F.W. is a 40 year-old male seropositive for HIV-1 with a CD4+ cell count of 271 cells (CD4+%=12%), viral load is 26,244 copies/ml. Patient is naïve and baseline genotype indicates no transmitted resistance.

Also infected with HCV (genotype 1A) through IVDU 9 years earlier. HCV viral load is $18 \times 10^6$ IU/ml. Liver biopsy shows fibrosis stage 2 of 4 (moderate fibrosis).
ALT = 51 U/L
AST = 68 U/L
Total bilirubin = 0.5 mg/dL
Alk Phos = 152 U/L
Albumin = 4.2 g/dl
WBC = 7.3 x 10³/ul
INR = 1.1
Hgb = 13.9 gm/dL
Platelet = 194 X 10³ /ul
HBVsAg - neg
HBVsAb - neg
HBVcAb - neg

So what should be the first step in managing this patient?
Case Study

- Patient started on atazanavir/r + emtricitibine/tenofovir.

- In 6 months, CD4+ cell count is 457/ul and VL is undetectable.

- Patient is ready to start HCV treatment.

- What would be the best option?
Patient is started on:
- Peginterferon alpha 180 ug/week
- Ribavirin 1200 mg QD (Pt weighs 80 kg)
- Telaprevir 750 mg TID

Just prior to treatment:
- Hgb=13.7
- Total bilirubin = 1.7 mg/dl
At week three, patient comes in complaining of fatigue.

What are the possible culprits?

The Hgb is found to be 9.5 g/dL.

Now, what is the most likely culprit and the best plan of action?
Case Study

- Ribavirin dose reduced to 800 mg QD.

- Patient HCV is undetectable at weeks 4 and 12 (extended rapid virologic response).

Case provided through IAS-USA archives