Hepatitis, HIV, Cancer, and Statins

March 19, 2018 By Lucinda K. Porter RN

Last week, I blogged about the latest hepatitis C and HIV conference news from the 2018 Conference on Retroviruses and Opportunistic Infections (CROI). I didn't mention one of the presentations that caught my attention, because it isn't specific to viral hepatitis. However, it's really interesting and worth a mention.

The research looked at statins. For those unfamiliar with this term, statins are a class drugs that lower cholesterol levels in the blood. Statins work by reducing the production of cholesterol by the liver.

The CROI study that I want to discuss is: Statin Exposure Is Associated With Decreased Risk of Cancer presented by Roger Bedimo, et al. (Abstract Number 132)

Using data from the Veterans Aging Cohort Study, this research followed people who used statins between 2000-2012. They compared cancer rates in people with and without HIV. Among 48,214 participants, 23,512 (48.8 percent) used statins. Cancer was diagnosed in nearly 10 percent of people with HIV and 8 percent in people without HIV. Overall, statin use was associated with approximately a 20 percent reduced risk of any cancer. Infection-related cancers (anal, colorectal, head and neck, liver, lymphoma, and stomach) were about 40 percent lower.

The bottom line is that statin use is associated with lower risk of cancer independent of HIV status, and particularly for infection-related cancers.

Statins and Hepatitis

The research about statins and hepatitis C is small and mixed. There are studies suggesting that statin use may lower rates of decompensation in patients with liver cirrhosis related to nonalcoholic steatohepatitis (NASH), hepatitis C, or chronic HBV infection. These studies are too small to be conclusive, although an older hepatitis B study did show robust findings.

On a larger scale, a May 2017 study published in Hepatology (Fu-Ming Chang, et al.) showed that statins may decrease decompensation rates in hepatitis B virus (HBV) and hepatitis C virus (HCV)-related cirrhosis.

Using data obtained in Taiwan from 2000 to 2013, researchers analyzed medical records of 15,931 subjects with cirrhosis; 675 participants used statins, and 675 did not. The point of the study was to analyze the effect of statins on cirrhosis decompensation, mortality, and hepatocellular

carcinoma (HCC) in people with cirrhosis caused by hepatitis B, hepatitis C, or alcohol use.

Approximately half of the number of people taking statins experienced decompensation rates compared with patients who did not use statins (14 percent versus 29 percent). People taking statins were also less likely to have hepatocellular carcinoma (6 percent versus 10 percent), and half as likely to die (9 percent versus percent).

Like most drugs, statin use may cause liver damage, although this is an uncommon occurrence. Prior to prescribing statins, your doctor will likely want to order a liver enzyme test and monitor your liver enzymes during therapy.
