Delaying Hep C Therapy for HIV/HCV Coinfected People Is Risky

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For those coinfected with HIV, waiting to begin hepatitis C virus (HCV) treatment until liver damage progresses increases the risk of liver-related complications and death, MedPage Today reports. Researchers used computer modeling and data from the Swiss HIV Cohort Study along with other published data to make estimates about how delaying hep C treatment until a coinfected individual reaches each respective fibrosis stage affects the risk of decompensated cirrhosis, hepatocellular carcinoma (HCC, the most common form of liver cancer) or liver-related death. Results were presented at the 2015 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

Fibrosis, or scarring of the liver, is divided into five stages, which are each designated a "Metavir" score: F0 through F4. F0 means there is no fibrosis, F1 through F3 is fibrosis with increasing severity, and F4 is cirrhosis.

This study's model assumed a 90 percent cure rate for hep C treatment.

The researchers projected that, when compared with treating all coinfected people immediately after a hep C diagnosis, delaying treatment until one year after diagnosis, or until individuals reach Metavir stages F2, F3 or F4, led to a respective 14, 43, 142 and 418 additional cases of liver-related deaths per 1,000 people.

Treating earlier also reduces the amount of time someone lives with hep C and therefore can possibly pass on the virus. The investigators estimated that those treated one month after diagnosis would live with hep C for an average of 5.11 years, those treated one year after diagnosis would live with the virus for 5.8 years, and those treated at stages F2, F3 or F4 would live a respective 12.69, 16,36 and 21.27 years with the virus.

The estimated likelihood that people would experience decompensated cirrhosis, liver cancer, or liver-related death increases steadily as treatment is delayed, with especially high rates if treatment is delayed until someone reaches F3 or F4. When waiting to treat until an individual reaches F3 or F4, the approximate estimated likelihood of decompensated cirrhosis is 35 percent and 60 percent, respectively; the respective likelihood of their developing liver cancer is 10

percent and 25 percent; and for dying of liver-related causes the likelihood is a respective 19 percent and 53 percent.

To read the MedPage Today story, click here.

To read the conference abstract, click here.

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