LONG-TERM LIVER EVENTS IN PATIENTS WITH HCV CHRONIC INFECTION AFTER SVR

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BACKGROUND

- Despite achieving sustained viral response (SVR) with direct-acting antivirals (DAA), some individuals with HCV chronic infection remain at risk of developing liver complications.
- After SVR, there is a **temporal pattern** of the appearance of liver complications depending on the type of event. Thus, ascites and hepatic encephalopathy (HE) are usually present earlier after HCV cure. In contrast, hepatocellular carcinoma (HCC) and portal hypertensive gastrointestinal bleeding (PHGB) tend to appear more continuously during follow-up.
- However, information on the **long-term incidence** and distribution of these liver events is limited.

METHODS

- **Desing**: Multicenter cohort study (17 hospitals, Spain).
- **Patients:** HCV-monoinfected and HIV/HCV-coinfected individuals from the GEHEP-011 cohort [inclusion criteria: 1) LS prior to treatment≥9.5 kPa; 2) Achieved SVR with DAA-based therapy; 3) Available LS measurement at SVR].
- **Main outcome:** emergence of a liver complication after SVR.
- **Analysis**: Overall accumulated incidence of liver complications was estimated, so as by type of complication. The median time (Q1-Q3) to the emergence of a liver event was assessed.

RESULTS

Median follow-up time: 58 (42 – 69) months

Table 1. Characteristics of the patients (N=1,116)

Characteristic	Value
Previous to treatment	
Age* (years)	53 (49 – 57)
Male sex, n (%)	901 (81)
HIV infection, n (%)	677 (61)
Cirrhosis (LS ≥ 14kPa), n (%)	675 (61)
Decompensation, n (%)	63 (7)
After SVR	
LS ≥ 14 kPa, n (%)	468 (42)
CPT class A, n (%)	1026 (92)
Platelets* (x 10^3/µL)	152 (109 – 202)

* Median (Q1 - Q3)

Although the overall incidence is low, liver complications continued to occur after long-term SVR, especially hepatocellular carcinoma and portal hypertensive gastrointestinal bleeding

Figures 1 to 4. Appearance of liver complications

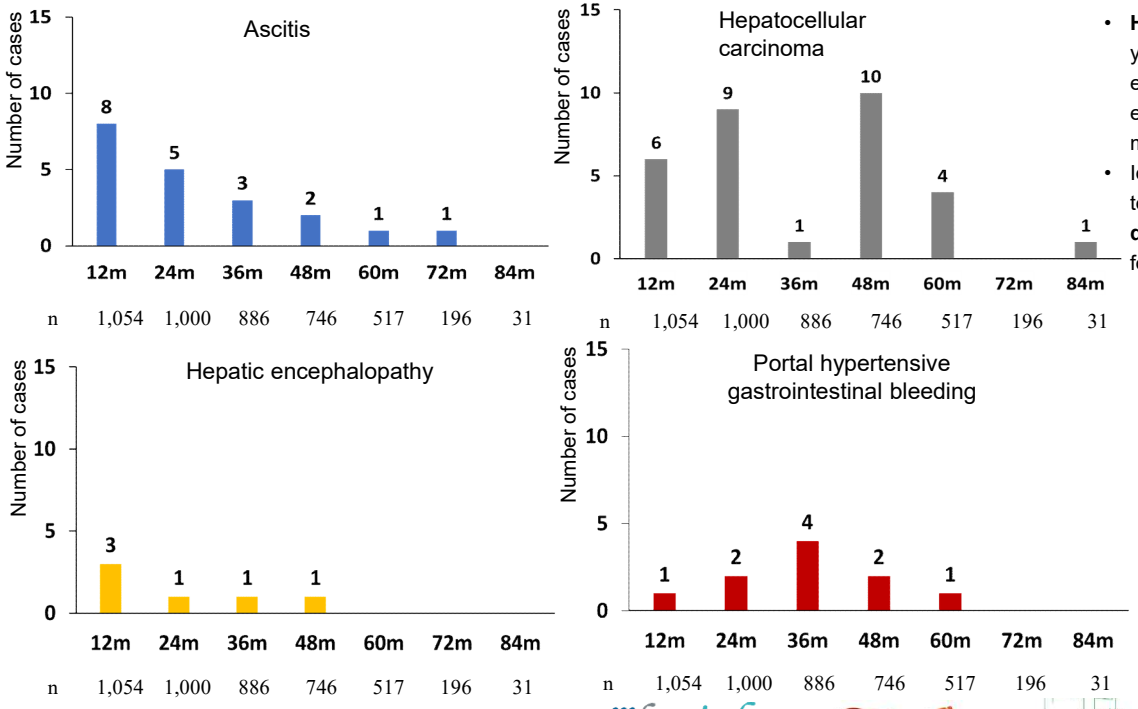


Table 2. First episodes of liver complications after SVR and time to their development

Liver event	N (accumulated incidence)	Time* (months)
Global	69 (6,2%)	23 (12 – 40)
Hepatocellular carcinoma	31 (2,8%)	31 (15 – 45)
Ascitis	21 (1,9%)	16 (7 – 31)
Portal hypertensive gastrointestinal bleeding	11 (1,0%)	25 (19 – 39)
Hepatic encephalopathy	6 (0,5%)	12 (9 – 40)

* Median (Q1 - Q3)

CONCLUSIONS

- Liver complications **continued to occur** after long-term SVR, although the overall incidence is low.
- **HCC remained the most frequent** event. Three years after SVR, HCC and PHGB continue emerging frequently, while cases of ascites and EH emerged as a consequence of other toxic and/or metabolic causes.
- Identifying patients who would benefit from long-term HCC and PHGB screening and thus **designing cost-effective surveillance programs** for liver events is a high priority.

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