Will Your Cirrhosis Regress?

A recent study analyzed health outcomes among those with decompensated cirrhosis treated with Sovaldi-based regimens.

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A new risk calculator can help predict whether those with decompensated cirrhosis (the more severe form of the advanced liver disease) will see their liver damage dial back after being cured of hepatitis C virus (HCV) with direct-acting antiviral (DAA) medications.

To develop the scoring system, researchers analyzed data on more than 500 people with advanced liver disease who were cured of hep C with Sovaldi (sofosbuvir)-based regimens in advanced clinical trials. During up to 36 weeks of follow-up, 32 percent of those who started treatment with Child-Pugh Turcotte class B liver disease saw a reduction to class A, as did 12 percent of those who initially had class C.

The Child-Pugh Turcotte classification system grades liver disease on a scale of increasing severity from A to C.

Based on factors they found were associated with a lack of improvement in liver function, the study authors created a new scoring system they called BE3A (check it out at www.e3ascore.com) in which five factors were each assigned one point, including: not having encephalopathy (the loss of brain function driven by a compromised liver failing to remove toxins from the blood), not having ascites (the abnormal buildup of fluid in the abdomen), having a body mass index indicating a healthy body weight, having an ALT liver enzyme level higher than 60 international units per liter and having an albumin level higher than 3.5 grams per deciliter.

A score of 4 or 5 was associated with a 75 percent likelihood of improving to class A liver disease, while those with a score of 1 had just a 25 percent chance of such improvement. Having any score between 1 and 5 did not predict whether individuals would undergo a liver transplant or die during follow-up, but a score of 0 was associated with a 25 percent chance of either of those outcomes.

The study's senior author, Michael P. Curry, MD, director of hepatology at Beth Israel Deaconess Medical Center in Boston, says he hopes use of the BE3A scoring system "will allow physicians to more accurately determine the ability of DAA therapy to reverse liver failure. For example, this information can be useful in determining the timing of DAA therapy in patients listed for liver transplantation."

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