



Direct-acting antivirals after successful treatment of early hepatocellular carcinoma improve survival in HCV-cirrhotic patients

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Abstract

Background & Aims: The effectiveness of direct-acting antivirals (DAAs) against hepatitis C virus (HCV), following successful treatment of early hepatocellular carcinoma (HCC), has been studied extensively. However, the benefit in terms of overall survival (OS) remains to be conclusively demonstrated. The aim of this study was to assess the impact of DAAs on OS, HCC recurrence, and hepatic decompensation.

Methods: We prospectively enrolled 163 consecutive patients with HCV-related cirrhosis and a first diagnosis of early Barcelona Clinic Liver Cancer stage 0/A HCC, who had achieved a complete radiologic response after curative resection or ablation and were subsequently treated with DAAs. DAA-untreated patients from the ITA.LI.CA. cohort (n = 328) served as controls. After propensity score matching, outcomes of 102 DAA-treated (DAA group) and 102 DAA-untreated patients (No DAA group) were compared.

Results: In the DAA group, 7/102 patients (6.9%) died, HCC recurred in 28/102 patients (27.5%) and hepatic decompensation occurred in 6/102 patients (5.9%), after a mean follow-up of 21.4 months. OS was significantly higher in the DAA group compared to the No DAA group (hazard ratio [HR] 0.39; 95% CI 0.17-0.91; p = 0.03). HCC recurrence was not significantly different between the DAA and No DAA groups (HR 0.70; 95% CI 0.44-1.13; p = 0.15). A significant reduction in the rate of hepatic decompensation was observed in the DAA group compared with the No DAA group (HR 0.32; 95% CI 0.13-0.84; p = 0.02). In the DAA group, sustained virologic response was a significant predictor of OS (HR 0.02; 95% CI 0.00-0.19; p < 0.001), HCC recurrence (HR 0.25; 95% CI 0.11-0.57; p < 0.001) and hepatic decompensation (HR 0.12; 95% CI 0.02-0.38; p = 0.02).

Conclusions: In patients with HCV-related cirrhosis who had been successfully treated for early HCC, DAAs significantly improved OS compared with No DAA treatment.



Biography:

Ciro Celsa is a professor in Section of gastroenterology and

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Speaker Publications:

1. Casadei Gardini, Andrea & Dadduzio, Vincenzo & Rovesti, Giulia & Cabibbo, Giuseppe & Vukotic, Ranka & Rizzato, Mario & Orsi, Giulia & Rossi, Margherita & Guarneri, Valeria & Lonardi, Sara & D'agostino, Dario & Celsa, Ciro & Andreone, Pietro & Zagonel, Vittorina & Scartozzi, Mario & Cascinu, Stefano & Cucchetti, Alessandro. (2020). Utility of neutrophil-to-lymphocyte ratio to identify long-term survivors among HCC patients treated with sorafenib. *Medicine*. 99. e19958. 10.1097/MD.00000000000019958.
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12th International Virology Summit; Webinar - June 24-25, 2020.

Abstract Citation:

Ciro Celsa, Direct-acting antivirals after successful treatment of early hepatocellular carcinoma improve survival in HCV-cirrhotic patients, Euro Virology 2020, 12th International Virology Summit; Webinar - June 24-25, 2020

(<https://virology.conferenceseries.com/europe/abstract/2020/direct-acting-antivirals-after-successful-treatment-of-early-hepatocellular-carcinoma-improve-survival-in-hcv-cirrhotic-patients>)