

Life expectancy among patients with chronic hepatitis C virus infection and cirrhosis

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Patients with chronic hepatitis C virus infection and advanced fibrosis or cirrhosis who attained sustained virological response (SVR) had survival comparable with that of the general population, whereas patients who did not attain SVR had reduced survival, according to a study in the November 12 issue of *JAMA*.

Almost three million people in the United States are chronically infected with the hepatitis C virus (HCV). The life expectancy of patients with chronic HCV infection is reduced compared with the [general population](#), largely attributable to the development of cirrhosis, liver failure and cancer. Studies have shown that the risk of all-cause death is lower among patients with chronic HCV infection and advanced hepatic (liver) fibrosis (development of excess fibrous connective tissue) if sustained virological response (SVR) is attained, but comparisons have been limited to those without SVR, according to background information in the article.

Adriaan J. van der Meer, M.D., Ph.D., of the Erasmus MC University Medical Center Rotterdam, the Netherlands, and colleagues compared overall survival of patients with chronic HCV infection and advanced fibrosis or cirrhosis before therapy (with and without SVR) with that of the general population. The researchers used data on patients from Europe and Canada with chronic HCV and advanced hepatic fibrosis from a previous study. Follow-up started 24 weeks after cessation of antiviral treatment, at which time achievement of SVR (defined as HCV RNA negativity in a blood sample) was determined. For each [virological](#)

[response](#) group, the observed overall survival was compared with the expected survival from matched age-, sex- and calendar time-specific death rates of the general population in the Netherlands.

In total, 530 patients were followed for a median of 8.4 years; follow-up was complete in 454 patients (86 percent), 192 of whom attained SVR. Thirteen patients with SVR died, resulting in a cumulative 10-year overall survival of 91.1 percent, which did not differ significantly from the age- and sex-matched general population. In contrast, 100 patients without SVR died. The cumulative 10-year survival was 74.0 percent, which was significantly lower compared with the matched general population.

"The excellent survival among patients with advanced liver disease and SVR might be explained by the associations between SVR and regression of hepatic inflammation and fibrosis, reduced hepatic venous pressure gradient, reduced occurrence of [hepatocellular carcinoma](#) and [liver failure](#), as well as reduced occurrence of diabetes mellitus, end-stage renal disease, and cardiovascular events. Even though [patients](#) with cirrhosis and SVR remain at risk for hepatocellular carcinoma, the annual hepatocellular carcinoma incidence is low and survival is substantially better compared with those without SVR," the authors write.

More information: [DOI: 10.1001/jama.2014.12627](https://doi.org/10.1001/jama.2014.12627)

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