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Certified for Category 1 Credit through February 28, 2010

(60 minutes)

HCV and HIV Coinfection

Bruce W. Polsky, MD

Vice Chairman, Department of Medicine
Chief, Division of Infectious Diseases
St. Luke's-Roosevelt Hospital Center
New York, New York

**UP TO 2 AMA PRA
CATEGORY 1 CREDITS™**

This activity is designed for primary
care physicians and other interested
healthcare professionals.



More than 170 million people worldwide have chronic hepatitis C virus (HCV) infection and approximately 40 million individuals are infected with the human immunodeficiency virus (HIV). Coinfection with HIV and HCV is common and affects 15% to 30% of HIV-infected individuals in the United States. Immunosuppression can increase the risk of progressive liver disease in HIV patients coinfecting with HCV. In addition, coinfecting patients are 3 times more likely to develop cirrhosis and 4.6 times more likely to die of liver disease than are individuals infected with HIV alone. In this program, Dr. Polsky discusses evidence-based strategies for optimizing the management of patients coinfecting with HCV and HIV.

LEARNING OBJECTIVES

After taking part in this CME activity, participants should be able to:

- Summarize the epidemiology and pathogenesis of HCV infection in patients with and without HIV coinfection
- Analyze the impact of HIV on HCV disease progression
- Develop a treatment plan using current guidelines for the treatment of HCV in HIV-negative versus HIV-coinfecting individuals
- Outline the complications of HCV treatment in patients coinfecting with HIV and implement strategies to manage side effects
- Summarize data from recent clinical trials of patients coinfecting with HCV/HIV and evaluate potential treatment options for individual patients

CME CREDIT DESIGNATIONS

ACCME The Network for Continuing Medical Education (NCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA NCME designates this educational activity for a maximum of 2 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP This activity has been reviewed and is acceptable for up to 1 Prescribed credit by the American Academy of Family Physicians. AAFP accreditation begins February 28,

2007. Term of approval is for one year from this date, with option for yearly renewal.

AOA This activity is eligible for up to 2 hours of credit in category 2-A of the American Osteopathic Association.

SUGGESTED RESOURCES

Carrat F, Bani-Sadr F, Pol S, et al. for the ANRS HC02 RIBAVIC Study Team. Pegylated interferon alfa-2b vs standard interferon alfa-2b, plus ribavirin, for chronic hepatitis C in HIV-infected patients. A randomized controlled trial. *JAMA*. 2004;292:2839-2848.

Chung RT, Andersen J, Volberding P, et al. for the AIDS Clinical Trials Group A5071 Study Team. Peginterferon alfa-2a plus ribavirin versus interferon alfa-2a plus ribavirin for chronic hepatitis C in HIV-coinfecting persons. *N Engl J Med*. 2004; 351:451-459.

Laguno M, Murillas J, Blanco JL, et al. Peginterferon alfa-2b plus ribavirin compared with interferon alfa-2b plus ribavirin for treatment of HIV/HCV co-infected patients. *AIDS*. 2004;18:27-36.

Pawlotsky J-M. Treating hepatitis C in "difficult-to-treat" patients. *N Engl J Med*. 2004;351:422-423.

Strader DB, Wright T, Thomas DL, Seeff LB. Diagnosis, management and treatment of hepatitis C. *Hepatology*. 2004;39:1147-1171.

Torriani FJ, Rodriguez-Torres M, Rockstroh JK, et al. for the APRICOT Study Group. Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection in HIV-infected patients. *N Engl J Med*. 2004;351:438-450.

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