# KINETICS OF EMERGENCE OF LIVER COMPLICATIONS IN HCV-INFECTED PATIENTS AFTER SVR

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## Background:

Despite achieving SVR with DAA-based regimens, a few HCV-infected patients still develop liver complications. Consequently, life-long surveillance for hepatic events, including hepatocellular carcinoma (HCC), is recommended among individuals with pre-treatment cirrhosis. However, there is little available evidence on the distribution over time of these liver complications' appearing after SVR. Thus, the aim of this study was to describe the kinetics of liver complications appearance in HCV-infected patients, with advanced fibrosis, who attain SVR after DAA based

therapy.

## Methods:

Multicentric prospective cohort study, including HCV- and HIV/HCV-coinfected patients, who met: 1) Had achieved SVR with DAA-based therapy; 2) Liver stiffness prior to starting treatment≥ 9.5 kPa; 3) Had an available LS measurement at the time of SVR. SVR was considered as the baseline time-point. Overall accumulated incidence of liver complications was estimated, as well as complication-specific incidences. The median time (Q1-Q3) to the emergence of a hepatic event was assessed.

## Results:

1006 patients were included, 661 (61%) coinfected with VIH. 554 (55%) showed previous compensated cirrhosis. 994 (94%) patients had achieved SVR with interferon-free regimens. After SVR, 42% of individuals (426) showed liver stiffness values above 14 KPa. After a median follow-up time (Q1-Q3) of 37 (24-42) months, 47 (4.7%) patients developed liver complications: 19 (1.9%) HCC, 15 (1.5%) ascites, 9 (0.9%) portal hypertensive gastrointestinal bleeding (PHGB) and 4 (0.4%) hepatic encephalopathy. The distribution of liver complications during follow-up is displayed in figure 1. The median time to the emergence of hepatic events was: hepatic encephalopathy 10.2 (6.6-12.6) months, ascites 12.7 (4.6-25.9) months, HCC 16.9 (12.4-32.2) months and PHGB 26.5 (16.6-40.5) months.

## Conclusion:

The vast majority of HCV-infected patients who develop liver complications after reaching SVR with DAA do it within two years after SVR time-point. Specifically, hepatic encephalopathy and ascites do not usually emerge after this period. Conversely, HCC and PHGB may occur in longer term, hence it is mandatory to identify patients at risk of developing these hepatic events to continue performing surveillance for them

## Clinical:

(J) Hepatitis Viruses and Liver Complications

## Keywords:

DAA
HCV infection
Hepatic decompensation
Hepatocellular carcinoma
sustained virological response

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