High Risk of Complications Post–Hep C Cure for Those With Advanced Liver Damage

The complications include liver cancer, failure, transplantation or death. Consistent medical monitoring is recommended.

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Individuals who are treated for hepatitis C virus (HCV) when they have advanced fibrosis or cirrhosis remain at high risk of liver disease progression even after being cured of the virus. Consequently, researchers recommend routine monitoring for this group.

Publishing their findings in the Journal of Hepatology, researchers conducted a pooled analysis of data on 1,000 people who participated in Canadian or European cohort studies and who had advanced fibrosis or fibrosis when they were cured of hep C with interferon-based treatment. Individuals were excluded from the analysis if they were coinfected with HIV or hepatitis B virus (HBV).

The analysis looked primarily at the risk of liver cancer after a hep C cure. As a secondary focus, the researchers analyzed the risk of clinical progression of liver disease, defined as either liver cancer, liver failure, liver transplantation or death.

The average age of the study cohort members was 52.7 years. Sixty-eight percent of the individuals were male, and 85 percent had cirrhosis. They were followed for a median 5.7 years.

During that time, 51 people developed liver cancer and 101 had clinical disease progression.

The cumulative rate of liver cancer in an eight-year time frame was 1.8 percent among those who had advanced fibrosis when they were treated for hep C and 8.7 percent among those with cirrhosis at that time. Among those with cirrhosis when treated for HCV, the eight-year incidence of liver cancer was 2.6 percent among those who were younger than 45 when they were cured of the virus, 9.7 percent among those 45 to 60 years old and 12.2 percent among those older than 60 at that time.

After adjusting the data for various factors, the researchers found that compared with being younger than 45 at the time of hep C treatment, being 45 to 60 was associated with an 8.54-fold

increased risk of liver cancer and being older than 60 was linked to an 8.91-fold increased risk of the cancer. Having a low platelet count lowered liver cancer risk slightly. Having diabetes was associated with a 2.36-fold increased risk of liver cancer.

The researchers concluded: “An important message of our study is that patients with HCV-related cirrhosis who have attained SVR should probably remain included in HCC surveillance programs.”

To read the study abstract, click here.
