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Effect of Treatment for HCV on the Development of HCC in a Predominately African American Medical Center Population

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Effect of Treatment for HCV on the Development of HCC in a Predominately African American Medical Center Population.

Bassem Farah, Yechiel Mor, Sarvani Surapaneni, Brian Rutledge, Hojun Lee, Hajra Khan, Anshu Wadehra, Paul Naylor, Murray Ehrinpreis, and Milton Mutchnick.

Introduction

Direct Acting Antivirals (DAA) are effective in Hepatitis C (HCV) patients with cirrhosis, but viral elimination may occur in a setting where the HCC development pathway has already begun. Our objective was to determine whether achieving a sustained virologic response (SVR) prior to diagnosis of hepatocellular carcinoma (HCC) improved outcomes in our predominately African American population.

Methods

We reviewed the medical records of 96 HCV patients diagnosed with HCC between 2015 and 2019. Primary outcomes were defined as either alive, death/hospice, or transplant. Tumor size was measured as non-small (> 5cm or multiple tumors) or small (< 5cm). The study was approved by the WSU IRB and data analysis performed using the SAS-JMP statistical software.

Results

Of the 96 patients with HCV who developed HCC, only 17 (18%) were treated for their HCV prior to diagnosis. There was no significant difference in the gender, race, and age of treated or non-treated patients. Hospice/death rates were found to be lower in the treated group when compared to those who were not treated prior to diagnosis (47% compared to 81% $p = 0.0078$). However, there was no significant difference in tumor size between these two groups (29% compared to 25%, $p = 0.7297$).

Conclusions

Most patients with HCC in this study did not receive treatment for their HCV prior to HCC diagnosis, which is likely due to the recent development timeline of the highly effective DAAs. Prior treatment of HCV leads to better outcomes than with no treatment, although this was not due to a smaller tumor size at diagnosis. Therefore, this could be due to some other unknown mechanism which may benefit from further subsequent investigation. Indeed, as many of the patients treated for HCV with DAA have not yet developed HCC or have yet to otherwise have final outcomes, we will need to continue to monitor our patient population into the future for further analysis.

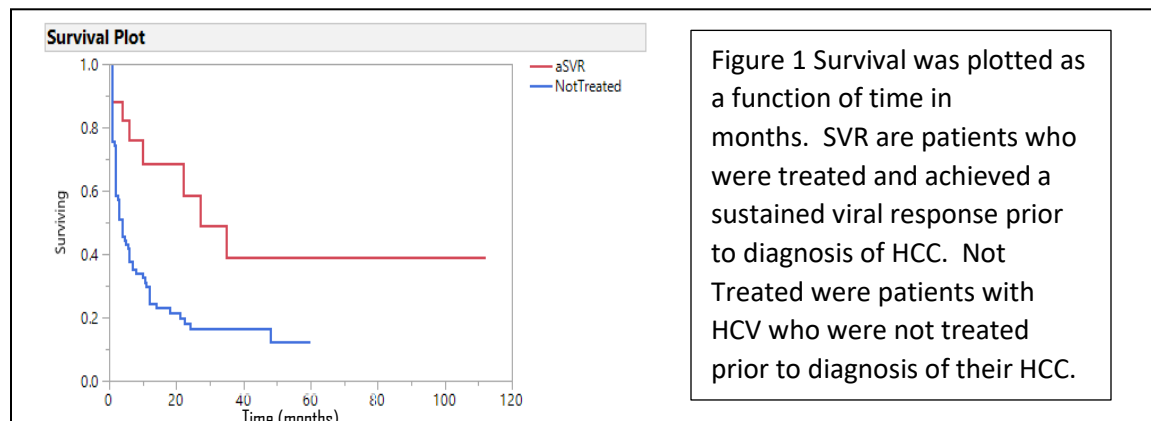


Figure 1 Survival was plotted as a function of time in months. SVR are patients who were treated and achieved a sustained viral response prior to diagnosis of HCC. Not Treated were patients with HCV who were not treated prior to diagnosis of their HCC.