



# Calculator Predicts Whose Advanced Cirrhosis Will Regress Post-Hep C Cure

A recent study analyzed health outcomes among those with decompensated cirrhosis treated with Sovaldi-based regimens.

March 28, 2018 By [Benjamin Ryan](#)

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A newly developed [scoring system](#) can help predict whether individuals with decompensated cirrhosis (the more severe form of the advanced liver disease) will see their liver damage dial back after being cured of hepatitis C virus (HCV), Healio reports.

Publishing their findings in the journal *Gastroenterology*, researchers analyzed data on 622 people with advanced liver disease who were treated for hep C with Sovaldi (sofosbuvir)-based regimens in the SOLAR-1, SOLAR-2, ASTRAL-4 and GS-US-334-0125 clinical trials. A total of 502 of these individuals had Child-Pugh Turcotte class B liver disease and 120 had class C liver disease.

According to the Child-Pugh Turcotte scoring system, those with class A, B and C have an expected one-year survival rate of 100 percent, 81 percent and 45 percent, respectively, and an expected two-year survival rate of 85 percent, 57 percent and 35 percent.

Before treatment, 77 percent of the study cohort had ascites (the abnormal buildup of fluid in the abdomen) and 77 percent had mild encephalopathy (the loss of brain function driven by a compromised liver failing to remove toxins from the blood).

Eighty-five percent of the study cohort achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure). Seventeen people received liver transplants, and 35 individuals died during follow-up.

Of the 528 individuals who were cured of hep C and had 36 weeks of follow-up, 31.6 percent of those who started treatment with Child-Pugh Turcotte class B liver disease saw a reduction to class A, as did 12.3 percent of those who initially had class C.

Factors associated with a lower chance of a reduction in Child-Pugh Turcotte liver disease class included a higher body mass index (BMI), encephalopathy, ascites and an albumin level less than 3.5 grams per deciliter.

The study authors created a scoring system they called BE3A in which five factors were each

assigned one point, including: not having encephalopathy, not having ascites, having an ALT enzyme level higher than 60 international units per liter and having an albumin level higher than 3.5 g/dL.

A score of 4 or 5 according to the BE3A points system was associated with a 75 percent likelihood of regressing to class A liver disease, while those with a score of 1 had just a 25 percent chance of such liver disease regression. Having any score between 1 and 5 did not predict whether individuals would undergo liver transplant or die during follow-up, but a BE3A score of 0 was associated with a 25 percent chance of either of those outcomes.

To read the Healio article, [click here](#).

To read the study abstract, [click here](#).

To access the risk calculator, [click here](#).

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