Liver Cancer Survival Similar in HIV-Positive and HIV-Negative People

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Three-year survival rates after a diagnosis of hepatocellular carcinoma (liver cancer) are similar between people living with HIV and HIV-negative people, according to a study presented at the American Association for the Study of Liver Diseases being held October 29 to November 2 in Boston.

Liver disease and liver cancer have become some of the leading causes of illness and death in people with HIV in recent years—particularly among people coinfected with hepatitis C virus (HCV) or hepatitis B virus (HBV). What's more, some studies have suggested that people with HIV are more likely to progress to liver cancer and have more aggressive disease than HIV-negative people. These studies, however, have often been quite small, and their study designs have differed.

To better understand survival following a liver cancer diagnosis in people with HIV, Anne Gervais, MD, from the Hopital Bichat in Paris, and her colleagues examined the medical records of 687 people diagnosed with liver cancer, 23 of whom were HIV positive.

Most all of the HIV-positive participants were coinfected with HCV or HBV, nearly all were taking HIV antiretroviral (ARV) therapy, and the majority had a CD4 count over 200 at the time of their cancer diagnosis. In most regards, the HIV-positive and HIV-negative study volunteers were similar, but the HIV-positive participants were much younger at the time of their cancer diagnoses—49 years old on average—than the HIV-negative participants, where the average age was 58.

Gervais's team found that rigorous screening, the stage of the cancer and estimates of the cancer's speed of progression (a process called preoperative surveillance) significantly affected survival rates among the HIV-positive participants. People who had good preoperative surveillance had much smaller tumors at the time of diagnoses and were far more likely to be alive three years after receiving treatment than those who had poor surveillance. The three-year survival rates were 63 percent in those with good surveillance compared with just 17 percent in those with poor surveillance.

One encouraging finding was that on average, people living with HIV had similar three-year survival rates as HIV-negative participants. Overall three-year survival was 42 percent among the

HIV-negative volunteers and 39 percent among the HIV-positive volunteers.

“Screening of the HIV-positive population should be reinforced as the prognosis after curative treatment is at least equal to that of HIV-negative [patients],” concluded the authors.

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