# Black Women With HIV and Hep C Less Likely to Die of Liver-Related Disease

September 7, 2012 By Tim Horn

Black women living with HIV and hepatitis C virus (HCV) are less likely to die of liver disease, compared with white and Latina women coinfected with both viruses, according to a new analysis of the federally funded Women's Interagency HIV Study (WIHS) published online ahead of print by the journal Hepatology.

Much is known about the prevalence, course and treatment of chronic HCV infection in blacks, including those coinfected with HIV. The prevalence of HCV is greater among blacks; the virus is less likely to be spontaneously cleared; and it is harder to treat using pegylated interferon-based regimens. However, blacks living with HCV experience less inflammation and fibrosis of their livers compared with whites and Latinos.

Researchers investigating this disparity suggest that the immune response to HCV among blacks is different than that seen in other racial and ethnic populations, a hypothesis that continues to be explored scientifically.

It's also not clear if the slower progression of HCV disease necessarily translates into a lower risk of deaths related to liver disease, particularly among women and those coinfected with HIV. In turn, Monika Sarkar, MD, of the University of California at San Francisco and her colleagues analyzed data from the WIHS—established in 1993 to investigate the various affects of HIV, its treatment and its complications among women in the United States—to determine the association between race and ethnicity and liver-related deaths.

The analysis included 794 women coinfected with HIV and HCV; 495 were black, 159 were Latina, and 140 were white. There were 438 deaths and 49 liver-related deaths during the average follow-up period of 8.9 years (with some women followed for up to 16 years).

Among black women, 7.6 percent of the deaths were liver-related, compared with 20.5 percent among Hispanics. This difference was statistically significant, meaning it was too great to have occurred by chance. Roughly 14 percent of the deaths among whites were liver related—compared with black women, however, this higher rate was not statistically significant.

With additional statistical analysis, taking into account differences in CD4 cell counts and viral loads between the groups, Sarkar and her colleagues found that the black women coinfected with

HIV and HCV were significantly less likely to die of liver-related disease than either the Latina or white women coinfected with both viruses.

The researchers also conducted analyses to determine if the decrease in liver-related deaths among the black women could be attributed to a higher rate of death from other conditions. Sarkar and her colleagues noted, however, similar risks of mortality from any cause between the three groups.

“[Black] women were much less likely to die from liver disease, as compared to [whites and Latinas], independent of other causes of death,” the authors concluded. “Future studies are needed to investigate the reasons for this marked racial/ethnic discrepancy in liver-related mortality.”

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