World Cancer Day

February 4, 2019 By Lucinda K. Porter RN

Someone I've known for a very long time told me he has hepatocellular carcinoma (HCC), which is the most common type of primary liver cancer. He has many tumors, and they inoperable. He went on to write, "It was probably caused by sofosbuvir (Sovaldi). I was shocked. Did he really believe that? The link between hepatitis C treatment using direct-acting antivirals (DAAs) and HCC has long been disproven.

This misinformation began with a study published shortly after DAAs were first available. Since then, the study has been reproduced many, many times, each showing different results. In fact, many studies found that successful hepatitis C treatment using DAAs reduces mortality risk from cancer, cardiovascular disease, stroke, and other causes of death.

In the case of my friend, I think he fell victim to another myth, which is that if your hepatitis C is cured, your liver is cured. This is not true if you have cirrhosis, which he did. Cirrhosis, regardless of what caused it, is a big risk factor for liver cancer. In fact, cirrhosis is linked to 80 percent of all HCC cases. So despite being cured of hep C, my friend's cirrhosis is what likely caused his HCC.

Today is World Cancer Day, and the perfect time to talk about liver cancer. If you click on this link, you will learn about risk factors, signs and symptoms, and other vital information about HCC. Continue reading to learn how to avoid ending up in my friend's situation.

Monitoring for HCC After Hepatitis C Treatment

When hepatitis C treatment is successful and you are virus-free, your risk for HCC is determined by the degree of liver damage you have. The HCV Guidelines recommend that the follow-up for patients who do not have advanced fibrosis (stage F0-F2) is the same as if they were never infected with HCV.

For those with stage F-3 or F4 who achieve a sustained virologic response (SVR), twice-yearly ultrasound examination is recommended. This is because people with cirrhosis (or near-cirrhosis) are at risk for developing hepatocellular carcinoma. If cirrhosis is present, a baseline upper endoscopy is recommended. The purpose of this is to screen for varices, which are swollen vessels in the digestive tract, usually in the esophagus and upper stomach. These can hemorrhage, which can be life threatening. Patients in whom varices are found should be treated and followed as indicated.

The Bottom Line: Hep C cured, stage F0-F2, you are in the clear; stage F3-F4, you need regular

monitoring for liver cancer and other complications of cirrhosis.

Still don’t understand why you need to be followed if your hep C is cured? Try looking at it this way: Imagine you are stuck in a horrible blizzard and you get frost bite on your two of your toes; gangrene starts to sets in. When the storm passes, you won’t continue to get frost bite on the other toes, but you still have to get treatment for the toes that have gangrene. The sooner you do this, the better your chances of saving your toes. Hep C is the blizzard - you won’t lose anymore liver cells because of the virus, but you have to deal with the liver damage you have already.

Don’t end up like my friend. If you think you may have stage F3-F4 liver disease, talk to your doctor. Liver cancer is a fast growing cancer, so do this soon, very soon.

For more information about cancer, visit Cancer Health. The current issue features another friend of mine who has an incredibly inspiring story about liver cancer.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/blog/world-cancer-day