



Past the Finish Line: The Benefits of a Hepatitis C Cure

Much attention is focused on the effort to achieve a sustained virologic response, or cure, for hepatitis C. But what actually happens after the virus is finally gone?

July 12, 2013 By [Benjamin Ryan](#)

Over the course of what can stretch into decades, hepatitis C virus (HCV) progressively injures the liver. Those living with the virus are at risk for a march from fibrosis, or scarring of the liver, to cirrhosis, liver cancer, liver failure and even death. In addition, numerous symptoms such as fatigue, depression, joint pain and sexual dysfunction can pose serious challenges to quality of life.

Today, hep C is curable through combination therapy lasting about 24 to 48 weeks, with a success rate in the ballpark of 50 to 75 percent. With a [revolution in care](#) on the horizon, over the next few years many people will be able to rid themselves of the virus in as few as eight to 12 weeks, with a 90 percent-plus overall success rate. Even better, the new treatment paradigms will increasingly eliminate injectable interferon and its notorious flu-like side effects. (All this is contingent, of course, on the U.S. Food and Drug Administration approving the new therapies.)

Someone is considered cured of hepatitis C if the RNA of the virus cannot be detected 24 weeks after therapy is completed. This is called a sustained virologic response, or SVR. The rewards that come along with a cure include a greatly improved outlook in terms of liver function, life expectancy and quality of life. An SVR is also associated with fewer complications from cirrhosis, a lowered likelihood of hospitalization and reduced risk of death from liver disease.

“In general, once an SVR is contained, the liver disease progression completely stops,” says Sanjeev Arora, MD, a professor of internal medicine at the University of New Mexico Hospitals Center for Digestive Diseases.

This does not mean, however, that the risks of future complications are totally eliminated, just that they are highly diminished.

“SVR reduces the risk of hepatocellular carcinoma,” says Zobair Younossi, MD, MPH, chairman of the department of medicine at Inova Fairfax Medical Campus in Virginia, referring to the most common form of liver cancer, “it does not get rid of it entirely.”

For the first 10 years following a cure, those who have advanced fibrosis or cirrhosis, for example, enjoy a 60 percent drop in their average risk of death, a similar reduction in their risk of liver cancer and an 85 percent decrease in the likelihood of liver failure.

“The anecdotes that are most dramatic are in the patients who needed therapy the most,” says Hugo R. Rosen, MD, head of gastroenterology and hepatology at the University of Colorado School of Medicine. “For the person who has advanced fibrosis, cirrhosis, and even the person who has evidence of decompensation of liver function, we basically can turn back the clock and change the natural history.”

The chance for reversing cirrhosis, in particular, is much more likely if someone is on the younger side of middle age when achieving a cure, Rosen says.

While the risk of the need for a liver transplant is reduced after an SVR, for those who do require one, a significant upside is that their new liver has a much greater chance of remaining healthy since there will be no hep C virus in the body to damage the transplanted organ.

Outside of medical benefits, a cure can also bring a diverse range of quality of life improvements.

“One is sort of the obvious: ‘I had a disease, and now I’m cured, I’m feeling a lot better,’” says Andrew Aronsohn, MD, an assistant professor of medicine at the University of Chicago Medical Center. “But there’s also probably a physiologic aspect that is less well understood: that the hepatitis C virus probably affects cognition of patients.”

Such improvements in mental processes can lead, for example, to better performance at work.

With the current need to endure interferon treatment—for nearly a year in many cases, all while worrying about the significant likelihood that a cure won’t come—experiencing the night-and-day contrast of simply getting off the therapy itself plays heavily into the sense of improvement.

“When you do tell patients that they’ve had an SVR, it’s a sense of relief, a sense of exhilaration that they finally got through it,” Aronsohn says. “It’s so physically taxing to go through it, the overwhelming majority of patients are feeling like they got their lives back and the happiness that goes along with that.”

Evidence suggests that hepatitis C diminishes sexual functioning, in terms of desire, performance and satisfaction, in particular among women and older people. A major study examining quality of life shifts in people cured of hep C, published in the *Journal of Hepatology* in 2007, found that an SVR led to improvements in these sexual realms. A component of this shift comes from reduced stigma as well as alleviated worries about the potential for transmitting the virus sexually. (Hep C is rarely transmitted through heterosexual sex, but there is evidence that gay men, particularly those living with HIV, are at elevated risk.)

The same study found that those who achieved an SVR saw significant improvement in their

general health, sense of vitality, ability to conduct tasks that require physical strength and stamina, and capacity to fulfill roles that require emotional effort and support, be that within a family setting, with friends or with other intimate acquaintances.

An additional emotional benefit may come from the sense of a second chance.

Drawing from his own observations, Arora explains that “many patients see [hepatitis C] as sort of an effect of a lifestyle that they’re not particularly proud of, and they want to put it behind them.”

Getting back to normal doesn’t mean cutting all ties with a health care support system, however. Those who achieve an SVR and who only ever had early stage liver disease may be able to stop seeing a specialist and just have their primary care physician monitor their health. But those who have experienced cirrhosis need to enroll in a cirrhosis surveillance program, which means lifelong follow-up with a specialist no less frequently than once a year.

Also, because it is difficult to determine the degree of liver damage after an SVR, physicians advise that people who have been cured of hep C should still abstain from alcohol.

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