In Those With HIV, Curing Hep C Tied to Less Severe Liver Disease

A European study of nearly 19,000 people with HIV also found that curing hep C was not associated with heart disease or non-AIDS cancer.

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A large European study of people with HIV has found that curing hepatitis C virus (HCV) is associated with a lower risk of end-stage liver disease (ESLD) and hepatocellular carcinoma (HCC, the most common form of liver cancer), the National AIDS Treatment Advocacy Project (NATAP) reports. The study also found that beating hep C was associated with no change in rates of cardiovascular disease (CVD) or non-AIDS-defining cancer (NADC).

Presenting their findings at the 2019 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, researchers analyzed data on 18,736 people with HIV in the EuroSIDA study. The study authors divided these individuals into five groups: 1) the 62 percent who did not have HCV antibodies; 2) the 6 percent who had spontaneously cleared hep C without treatment; 3) the 22 percent who were chronically infected with HCV; 4) the 5 percent who had been cured of that virus through treatment; and 5) the 5 percent who had been treated for hep C but not cured.

Seventy-four percent of the overall cohort were men, 85 percent were white and 84 percent had ever taken antiretroviral treatment for HIV. The median age was 41 years old, and the median CD4 count was 438.

During a median 8.3 years of follow-up, the cohort was diagnosed with 887 cardiovascular health events, 902 cases of NADC and 436 cases of ESLD.

After adjusting the data to account for various differences between the cohort members, the study authors found that, compared with those who were cured of hep C through treatment, those who remained chronically infected were 1.47 times more likely to be diagnosed with ESLD and those who had failed treatment were 1.8 times more likely to be diagnosed with ESLD.

There was no significant difference in the rates of CVD or NADC diagnoses between the five different groups considered in the study's analysis.

Another study presented at CROI, which looked at data on more than 60,000 U.S. veterans who were monoinfected with HCV, meaning they did not have HIV, found that direct-acting antiviral

(DAA) treatment was indeed associated with a lower risk of CVD disease diagnosis rates in this group, regardless of the level of liver fibrosis. A separate recent study of HCV-monoinfected people found that DAA treatment lowered the risk of CVD more than interferon treatment.

To read the conference abstract, click here.

To read the NATAP report, click here.

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