

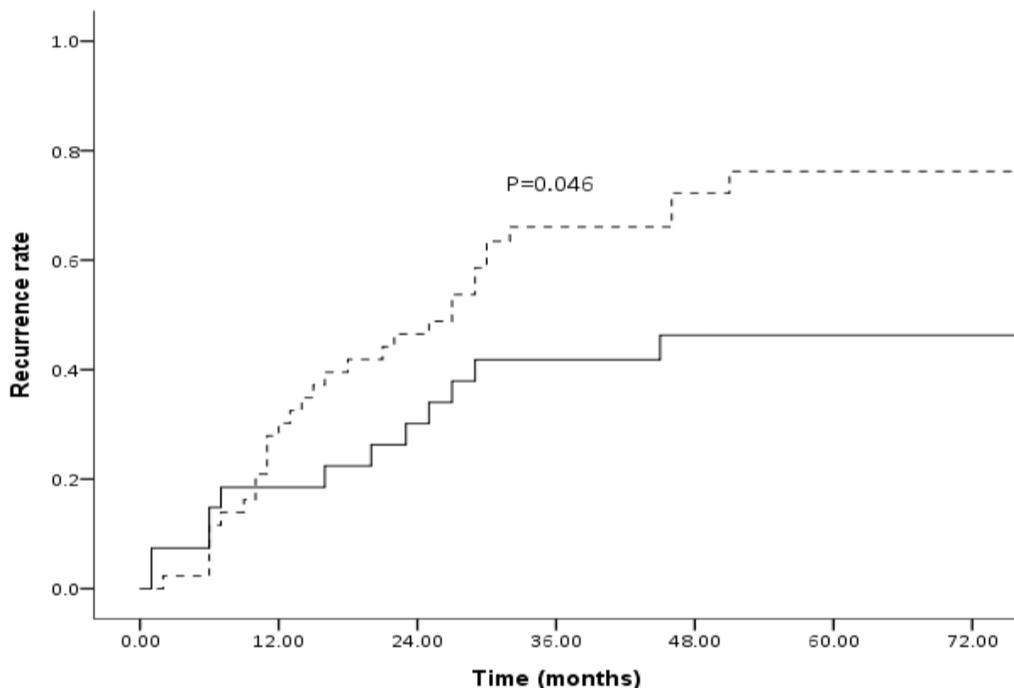
Clinical characteristics and prognosis of HCC occurrence after antiviral therapy for HCV patients between sustained and non-sustained responders

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Objectives

To compare the characteristics and prognosis of HCC between HCV patients with SVR and non-SVR after interferon (IFN) based antiviral therapies.

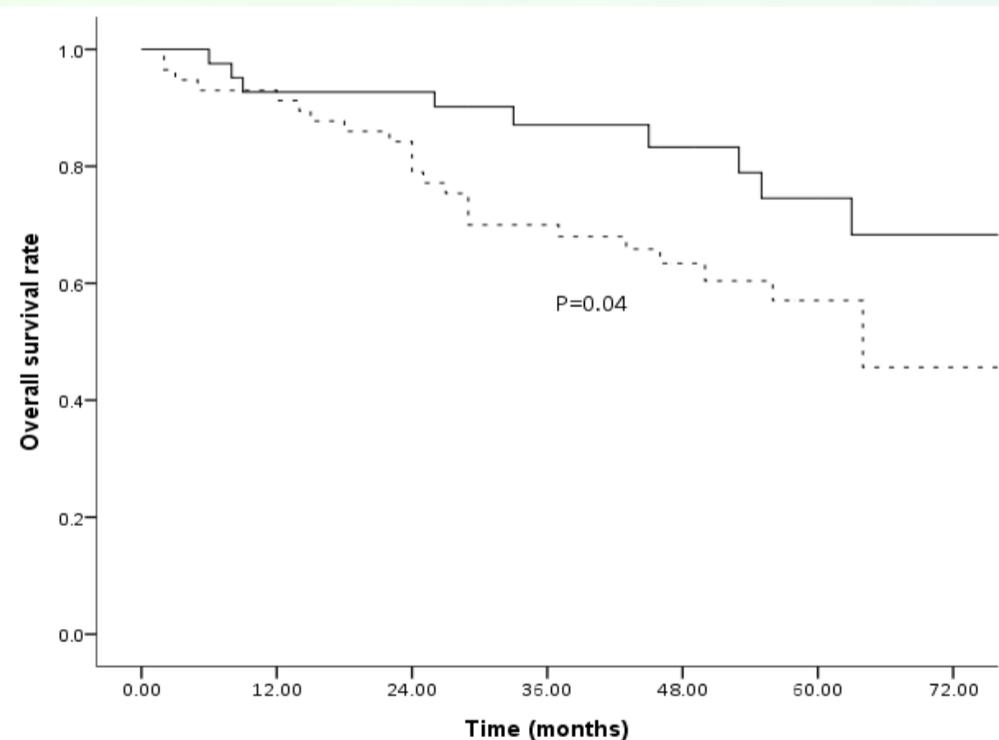
Fig.1 Comparison of the recurrence rates of hepatocellular carcinoma between SVR and non SVR patients



Methods

Among 1884 HCV-infected patients who were treated with pegylated IFN plus ribavirin therapies, 122 patients developed HCC during follow-up were enrolled in this study. Laboratory data were collected before and at least 1 year after IFN-based therapy, as well as the latest follow-up.

Fig.2 Comparison of overall survival rates of HCC between SVR and non SVR. Solid line SVR patients, dotted line non SVR patients.



Results

Both SVR and non-SVR patients had similar risk factors to develop HCC, but with a little difference. Liver cirrhosis plays a key role in HCC occurrence in both groups. Among the patients who developed HCC, non-SVR patients had significantly higher total bilirubin, higher FIB-4, lower pre-treatment platelet count, higher pre-treatment AFP levels and higher proportion of cirrhosis than SVR patients before occurrence of HCC. After curative treatment, SVR patients had lower recurrence and longer overall survival than non-SVR patients by Kaplan-Meier analysis. Multivariate analysis revealed that APRI ≥ 0.7 was the independent risk factor for HCC recurrence; and AFP ≥ 20 ng/ml post IFN therapy, as well as HCC recurrence were the independent risk factors of mortality.

Conclusion

SVR patients may have lower HCC recurrence and longer survival rates than non-SVR patients. Only APRI was associated with HCC recurrence; and post-IFN AFP and HCC recurrence were predictive of subsequent mortality independently.