Among Those With HIV, Hep C Is Not Linked to Heart Disease or Cancers

Researchers compared health outcomes among people with HIV, including those with and without hepatitis C.

August 5, 2019 By Benjamin Ryan

For people living with HIV, being coinfected with hepatitis C virus (HCV) is not associated with an increased risk of cardiovascular disease (CVD) or non-AIDS-defining cancers, aidsmap reports.

Publishing their findings in Clinical Infectious Diseases, Amanda Mocroft, PhD, of University College London, and her colleagues conducted an analysis of 16,818 HIV-positive members of the EuroSIDA cohort, for whom follow-up began as early as January 2001. Everyone in the cohort had records regarding their HCV antibody and RNA status.

A positive HCV antibody test indicates that an individual has contracted the virus, while a positive RNA test confirms that the person is currently, or chronically, infected with hep C. Some people's immune systems may spontaneously clear hep C, but most people require treatment to cure the virus. Those who spontaneously cleared or were cured of hep C through treatment would be positive for HCV antibodies and negative for viral RNA.

Sixty-two percent of the study cohort did not have HCV antibodies, while 5.5% had spontaneously cleared the virus, 22.3% were currently infected and had not received treatment, 4.9% had been cured of hep C and 5.2% had been treated but not cured, which is known as experiencing treatment failure.

Seventy-four percent of the cohort was male, 85.2% was white, 83.9% had ever taken antiretrovirals to treat HIV and 67.8% had an HIV viral load below 500.

During a median of 8.3 years of follow-up, the cohort members experienced 902 cases of non-AIDS-defining cancers, most often anal cancer, which made up 15.9% of such malignancies, while lung cancer made up 10.6% of cases. There were also 887 CVD-related health events, of which 39.6% were an invasive cardiovascular procedure and 28.1% were a stroke.

For each 1,000 cumulative years of follow-up, there were 6.4 CVD diagnoses among the cohort members as a whole. The rate was slightly higher among HCV-negative individuals and in those who had spontaneously cleared the virus, compared with the other HCV-status-based study

groups.

The rate of non-AIDS cancers per 1,000 cumulative years of follow-up was 6.5 cases; there were no significant differences in the rate of such cancers based on any of the types of hep C status.

For end-stage liver disease, there were 3.1 cases per 1,000 cumulative years of follow-up, including a high of 9.6 cases among those with untreated hep C and 9.5 cases among those who had experienced HCV treatment failure. Of note, liver cancer, which can be caused by HCV, was classified as an ESLD event, not as a non-AIDS-defining cancer.

The investigators found that curing HCV was not associated with a lower rate of CVD diagnosis or of heart attack or stroke. Nor was curing the virus tied to a lower rate of various individual types of non-AIDS cancers. Nor was the type of hep C treatment associated with such health outcomes, regardless of whether this treatment cured the virus.

To read the aidsmap article, click here.

To read the study abstract, click here.

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