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H. 知的所有権の出願・登録状況

1. 特許取得:なし
2. 実用新案登録:なし
3. その他:なし

HIV 感染合併 C 型慢性肝炎に対する Peg-IFN- α 2b

・リバビリン併用療法の治療成績と問題点

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研究要旨：HIV 合併 C 型慢性肝炎に対する IFN 治療を検討するとき、IFN 治療歴／前治療の反応、血小板数、ART の有無を参考に治療方針を決定する。これらの因子はまた HIV 感染期間によって規定されていることが多い。HIV 感染合併 C 型慢性肝炎症例はこのように多彩な背景因子を有しており、個々の状況に適した対応策が必要である。

A. 研究目的

HIV 合併 C 型慢性肝炎患者症例では、HIV 非感染例に比べ、肝線維化の進展速度が速く、予後不良であることが示されている。したがって、積極的な抗 HCV 療法の導入が望まれるが、個々の症例は多彩な背景因子を有し、個々人に最適な治療法を検討しなければならない。すなわち治療効果予測、副作用のリスクなどを考慮した治療方針を提示する必要がある。

そこで、当科で IFN 治療を行った HIV 感染 C 型慢性肝炎症例を検証し、治療の方向性を示

すことが、本研究の目的である。

B. 研究方法

当院で HIV 合併 C 型慢性肝炎に対し Peg-IFN- α 2b・リバビリン併用療法を施行した症例の背景因子（宿主側だけでなく HCV 側の因子も含む）と治療経過／効果の相関を検証した。

また血小板減少例（HIV 感染は問わない）に対し、IFN 治療導入を目的に摘脾を施行した症例を解析し、血小板増多効果も検討した。

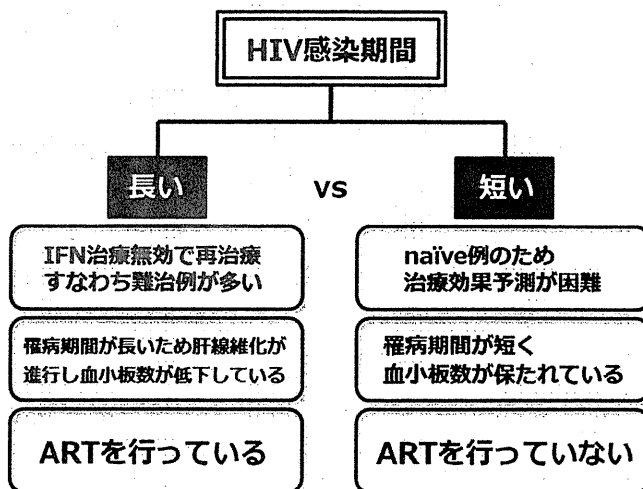


図 1. HIV 感染期間と C 型慢性肝炎例の特徴

※ ART、anti-retroviral therapy

HIV 感染期間と HCV 感染期間はおおむね正の相関を示す。したがって HIV 感染期間が長いほど、肝病変の進展が強く、治療に難渋するケースが多くなる。

C. 研究結果

初年度から一貫して、HIV 感染 C 型慢性肝炎症例の背景因子を検証した。症例は 2 つのグループに大別できた。

まず、血友病を有し血液製剤で HCV に感染したグループで、HIV と HCV の重複感染期間が長く、そのため肝病変が進行し (= 肝線維化が進展し) 血小板数の低下を認めた。IFN 単独治療が奏功せず Peg-IFN・リバビリン併用療法を受けていることが多く、必然的に IFN 治療に難治のウイルス側・宿主側の因子を数多く有し、治療効果も不良であった。このようなケースでは、プロテアーゼ阻害剤を含めた新規治療が必要となる。

また血小板数が低下し adherence が低いことも効果不良の原因であるため、摘脾もしくは部分的脾動脈塞栓術 (PSE) によって血小板数の回復をはかることが有効であった (2 年目の成果、図 2)。

ART は初年度の検討で、IFN 治療効果を規定しないことを示したが、プロテアーゼ阻害剤を含む C 型肝炎の新規治療を行う場合は、ART メニューのプロテアーゼ阻害剤との薬物相互作用を考慮した ART メニューの再検討が必要である。

