

People With Both HIV and Detectable Hepatitis B Are at Higher Risk for Liver Cancer

Suppression of hepatitis B virus with antiviral treatment lowered the risk of hepatocellular carcinoma by 58%.

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Individuals who are coinfecting with both [hepatitis B virus \(HBV\)](#) and [HIV](#) are at greater risk of developing hepatocellular carcinoma. But findings published in [Hepatology](#) show that antiretroviral therapy active against hepatitis B would considerably reduce the risk of liver cancer.

Around the world, chronic hepatitis B is among the most common causes of hepatocellular carcinoma, the most common type of [liver cancer](#). While hepatitis B and HIV commonly co-occur (known as coinfection), the resulting effects on liver cancer are not well understood. Some antiretroviral drugs used to treat HIV are also active against HBV, and experts recommend that people with coinfection should include dually active drugs in their combination regimen.

So Vincent Lo Re III, MD, of the Perelman School of Medicine at the University of Pennsylvania, and colleagues set out to assess the factors that contribute to liver cancer in the context of hepatitis B and HIV coinfection.

“Most HIV providers do not regularly monitor hepatitis B viral load in practice, even while [patients are] on antiretroviral treatment,” said Lo Re in a [press release](#). “Our data highlight the importance of regular assessment of hepatitis B viral load and achievement of hepatitis B suppression during antiretroviral therapy in people with HIV and chronic hepatitis B coinfection.”

Looking at data from two decades across 22 cohorts of the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD), the researchers focused on individuals who were coinfecting with both viruses. They confirmed the diagnosis of liver cancer by accessing medical records or a cancer registry. The study population included a total of 8,354 individuals with HIV and HBV coinfection. Most (93%) were men, a majority (52%) were not white and the median age was 43 years.

The researchers identified 115 cases of hepatocellular carcinoma across 65,392 person-years of follow-up, for an incidence rate of 1.8 cases per 1,000 person-years. Among people who were on

antiretroviral therapy active against hepatitis B for over a year, the risk of hepatocellular carcinoma was significantly lower, by 58%. In the absence of HBV viral suppression, the risk of liver cancer was much higher among individuals with coinfection.

The team noticed that older age, triple infection with hepatitis C virus and heavy alcohol use also increased the risk of developing liver cancer. Decreasing alcohol consumption and receiving antiviral therapy for hepatitis C may aid in reducing this risk.

“This study highlights the importance of testing and regular care for HIV and chronic hepatitis B coinfecting individuals as well as the value of programs and strategies that help coinfecting individuals maximize antiretroviral adherence to achieve hepatitis B viral suppression,” said Lo Re.

Click here to read the study abstract in [Hepatology](#).

Click here to learn more about [liver cancer and hepatitis B](#).

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