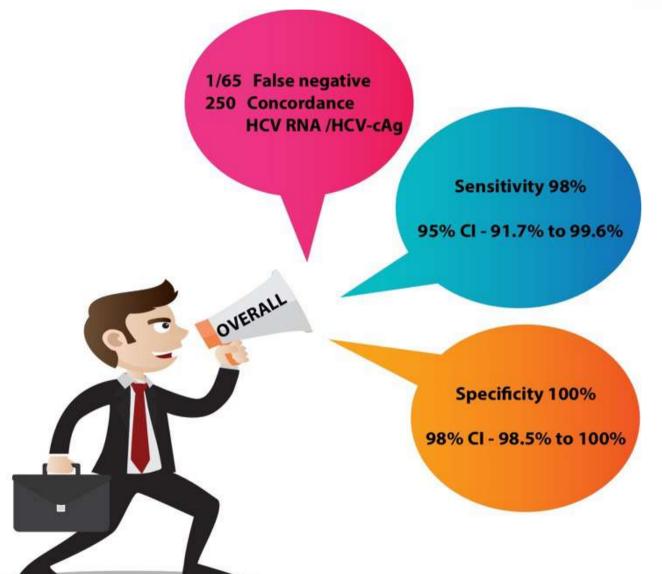








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Discussion

HCV core antigen testing (HCV-cAg) can be used in the following situations:

To identify active infection.

To monitor treatment response.

To monitor long term sustained virological response (SVR).

To detect re-infection.







Discussion

• In this cohort we found one HCV-cAg false negative, with a HCV RNA of 1,166 IU/ml.

• A systematic review and meta-analysis showed a good correlation with HCV RNA grater than 3,000 IU/ml ¹.







Conclusion

- In this cohort HCV-cAg testing is a reliable test with 99.6% negative predicted value (NPV) and 100% positive predicted value (PPV).
- HCV-cAg testing could be a cost effective alternative to HCV-RNA for monitoring SVR.
- £9,880 for 65 patients having twice a year HCV RNA monitoring
- £7,800 saving if HCV-cAg is done instead of HCV RNA







The HCV-cAg team: Ming Lee, Susanne Johansen, Siobhan O'Shea, Catherine Lewis, Jane Mullen, Gaia Nebbia, Terry Wong & Ranjababu Kulasegaram

Abbvie for contributing for the HCV-cAg testing cost



