Liver Cancer Survival in People With Hep C Not Tied to HIV Status

Being diagnosed with liver cancer at a later stage of the disease was associated with a lower three-year survival rate.

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Among people with hepatitis C virus (HCV), HIV status has no apparent bearing on the three-year rate of survival following a diagnosis of hepatocellular carcinoma (HCC, the most common form of liver cancer), the National AIDS Treatment Advocacy Project (NATAP) reports.

Presenting their findings at the 2019 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, researchers analyzed data on 339 people with liver cancer and HIV/HCV coinfection who were members of the GEHEP-002 cohort in Spain between 1999 and 2017. For a comparison group, the study authors selected 118 people with liver cancer who had HCV but not HIV and were patients of a liver unit at a hospital in Seville. The participants were monitored every six months.

A total of 334 (73 percent) of the combined cohort of the two groups died following their liver cancer diagnosis during the study's follow-up period, 303 (66 percent) of them from liver-cancer-related causes.

After adjusting the data to account for various differences between the cohort members, the study authors found that HIV was not associated with a significant difference in the rate of death 36 months after receiving a liver cancer diagnosis. Nor were age, sex, drinking more than 50 grams of alcohol daily or a lack of hep C cure associated with a difference in the three-year post-diagnosis mortality rate.

Having a worse liver cancer stage at diagnosis according to the Barcelona-Clinic Liver Cancer staging system was associated with a lower three-year post-liver-cancer-diagnosis survival rate. Compared with being diagnosed at Stage Zero to Stage A, being diagnosed at Stage B was linked to a 3.31-fold greater likelihood of dying after three years; being diagnosed at Stage C was linked to a 5.03-fold greater mortality rate; and being diagnosed at Stage D was linked to a 9.35-fold greater likelihood of dying.

Compared with having a lower level, having an alpha-fetoprotein (a liver tumor biomarker) greater than 50 nanograms per milliliter was associated with a 2.15-fold greater likelihood of dying after

three years. Compared with being diagnosed in a liver-cancer surveillance program, being diagnosed outside of such a program was associated with a 1.36-fold greater likelihood of dying after three years.

To read the NATAP report, click here.

To read the conference abstract, click here.
