

Long-term observation of hemophiliacs with HIV infection in Japan: Follow-up of survival and status of HCV infection

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Introduction and Objectives:

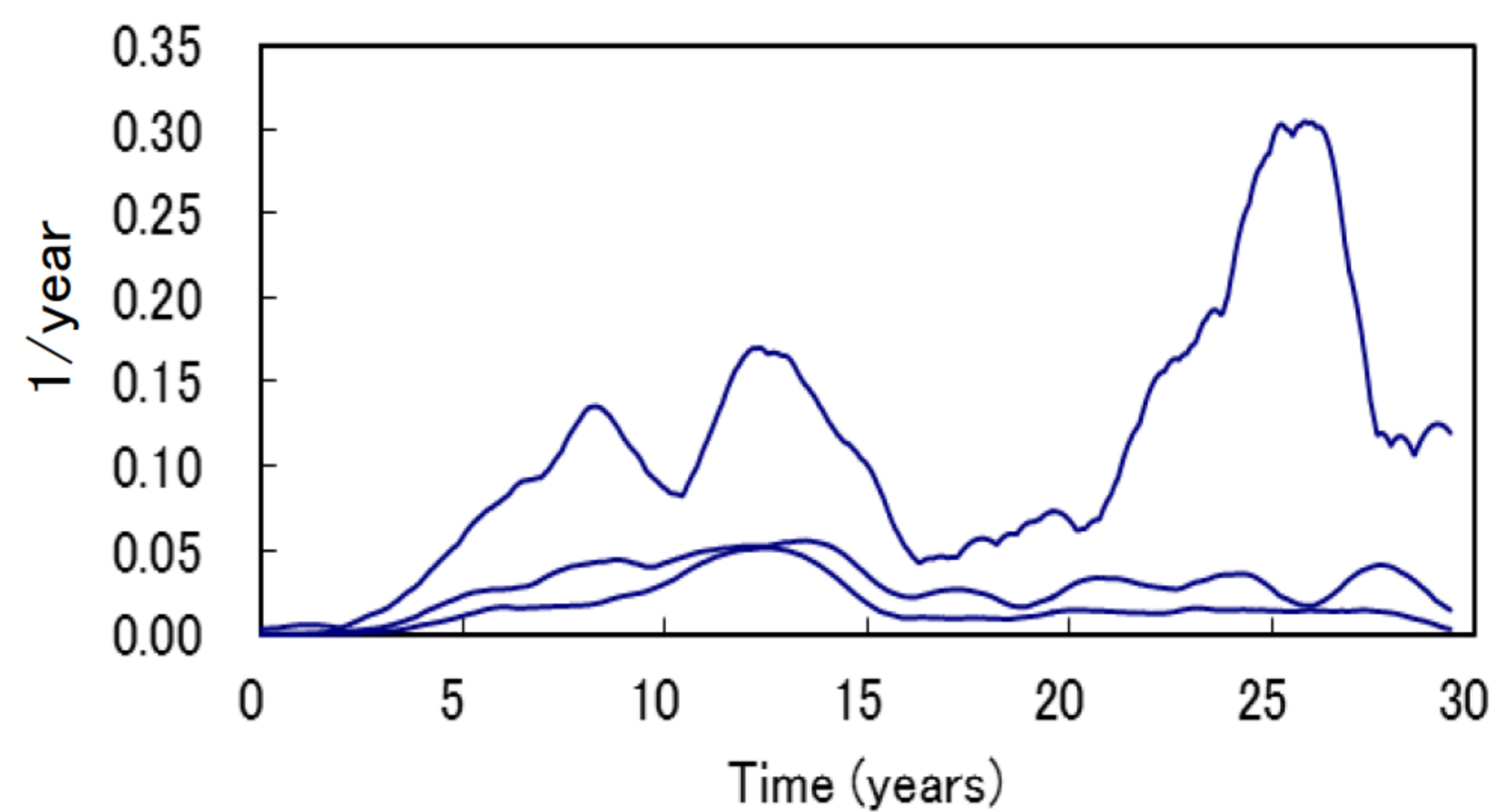
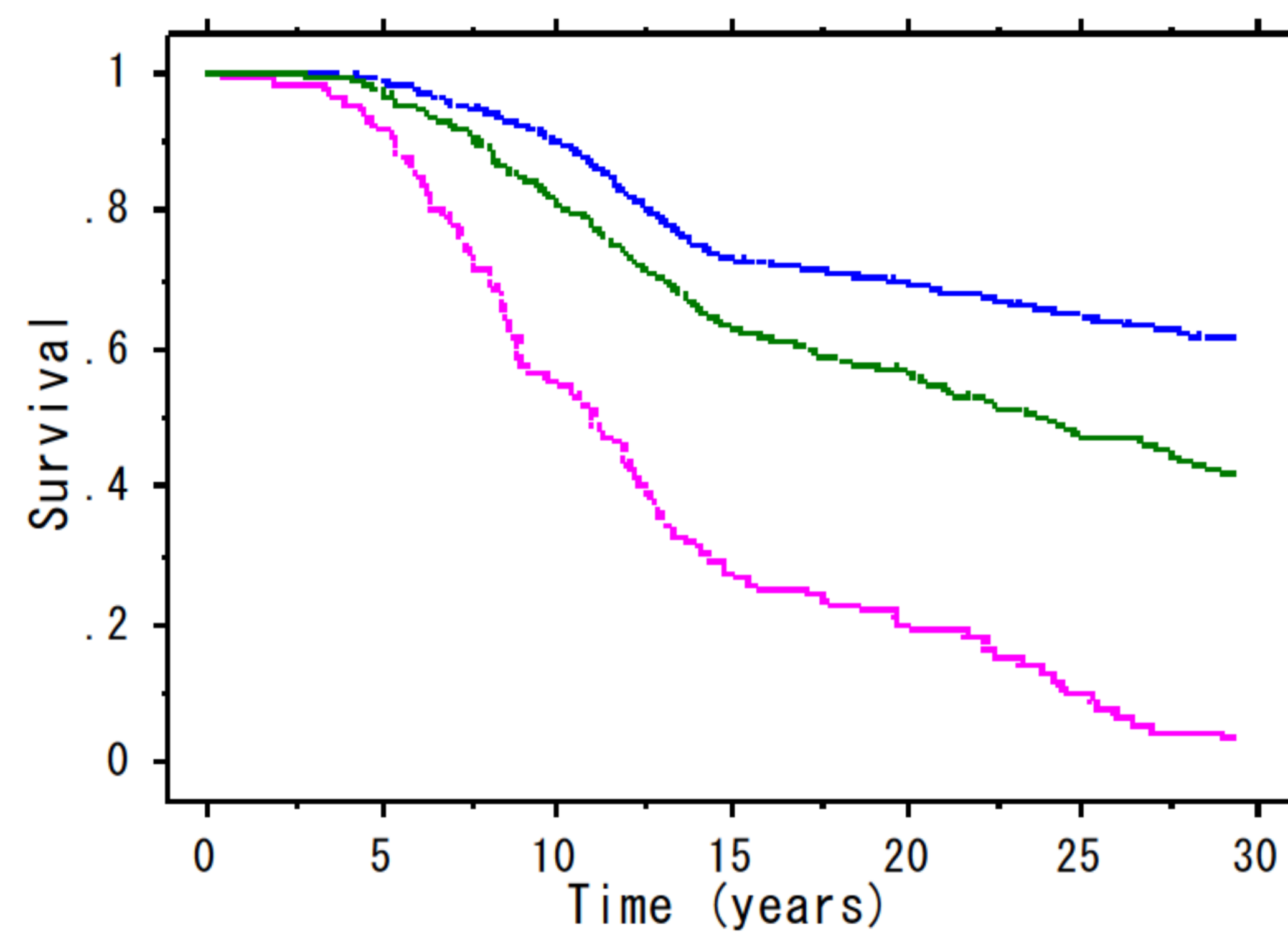
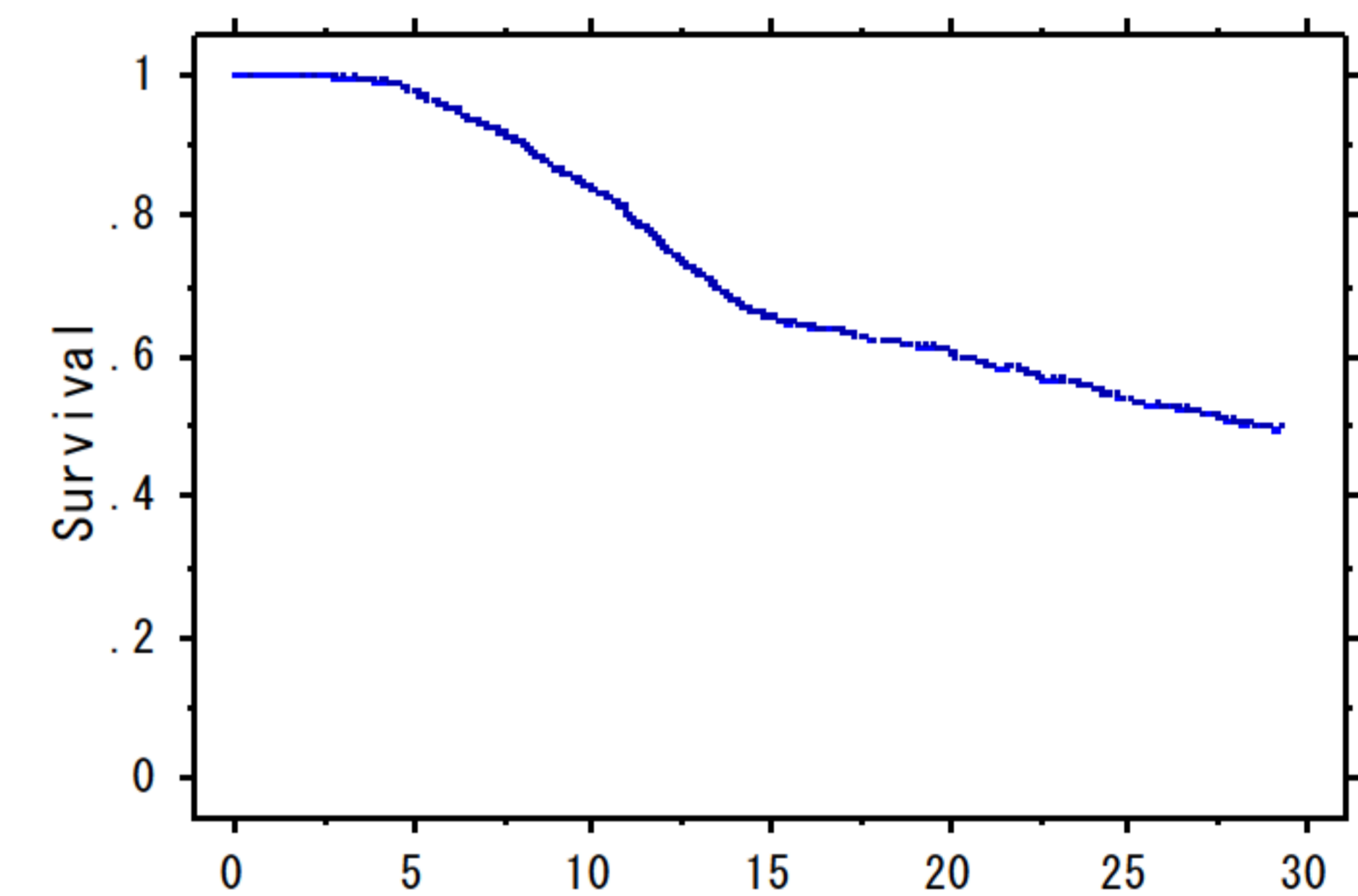
We summarize the results of survival analysis and the status of HCV infection among HIV-positive hemophiliacs in Japan.

