Curing Hep C Linked to Lower Risk of Liver-Related Death

This held true regardless of the type of hep C treatment—interferon-based or direct-acting antiviral.

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People with hepatitis C virus (HCV) have a lower risk of liver-related death if they are cured of the virus, regardless of whether they are treated with the older interferon-based therapy or newer direct-acting antivirals (DAAs), the National AIDS Treatment Advocacy Project reports.

Presenting their results at the IDWeek meeting in Washington, DC, earlier this month, researchers analyzed data on 61,629 U.S. veterans with HCV in the ERCHIVES database, including 37,197 people treated for the virus and 24,432 who were not. Each treated veteran was matched with an untreated veteran according to age, race, sex, body mass index, severity of liver fibrosis (scarring), smoking, diabetes and coronary artery disease.

The average age was 57.9 years old among the treated veterans and 55.1 years old in the untreated group. About 96% of both groups were men. In the treated and untreated groups, 56% and 55% were white, respectively, 27% and 29% were Black, and 3% and 5% were Latino. In the treated and untreated groups, a respective 42% and 45% reported alcohol use or dependence, and 52% and 58% were current smokers. These differences were statistically significant, meaning they were unlikely to be different thanks to chance.

During the 2012 to 2016 study period, the rate of liver-related death per 100 cumulative years of follow-up was 0.68 deaths in the treated group and 1.29 deaths in the untreated group, and 0.14 deaths among those who were cured of hep C compared with 1.4 deaths among those who were not.

Among those who were treated, the liver-related death rate per 100 cumulative years of follow-up was 0.31 deaths among those treated with DAAs compared with 0.76 deaths among those treated with interferon. Among those treated with interferon, the rate was 0.13 deaths in those who were cured of the virus compared with 1.44 deaths among those who were not cured. And among those treated with DAAs, the rate was 0.2 deaths among those who were cured compared with 0.81 deaths among those who were not cured.

Analyzing the differences in the liver-related death rate between various subgroups of the study

cohort led the investigators to conclude that curing the virus drove the lower liver-related death rate in the treated group compared with the rate seen in the untreated group and that this benefit was seen regardless of the type of treatment.

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