Treating Hepatitis C Among Those With Cirrhosis Reduces Hospitalizations

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People with cirrhosis of the liver who receive treatment for hepatitis C virus (HCV) are much less likely to be hospitalized, a benefit that translates into considerable cost savings.

Presenting their findings at the Annual Meeting of the American Association for the Study of Liver Diseases in Washington, DC, researchers conducted a retrospective cohort analysis of two cohorts of people with hep C and cirrhosis who were patients at a San Diego health center: one group of 182 people that received treatment for the virus and another group of 196 people that did not.

The researchers followed the untreated group between January 2011 and December 2013 and followed the group treated with direct-acting antivirals (DAAs) between January 2014 and March 2017. All cohort members were followed for at least six months. The median follow-up time in the untreated and treated cohorts was a respective 20.4 months and 17.7 months.

In the untreated and treated groups, respective demographics included: a median age of 56 and 59; 64.8 percent and 57.7 percent were male; and 7.1 percent and 5.6 percent were coinfected with HIV. The Child-Turcotte-Pugh (CTP) cirrhosis score breakdown for those in the untreated group was: 62.1 percent had CTP A (indicating a milder case of cirrhosis), 31.3 percent had CTP B (a moderate case) and 6.6 percent had CTP C (a severe case). The respective proportions of CTP A, B and C cirrhosis among those in the DAA-treated cohort were 70.4 percent, 26 percent and 3.6 percent.

A total of 86.7 percent of those treated with DAAs during follow-up achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure), including a respective 88.4 percent, 86.3 percent and 57.1 percent of those with CTP A, B and C cirrhosis.

A total of 29.1 percent and 10.4 percent of those in the untreated and treated groups, respectively, were hospitalized during follow-up, including a respective 12 percent, 56.6 percent and 94.7 percent of those with CTP A, B and C cirrhosis in the untreated group and 2.9 percent, 20.2 percent and 96.5 percent of those with the three respective cirrhosis scores in the treated group.

DAA treatment was associated with a 64.3 percent reduction in liver-related hospitalizations during follow-up, including a 74.8 percent reduction among those with CTP A cirrhosis and a 64.5

percent reduction among those with CTP B cirrhosis. Hep C treatment was not associated with such a benefit among those with CTP C cirrhosis, although the small sample size may have limited the ability for the researchers to detect a significant reduction in hospitalizations among them.

The researchers estimated that DAA treatment was associated with an annual per person savings of $3,654 to $8,231 among the entire study population, including a savings of $1,208 to $4,576 among those with CTP A at the study's outset and $5,339 to $17,823 among those with CTP B.

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