Liver Cancer Greatly Compromises Hepatitis C Cure Prospects

In a study of people treated for hep C, having liver cancer at the time was the most prominent factor associated with failing therapy.

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People with hepatitis C virus (HCV) are much less likely to achieve a cure through direct-acting antiviral (DAA) treatment if they have hepatocellular carcinoma (HCC, the most common form of liver cancer) compared with those who do not have liver cancer at the time of HCV treatment, Healio reports.

Publishing their findings in the Journal of Hepatology, researchers at Northwestern University analyzed data on 419 patients with cirrhosis who had received DAA treatment for hep C between January 2014 to November 2015.

A total of 135 members of the study cohort had HCC at the time they started DAAs. The average age of the overall cohort was 61. Eighty-six percent had genotype 1 of the virus, and 60 percent had been treated for HCV before.

Twenty-one percent of those with liver cancer failed to achieve a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure), compared with 12 percent of those without liver cancer.

After adjusting the data for various factors, the researchers found that having liver tumors was associated with an 8.49-fold increased likelihood of failing hep C treatment. Forty-two percent of the 64 people with such tumors failed HCV therapy, compared with 3 percent of the 71 people who had once had liver tumors but no longer did at the time of hep C treatment. Forty-eight percent of the 58 people with active tumors upon starting HCV therapy failed treatment, compared with none of the five people with nonactive tumors.

To read the Healio article, click here.

To read the study abstract, click here.
