

# Antiviral therapy can prevent liver cancer in chronic hepatitis B patients

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One of the most severe complications of hepatitis B is the development of liver cancer, which is responsible for approximately 745,000 deaths worldwide each year. Two new studies appearing in the June issue of *Gastroenterology* provide strong evidence that antiviral therapy can reduce the risk of liver cancer in patients with chronic hepatitis B infection. *Gastroenterology* is the official journal of the American Gastroenterological Association.

In the [first paper](#),<sup>1</sup> researchers from National Yang-Ming University in Taiwan showed that the licensed oral antiviral agent nucleos(t)ide (NUC) resulted in a reduced long-term risk for [liver cancer](#) in a large, nationwide cohort of [chronic hepatitis B](#) patients. This retrospective study analyzed the risk of hepatocellular carcinoma, the most common form of liver cancer, in patients treated with several different agents. The NUC-treated cohort had a significantly lower seven-year incidence of liver cancer compared with controls. Overall, the effect of the treatment on reduced risk for cancer was stronger in young patients without cirrhosis and in patients without diabetes.

"Our findings suggest that NUC use reduces the risk of liver cancer in chronic hepatitis B patients, particularly in younger patients with minimal liver damage," said lead study author Chun-Ying Wu, MD, PhD. "The large cohort contributed to the strength of our study, leading to reliable results regarding who can benefit the most from this treatment."

The [second study](#),<sup>2</sup> also a retrospective analysis, compared outcomes of chronic hepatitis B patients treated with the antiviral agent entecavir and a less potent drug, lamivudine, at a tertiary care hospital in Seoul, Korea. Researchers found that patients in the entecavir group had a significantly lower risk of death or transplantation than patients treated with lamivudine; however this reduction in risk did not translate to a decreased risk of liver cancer. Both groups produced a similar reduction in liver cancer.

"There is a persistent risk of liver cancer in hepatitis B patients treated with even the most potent agents," said study author Young-Suk Lim, MD, PhD, from department of gastroenterology, University of Ulsan College of Medicine, Seoul, Korea. "Based on our findings, we support recommendations that surveillance for liver cancer should be continued in chronic hepatitis B [patients](#) regardless of the treatment used."

Both papers support the accumulating evidence that, to avert the risk of liver cancer, [antiviral therapy](#) needs to be initiated early during the chronic hepatitis B infection, preferably before the stage of advanced fibrosis.

**More information:** 1. Wu, Chun-Ying et al. Association of Nucleos(t)ide Analogue Therapy with Reduced Risk of Hepatocellular Carcinoma in Patients with Chronic Hepatitis B – A Nationwide Cohort Study. *Gastroenterology* 2014: 148(8):143.

2. Lim, Young-Suk et al. Mortality, *Liver Transplantation*, and Hepatocellular Carcinoma Among Patients with Chronic Hepatitis B Treated with Entecavir vs Lamivudine. *Gastroenterology* 2014: 148(8):152.

Provided by American Gastroenterological Association

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