Liver Cancer Linked to Lower Hepatitis C Cure Rate

Researchers compared direct-acting-antiviral treatment outcomes between those with and without a history of liver cancer.

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People with a history of hepatocellular carcinoma (HCC, the most common form of liver cancer) have a lower chance of being cured of hepatitis C virus (HCV) through direct-acting antiviral (DAA) therapy.

Publishing their findings in the Journal of Viral Hepatology, Japanese investigators conducted a retrospective multicenter cohort analysis of data on 838 people who were treated for HCV with DAAs between April 2015 and October 2017. Three hundred seventy (44.2 percent) of the participants were male. Seventy-nine (9.4 percent) had a history of liver cancer.

Differences between the group with a liver cancer history versus the group with no such history included: males made up 60.8 percent versus 42.4 percent; platelet count per liter was 115 billion versus 152 billion; baseline alpha fetoprotein was 9.9 versus 4.5 nanograms per milliliter; FIB-4 liver fibrosis index score was 4.7 versus 3.0; and AST-liver-enzyme-to-platelet ratio index (APRI) was 1.1 versus 0.7.

A total of 87.3 percent of those with a history of liver cancer achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure of HCV), compared with 95.5 percent of those without such a history.

After adjusting the data for various factors, the researchers found that having a history of liver cancer was associated with a 3.56-fold greater likelihood of not being cured of HCV through DAA treatment.

The researchers also concluded that a history of liver cancer was associated with more advanced liver disease progression at the time of DAA treatment initiation.

“DAA treatment for HCV,” the study authors concluded, “should therefore be started as early as possible, especially before complicating HCC.”

To read the study abstract, click here.

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