Materials and Methods:

We used data collected by the Research Committee for the National Surveillance of Coagulation Disorders in Japan. The study subjects included deceased and surviving HIV-positive hemophiliacs. The total number of subjects was 1412 (hemophilia A, 1087; hemophilia B, 325). The hazard for death was also computed through the kernel-smoothed time-derivative of the survival function obtained by the Kaplan-Meier method. Dropped cases were censored using the final date of follow-up.

Table 1 Number of Japanese hemophiliacs with HIV (31 May 2012)

	Hemophilia A	Hemophilia B	VWD	Others	Total
Patients living with HIV	572	171	7	3	753
(Male)	572	171	2	0	745
(Female)	0	0	5	3	8
Deaths	515	154	1	9	679
(Male)	513	152	1	7	673
(Female)	2	2	0	2	6
Total	1087	325	8	12	1432
(Male)	1085	323	3	7	1418
(Female)	2	2	5	5	14



Results:

The survival fraction was $49.5 \pm 1.4\%$ and cumulative fraction of death was $50.5 \pm 1.4\%$ at the end of May 2012. The hazard function rose between 1983 and 1995, declined slightly between 1995 and 1996, and then decreased markedly in 1997. It remained very low until 1999 (less than 0.02/year). After a slight rise in 2000, it has been fluctuating between around 0.02 and 0.03 (/year).

Coinfection with HCV was very common at an incidence of 98%. The percentage of patients with severe hepatic disease such as cirrhosis, hepatocellular carcinoma and liver failure was 10% among HIV-and-HCV-coinfected patients.

Conclusion:

The remarkable decrease in the annual death rate in 1997 was not caused by a reduction in the number of surviving hemophiliacs. Rather, it was attributable to the availability of protease inhibitors for therapy. The observed slight rise in hazard function in 2000 seems to be associated with the increased incidence of critical liver diseases noted as a cause of death in these hemophiliacs. Therapy for HCV using recent effective drugs should be prescribed in order to achieve survival benefit among this population.

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COI:

We have no conflict of interest regarding the content of this poster.

