The incidence of hepatocellular carcinoma (HCC) in HIV-infected patients is increasing worldwide, but it is not known if HIV-infected patients access effective therapy against HCC. Our aim was to assess the proportion of HIV-infected patients with HCC that do not receive recommended therapy according to BCLC stage.

METHODS: The GEHEP-002 multicentric cohort (ClinicalTrials.gov ID: NCT02758335) recruited HCC cases diagnosed in HIV-infected patients from 32 centers from Spain. The Barcelona-Clinic Liver Cancer (BCLC) staging system was used for HCC staging and treatment allocation. The proportion of patients receiving less effective therapy against HCC as indicated by BCLC stage at diagnosis and the evolution of this proportion over time was analyzed.

RESULTS: 217 HCC cases from the GEHEP-002 cohort were included in this study. The distribution of patients according to BCLC stage at diagnosis was: Stage 0 = 90 (41.4%); Stage A = 115 (53.6%); Stage B = 26 (11.9%); Stage C = 111 (51.4%) and Stage D: 59 (18.5%). Eighty-four (32.5%) out of 258 patients were: Stage 0= 6 (2%); Stage A: 115 (36.3%); Stage B: 26 (8.2%); Stage C: 41 (13.1%); and Stage D: 59 (18.5%).

More advanced stage.

The proportion of patients receiving no/less effective therapy varied according to the BCLC stage. Thus, it was increased in the second period (43,6% vs. 38,4%; p < 0.001).

Conversely, the proportion of patients receiving less effective therapy according to the BCLC stage increased in the second period (35% vs. 45%; p < 0.001) (Table 1). The Barcelona-Clinic Liver Cancer (BCLC) staging system was used for HCC staging and treatment allocation. The proportion of patients receiving less effective therapy varied according to the BCLC stage. The proportion of patients receiving no/less effective therapy varied according to the BCLC stage. This situation becomes more frequent as the proportion of HCC cases that are diagnosed in earlier stages.

Table 3. Treatment strategy received according to BCLC stage at diagnosis.

The proportion of patients receiving no/less effective therapy varied according to the BCLC stage. Thus, it was increased in the second period (36 out of 128 [28%] vs. 85 out of 190 [45%]; p < 0.001).

Conclusions

A high proportion of HIV-infected patients diagnosed of HCC did not receive therapy or receive less effective therapy as recommended by its BCLC stage. This situation becomes more frequent as the proportion of HCC cases that are diagnosed in earlier stages. However, the access to therapy has improved in the recent years, probably as a consequence of the increase in the proportion of HCC cases that are diagnosed in earlier stages.