Urgency of Hep C Treatment Rises as Fibrosis Advances

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The level of fibrosis (liver scarring) among people with hepatitis C virus (HCV) strongly predicts their risk of developing serious liver disease or dying within five years, aidsmap reports. Publishing their findings in Clinical Infectious Diseases, researchers from the Chronic Hepatitis Cohort Study (CHeCS) examined the rates of liver disease progression and death by all causes among 2,799 people with hep C according to their liver fibrosis stage as measuured by a biopsy at the outset of the study.

Fibrosis has five so-called Metavir stages, F0 through F4. At the study's baseline—biopsies were conducted between 2001 and 2012—11 percent of the cohort had F0 fibrosis, 26 percent had F1, 30 percent had F2, 18 percent had F3, and 15 percent had F4.

During the study's five-year follow-up period, 54 percent of the participants were treated for hep C; 24 percent were treated two or more times.

Each increase in the baseline fibrosis stage translated to a doubled risk of serious liver disease during the follow-up period. No one who started with F0 or F1 fibrosis developed liver cancer. Of those with F4 fibrosis at baseline, 9 percent developed liver cancer, 27 percent developed decompensated liver disease, 5 percent had a liver transplant, and about one in four died during follow-up.

Those who started with F0 or F1 fibrosis had a 0.1 percent one-year risk of liver cancer; the risk was 1.6 percent for those with F4 at the outset. The two-year risk of liver cancer was 0.3 percent for those who started with F2 and 6 percent for those starting with F4. The five-year rates of decompensated liver disease were 34 percent for F4 fibrosis, 19 percent for F3, 4 percent for F2, and 2 percent for F1/F0. The respective five-year all-cause mortality rates were 32 percent, 14 percent, 7 percent and 7 percent.

After adjusting for various factors, researchers found that the strongest factors linked to the development of decompensated liver disease or liver cancer were having a baseline fibrosis level of F3 or F4, and a below-normal platelet count.

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