図 2. 摘脾前後の血小板数の変化

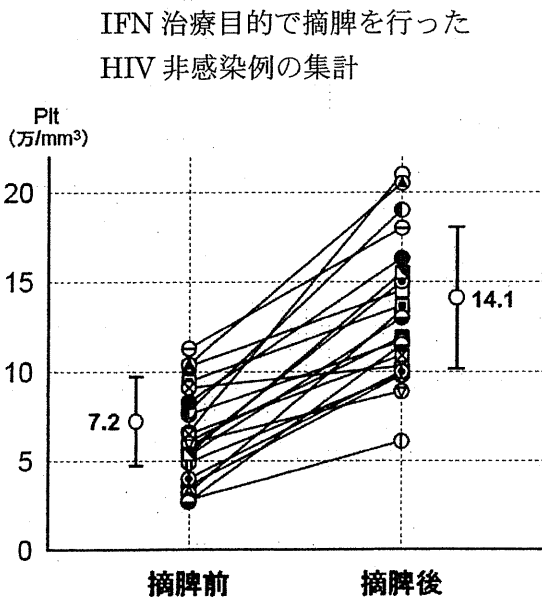


図 3. HIV 感染期間が長い場合の特徴と対処方法

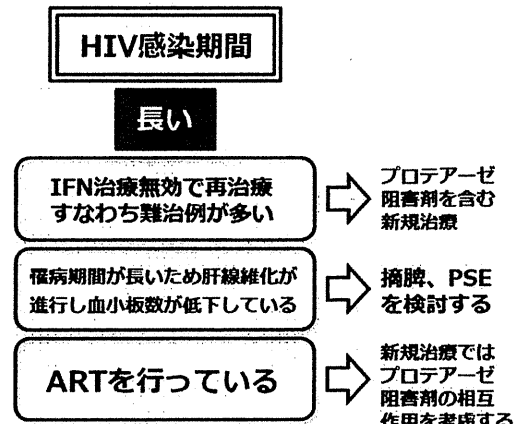
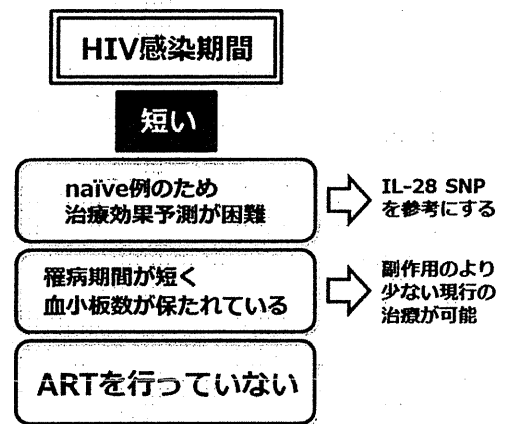
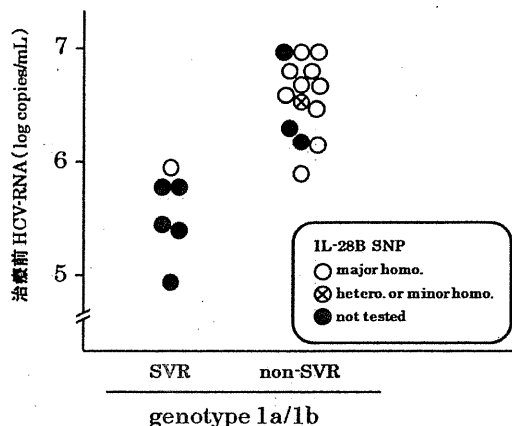


図 4. HIV 感染期間が短い場合の特徴と対処方法



残り半数は HIV 感染期間が短いケースで、MSM を介して感染し、HCV の感染期間も短い。そのため、IFN 治療歴はなく、naïve ケースとして Peg-IFN・リバビリン併用療法を受けることが多い。ただ治療効果を予測する情報は少なく、HCV genotype が 1 型でウイルス量が多い場合、IL-28B の SNP を参考にすることが望ましいと考える。しかしながら、HCV-RNA が 6 log IU/mL 以上では IL-28B の SNP がメジャーホモ接合体でも non-SVR 例であり (図 5)、HCV-RNA が 5 log IU/mL 以上で 6 log IU/mL 未満の症例に限定した予測因子に過ぎないと考える。

図5. HIV 感染合併 HCV genotype 1 型症例
の治療効果と IL-28B の SNP



また肝病変があまり進行していないために血小板数が保たれているケースが多く、上記の条件で SVR が期待できるなら、副作用の強い新規治療よりも現行の Peg-IFN・リバビリン併用療法を選択した方が賢明と思われる。

このように、個々人の持つ背景因子を考慮し

た治療戦略をたてることで、治療効果を向上させるものと思われた。

D. 考察

日本では HIV 感染合併 C 型慢性肝炎例が少なく、使用経験を有する医療機関が限られている。海外の報告がそのまま適応できるのか、SNP に代表される遺伝的な背景が人種差によってどのように違うのか、今後多施設のデータを収集して情報発信する必要がある。

E. 結論

HIV 合併 C 型慢性肝炎に対する Peg-IFN・リバビリン併用療法では、genotype 1 型では HCV-RNA が 6 log IU/mL 未満の症例にすすめるべきであった。個々の背景因子を考慮した治療計画が重要であった。

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- G. 知的財産権の出願・登録状況
1. 特許取得
なし
 2. 実用新案登録
なし

IV. 研究成果の刊行に関する一覧表

研究成果の刊行に関する一覧表レイアウト

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