When Hepatitis C Treatment Isn't Enough

November 7, 2016 By Lucinda K. Porter RN

There is a painful hepatitis C story I've heard far too many times that goes something like this: I had cirrhosis of the liver. My doctor prescribed hep C treatment, which was successful. However, not long after, I found out that I had liver cancer. I thought I was cured. Now I regret taking the hep C medication. I was fine before, and now I may die.

I've known quite a few people who died from liver cancer, despite the fact that hepatitis C treatment worked, and they were virus-free. Put yourself in the patients' shoes and it looks like hep C treatment is risky. So, are patients being lied to? No. Let's look at some facts:

a. The risk of liver cancer and end-stage liver disease is increased when you have cirrhosis. It doesn't matter what caused the cirrhosis. If hep C caused that cirrhosis and you are cured of hep C but still have cirrhosis, then you are still at risk for a type of liver cancer known as hepatocellular carcinoma (HCC).
b. On average, people with hepatitis C may die 15 years earlier than people without the virus. Untreated hepatitis C puts you at risk of early death from all causes of mortality.
c. According to the Centers for Disease Control and Prevention, chronic hepatitis C virus infection (HCV) kills more Americans annually than all 60 infectious diseases combined. The best way to reduce your risk of hepatitis C is to not get it in the first place. The next best way to reduce your risk is to treat it in the earliest stage

However, some people aren't treated early enough and cirrhosis occurs. If hep C treatment is started when cirrhosis is minimal, there is a chance that it can be reversed. Although we know that sometimes cirrhosis can be reversed, we don't know how often this happens and under what circumstances. Also, eliminating hep C may stop the progression of the cirrhosis, but again, we don't have a lot of data on this.

If you have cirrhosis, talk to your doctor about liver cancer screening recommendations. In the U.S., screening includes imaging (ultrasound, CT, or MRI) every 6 months. I can't overemphasize this. At this year's meeting of the American Association for the Study of Liver Diseases, there will be several presentations showing that people at risk for HCC are not being adequately screened. Consequently, the incidence of liver cancer is rising. Note that if you have hepatitis B, your liver does not need to be cirrhotic in order to be at risk for HCC.

For research wonks, there is an excellent article in the October 2016 issue of Hepatology

Nomogram for Individualized Prediction of Hepatocellular Carcinoma Occurrence in Hepatitis C Virus Cirrhosis by Nathalie Ganne-Carrié, et al. This team developed a model for predicting the HCC risk level for individuals with hep C. This research is certainly something to watch and see if it develops into a protocol.

Speaking of watching to see what develops, I will be posting more frequently while the 2016 Liver Meeting is in progress, so be sure to check my blog.

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