Hep C Drugs Not Tied to Liver Cancer

People with cirrhosis don’t have an increased risk of developing liver cancer when taking interferon-free treatment.

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Contrary to the findings of previous research, a new study has found that compared with receiving interferon-based treatment for hepatitis C virus (HCV), successful interferon-free direct-acting antiviral (DAA) therapy is not associated with an increased risk of developing liver cancer among people with cirrhosis.

Researchers analyzed data on 857 people with cirrhosis who were cured of hep C between 1997 and 2016, some with interferon, 32 percent with just DAAs.

At first glance, it seemed that interferon-free DAA treatment was associated with a higher risk of developing liver cancer following being cured of hep C, specifically a 2.5-fold elevated risk compared with receiving interferon-based treatment.

According to the study’s lead author, Hamish Innes, PhD, an epidemiologist at Glasgow Caledonian University in Scotland, this elevated risk was driven not by the difference in hep C treatments but by the fact that “people treated with the newest therapies were older and had more advanced liver disease—which in and of themselves are risk factors for liver cancer.”

Indeed, in their analysis, Innes and his colleagues found that factors other than treatment type were associated with an increased risk of a liver cancer diagnosis after a hep C cure, including being older, being white, having more severe liver disease, having low platelets and having been treated for hep C two or more previous times.

After the investigators adjusted the data to account for differences among the study cohort members according to those risk factors, they found no significant difference in the liver cancer diagnosis rate between those treated with and without interferon.

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