

Veterans With Chronic Hep C May Have Increased Risk for Pancreatic Cancer

Veterans with chronic hepatitis C may have an increased risk for pancreatic cancer compared with those without hepatitis.

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A study of more than 6 million U.S. veterans across Veterans Health Administration sites found an association between chronic [hepatitis C virus](#) (HCV) and an increased risk for pancreatic cancer, according to [JAMA Network Open](#).

HCV is a contagious but curable blood-borne virus that infects the liver and can cause lifelong infection, liver [fibrosis](#), cirrhosis, [liver cancer](#), liver failure and death.

There are two phases of HCV infection—acute and chronic. Acute infection refers to an HCV infection acquired less than six months ago. An infection lasting more than six months is chronic.

The [Centers for Disease Control and Prevention](#) (CDC) estimates that approximately 2 million people in the United States are living with chronic HCV. What's more, chronic HCV affects multiple generations, with peaks in reported cases among younger age groups at 33 years and older age groups at 65 years.

The study of 6.3 million veterans found that individuals with chronic HCV developed pancreatic ductal adenocarcinoma (PDAC), a common and aggressive type of pancreatic cancer, at younger ages and had an increased risk for PDAC compared with people without HCV. What's more, the risk for PDAC [varied by HCV genotype](#), or virus strain. Genotypes show the genetic makeup of each virus strain and do not affect the severity of HCV.

Scientists have identified seven HCV genotypes and dozens of subtypes. Genotypes 1a, 1b, 2 and 3 are the most common in the United States; a small proportion of patients have genotypes 4, 5 or 6.

The current study found that individuals with HCV genotypes 1 and 3 were at greater risk of developing PDAC than those with genotype 2.

“Future pancreatic cancer early detection prediction models should consider whether inclusion of untreated HCV or HCV exposure further improves identification of individuals at risk,” [wrote](#) the study’s authors. “Importantly, future work should address whether HCV treatment with [direct-acting antivirals] mitigates the risk of PDAC associated with HCV infection.”

In an [accompanying commentary](#), the authors noted that several factors should be considered when interpreting the results, especially that Veterans Health Administration individuals are distinctly different from individuals in the general population.

“Further external validation of these findings is needed in general populations,” they wrote.

Researchers also emphasize that HCV screening rates remain low due to lack of health insurance, low socioeconomic status, lack of HCV awareness and stigma.

“Screening and its subsequent treatment for HCV infection can lead to improved patient outcomes and lower health expenses,” wrote the study authors. “Of particular interest related to this study, future studies should investigate whether HCV screening and treatment may be associated with lower risk of pancreatic cancer.”

Older guidelines recommended hepatitis C virus (HCV) testing only for people thought to be at increased risk, but [current guidelines](#) say all adults should be tested for HCV at least once, according to Hep’s [Health Basics on HCV Testing](#).

To read more, click [#Hepatitis C](#), [#Pancreatic Cancer](#) or [#Veteran](#). There, you’ll see headlines such as “[Most Veterans With Hepatitis C Are Successfully Treated](#),” “[American Liver Foundation Announces Government Partnership to Support Veterans With Liver Disease](#)” and “[Hepatitis C Cure Can Be Assessed 4 Weeks After Treatment](#).”