Hepatitis C Cure Linked to Lower Risk of Liver, Cardiovascular Death

Among people treated for hepatitis C, diabetes and chronic kidney disease were both linked to a higher risk of cardiovascular death.

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Attaining a sustained virological response following antiviral therapy for hepatitis C was associated with a lower risk of death from liver-related or cardiovascular causes, according to findings published in the Journal of Viral Hepatitis.

Even among people with advanced liver disease, direct-acting antiviral therapy for hepatitis C virus (HCV) has a high cure rate, but successful treatment may not fully reverse existing liver damage. There is limited real-world evidence about the effects of achieving sustained virological response (SVR), or an undetectable viral load 12 weeks after completing treatment, which is considered a cure.

Vito Di Marco, MD, of the University of Palermo in Italy, and colleagues set out to investigate the progression of chronic liver disease resulting from hepatitis C after treatment with direct-acting antivirals and attaining SVR. The team assessed mortality related to liver or cardiovascular conditions among people who received antiviral therapy as well as any associated risk factors.

The researchers evaluated the post-treatment survival of 4,307 patients from the RESIST-HCV database who received antiviral therapy between March 2015 and December 2016. More than half (57%) of the study population were men, and the average age was 66. Two thirds (67%) had Child-Pugh A cirrhosis (the least severe stage) and 8.4% had Child-Pugh B (moderate severity) cirrhosis.

During the observation period, 59 participants(1.4%) died, with 27 deaths due to liver-related causes, 18 due to cardiovascular causes and the remaining 14 from other causes.

The researchers found that 95% of participants attained SVR. Further, SVR was linked to a lower risk of liver-related death as well as cardiovascular mortality, irrespective of cirrhosis status. Moreover, both diabetes and moderate or severe chronic kidney disease (Stage 3 or higher) were independently linked to a greater risk of cardiovascular death.

“Patients with SVR to a [direct-acting antiviral] therapy have a better liver and cardiovascular survival and the effects of HCV eradication are most evident in patients with compensated liver

disease," wrote the researchers.

Click here to read the study abstract in the Journal of Viral Hepatitis.

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