

Project Summary/Abstract

Many persons with HIV have Hepatitis C (HCV) co-infection and consume alcohol. Now that highly effective and easily tolerated therapies for HCV are available, singular opportunities exist to prevent downstream morbidity and mortality from HCV including liver failure and hepatocellular carcinoma (HCC). However, alcohol consumption may offset those benefits as it magnifies damage from HCV infection, potentially leading to liver inflammation, increased risk of liver failure, and HCC. Persons with HIV are at particularly high risk of the adverse effects of alcohol consumption because they already sustain multiple sources of hepatic injury, such as steatosis and hepatotoxic medications. Moreover, the high cost of HCV therapies and enormous burden on health expenditures magnifies the importance of employing these treatments successfully and with favorable value.

In order to weigh these tradeoffs systematically and to inform future HCV treatment guidelines for individuals with HIV, we seek to employ a decision analytic model to compare alternative strategies for linking alcohol consumption criteria to HCV treatment eligibility.