Interferon-Free Hep C Treatments Are Not Linked to Raised Liver Cancer Risk

Previous research indicated that compared with interferon-based treatment, direct-acting antiviral treatment raised this risk.

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Contrary to the findings of previous research, a new study has found that compared with receiving interferon-based treatment for hepatitis C virus (HCV), curative interferon-free direct-acting antiviral (DAA) therapy is not associated with an increased risk of developing hepatocellular carcinoma (HCC, the most common form of liver cancer) among people with cirrhosis, MedPage Today reports.

Publishing their findings in the Journal of Hepatology, researchers analyzed data on 857 people cured of hep C between 1997 and 2016. They all had been diagnosed with cirrhosis, none had yet been diagnosed with liver cancer and none were coinfected with hepatitis B virus (HBV) or HIV.

This study was initially presented at the 52nd International Liver Congress in Amsterdam in April 2017.

During a median follow-up of 2.4 years, the study population was diagnosed with liver cancer at an overall rate of 1.45 diagnoses per 100 cumulative years of follow-up. During a median 1.7 years of follow-up among those who received interferon-based treatment, 12 individuals were diagnosed with the cancer, for a rate of 1.7 diagnoses per 100 cumulative years of follow-up. And during a median 3.5 years of follow-up among those who were treated with interferon-free DAA regimens, 34 people were diagnosed with the cancer, for a diagnosis rate of 2.53 per 100 cumulative years of follow-up.

These findings meant that, at first glance, it seemed that interferon-free DAA treatment was associated with a higher risk of developing liver cancer following being cured of hep C, specifically a 2.48-fold elevated risk compared with receiving interferon-based treatment.

However, the researchers found that other baseline factors (meaning characteristics specific to the individuals at the beginning of the study's follow-up period) were also associated with an increased risk of post–hep C cure liver cancer diagnosis, including: being older, as individuals in their 50s and those age 60 and older were a respective 2.75-fold and 3.31-fold more likely to be diagnosed with liver cancer than those in their 40s; having a Child-Turcotte-Pugh score (an

indication of the severity of liver disease, on a scale of A to C, with A being the least severe) of B, compared with A (a 5.24-fold greater risk); having low platelets (3.96-fold increased risk); and having been treated for hep C two or more previous times (3.52-fold increased risk).

After the study authors adjusted the data to account for differences among the study cohort members according to that list of risk factors, they found that there was no statistically significant difference in the liver cancer diagnosis rate between those treated with and without interferon, meaning that any apparent difference (a 1.15-fold increased risk for those who received interferon-free treatment) may have been driven by chance.

To read the MedPage Today article, click here.

To read the study abstract, click here.

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