Modern HIV Treatment Mitigates Liver Risks

Better antiretrovirals have likely mitigated HIV's effects on the risk of end-stage liver disease and liver cancer in those with hep C.

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Among people with hepatitis C virus (HCV), being coinfected with HIV is no longer associated—as past research had found—with an increased risk of liver cancer or decompensated cirrhosis, also known as end-stage liver disease.

Researchers believe that improved antiretroviral treatment for HIV—as well as higher rates of people on treatment in recent years—has mitigated these excess risks.

In this new study, investigators analyzed long-term data on people with cirrhosis (severe liver scarring), including 175 people with HIV/HCV coinfection and 1,253 people with only HCV (known as monoinfection).

Of those in the coinfected group, 17% had been cured of HCV at the study's outset, as had 20% of the monoinfected cohort. Of those with HIV, 92% were on antiretrovirals, and 80% had an undetectable viral load at the start of the study.

During about five years of follow-up, there were no statistically significant differences—meaning any apparent differences could have been driven by chance—in numerous outcomes between people with or without HIV, including the liver cancer diagnosis rate, the proportion who experienced at least one episode of decompensation (a sign of increasing liver disease severity), time to first decompensation and death rate.

"This study provides evidence of the effectiveness of current antiretrovirals in improving liver disease outcomes for people with HIV," said the study's lead author, Oluwaseun Falade-Nwulia, MBBS, MPH, an infectious disease specialist at Johns Hopkins University School of Medicine in Baltimore. "Given how tolerable and effective current oral HCV treatments are regardless of HIV status, it is crucial that all HIV/HCV-infected individuals get cured of HCV to further reduce rates of adverse liver disease outcomes."
