Hep C Treatment Type Not Tied to Liver Cancer Recurrence Risk

Whether such recurrence is less likely after interferon treatment remains the source of some controversy in the hep C research community.

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A recent study showed no difference in the rate of hepatocellular carcinoma (HCC, the most common form of liver cancer) recurrence based on the type of hepatitis C virus (HCV) treatment received, Healio reports.

Some controversy persists among members of the hep C research community as to whether those who have had liver cancer and receive HCV treatment are in fact at lower risk of liver cancer if they receive the older treatment of interferon compared with taking the newer direct-acting antivirals (DAA). Multiplerecent studies have refuted this presumption.

Publishing their findings in the Journal of Hepatology, researchers conducted a retrospective study of 303 people with HCV who had been treated for liver cancer prior to starting treatment for the virus. A total of 156 of them were treated with interferon-based regimens and 147 of them received DAAs.

Thirty-seven percent of those who received interferon and 92 percent of those who received DAAs achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure).

During a median of 7.2 years of post–HCV treatment follow-up, 136 people in the interferon group and 80 people in the DAA group developed a recurrence of liver cancer. In the interferon group, 39 percent developed a recurrence of liver tumors one year after receiving hep C treatment, a proportion that increased to 61 percent after two years. In the DAA group, those proportions were 39 percent and 60 percent, respectively.

To read a Hep Magazine feature on how treating hep C affects long-term liver cancer risk (not just recurrence), click here.

To read the Healio article, click here.

To read the study abstract, click here.

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