

Hepatitis C Treatment Improves Liver Cancer Survival

However, only 24% of people with hepatocellular carcinoma received direct-acting antiviral therapy.

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Hepatitis C treatment led to improved survival for people with liver cancer, but less than one in four received direct-acting antiviral therapy, according to study results presented this week at the [American Association for the Study of Liver Diseases \(AASLD\) Liver Meeting](#) in Boston.

Over time, chronic [hepatitis C virus \(HCV\)](#) infection can lead to serious liver disease, including [cirrhosis](#) and hepatocellular carcinoma (HCC), the most common type of primary [liver cancer](#). HCC is often diagnosed late and is difficult to treat.

Interferon-free direct-acting antiviral (DAA) therapy, first approved in late 2013, can cure more than 90% of hepatitis C patients with an eight- to 12-week course of well-tolerated medications. Timely HCV treatment can prevent the development of cirrhosis and liver cancer, and it may improve outcomes for patients who already have HCC. Yet [only about a third of people with hepatitis C](#) have been successfully treated, according to the Centers for Disease Control and Prevention. The new research suggests that the proportion is even lower among those with liver cancer.

Leslie Yeeman Kam, MD, of Stanford University Medical Center, and colleagues looked at the proportion of patients with HCV-related liver cancer who received DAAs from 2015 to 2021 and the impact of hepatitis C treatment on overall survival.

Using a large national claims database of insured patients, this retrospective study analyzed data from adults with hepatitis C and liver cancer who had at least six months of health insurance coverage. Unlike studies of patients treated at specialized tertiary care centers, this analysis used a large patient sample that represents real-world DAA treatment rates and survival outcomes, Kam said.

The analysis included 3,922 patients with HCV-related HCC. More than half had decompensated cirrhosis, or liver failure, suggesting HCV-related HCC was diagnosed late in the course of disease, Kam noted. People with hepatitis B, hepatitis D or HIV coinfection and those with a prior liver

transplant were excluded.

Within this group, just 922 people (24%) received DAA therapy. Treatment rates were higher for younger people and patients with cirrhosis, both compensated and decompensated. Those who received care from a gastroenterologist or infectious disease specialist, with or without an oncologist, were about three times more likely to receive HCV treatment. The likelihood of receiving treatment did not vary by sex or race/ethnicity.

People treated with DAA therapy had a significantly higher five-year survival rate compared with untreated patients (47% versus 35%, respectively). After adjusting for age, sex, race/ethnicity, HCC treatment and other factors, hepatitis C treatment was associated with a 39% reduction in mortality. However, there were racial/ethnic disparities in mortality, with Black patients having worse survival whether or not they received DAAs, according to Kam.

“Although those who received DAA treatment had a significantly better five-year survival, DAA treatment remains underutilized even in the sickest of patients with HCV who are insured, as less than one in four patients were treated,” the researchers concluded.

As of now, the DAA utilization rate is “dismally low,” Kam said, recommending that, “culturally appropriate efforts to improve awareness of HCV must continue among the general public and health care workers as well as efforts to provide point-of-care accurate and rapid screening tests for HCV so that DAA treatment can be initiated in a timely manner for eligible patients.”

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