

Hep C Treatments Tied to Sharp Decline in Liver Disease in Australia

Researchers analyzed health data regarding modern hep C treatments specific to New South Wales.

July 8, 2019 By [Benjamin Ryan](#)

The arrival of highly effective and tolerable direct-acting antiviral (DAA) treatments in 2014 was associated with a considerable drop-off in liver disease and liver-related death in New South Wales, Australia.

Maryam Alavi, PhD, of the Kirby Institute at UNSW Sydney, and colleagues published findings of their analysis in the *Journal of Hepatology*. They analyzed health and mortality data in various Australian databases regarding 99,910 people reported to have HCV between 1993 and 2016. The investigators looked at hospital admissions records from 2001 to 2017 and death records covering 1995 to 2017.

The study authors split their analysis into two eras: the pre-DAA era spanning 2001 to 2014 and the DAA era, 2015 to 2017.

Across the cohort, 3.8% had decompensated cirrhosis, and 1.8% had a diagnosis of hepatocellular carcinoma (HCC, the most common form of liver cancer). A total of 3.3% died of liver-related causes while 10.5% died of any cause.

During the pre-DAA era, during each six-month span of time, the rates of decompensated cirrhosis diagnosis, liver cancer diagnosis, liver-related death and death from any cause increased by a respective 4%, 8%, 7% and 5%. By comparison, during the DAA era, the decompensated cirrhosis and liver cancer diagnosis rate declined by 3% and 4%, respectively, while the rates of liver-related death and death from any cause plateaued.

During the DAA era, 65% of those diagnosed with decompensated cirrhosis and 46% of those diagnosed with liver cancer had a history of alcohol use disorder. Having the disorder was independently associated with a 3.35-fold increased risk of liver-related mortality, the study authors found.

Alcohol use disorder, the study authors concluded, “remains a major contributor to HCV-related liver disease burden, highlighting the need to address [other health conditions].”

To read the study abstract, [click here](#).

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