Hepatitis C and Lymphoma

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According to data published by the National Institutes of Health, close to 570,000 people in the U.S. have non-Hodgkin lymphoma (NHL), a type of cancer that begins in a type of white blood cells known as lymphocytes. Approximately 2 percent of people in this country will develop NHL at some point in their lifetime. In short, your risk of an NHL diagnosis is slightly greater than your risk of acquiring hepatitis C. However, once you have a chronic hepatitis C virus (HCV) infection, your risk for B cell non-Hodgkin lymphoma increases by as much as 20 to 30 percent.

Although this sounds like an alarming rate, if you do the math, you will see that the risk of NHL is still relatively low. And as far as risk of death from NHL, you are more likely to die from heart disease, another type of cancer, stoke, and accident, or a long list of other conditions.

However, if you are the person with hepatitis C with or without NHL, these statistics may not be at all reassuring. Here's a bit more information:

- The majority of those with HCV/NHL had mild liver disease. Interestingly, only about 18 percent of those with HCV/NHL had cirrhosis or late-stage fibrosis (≥ stage 3). Yet one more argument for the value of treating hepatitis C patients in the earliest stages possible.
- Risk of death is increased for patients with HCV/NHL compared to those without HCV infection. One theory is this may be because chemotherapy for lymphoma may be hard on the liver. Fortunately, it appears that curing HCV (SVR) significantly reduces the risk of lymphoma, potentially bypassing the need for chemotherapy.

And why are some insurance companies continuing to deny treatment for early-stage hepatitis C infection? It's time to stop rationing hepatitis C treatment and start saving more lives.

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