

# Treatment of HCV allows for sustained removal from the liver transplant waiting list

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A new European study presented today demonstrated that patients with chronic Hepatitis C virus (HCV) and severe liver damage, taken off the liver transplant list as a result of successful direct-acting antiviral (DAA) therapy, had a favourable outcome over a year later. The study, presented at The International Liver Congress 2017 in Amsterdam, The Netherlands, showed that 38 of 142 patients (26.7%) could be removed from the waiting list due to clinical improvement. Of the 38 patients taken off of the transplant list, one (2.6%) died as a result of rapidly progressing HCC while two other patients (5.2%) had to be relisted or considered for relisting.

Severe [liver](#) damage, also known as decompensated cirrhosis, is a life threatening condition in which extensive scarring of the liver results in its inability to function properly.<sup>1</sup> Decompensated cirrhosis is a leading reason for liver transplantation. Chronic HCV is the leading cause of [liver transplantation](#) in adults.<sup>2</sup> Over 8,500 people in Europe<sup>3</sup> and over 16,000 people in the United States of America are waiting for a [liver transplant](#), with this number expected to increase.<sup>4</sup>

"The results of this study are very encouraging with clinical improvement due to direct-acting antiviral therapy lasting over a year in nearly all patients," said Dr Luca Belli, Gastroenterology and Hepatology Liver Unit, Niguarda Hospital, Milan, Italy and lead author of the study. "We still need to follow these patients for much longer to confirm the results and assess the long-term risks of deterioration, but so far the risk of dying after delisting is much lower than that of dying after receiving a

liver transplant."

The retrospective European study followed 38 patients who originally had decompensated cirrhosis without [liver cancer](#) (hepatocellular carcinoma) and were taken off the liver transplant list as a result of clinical improvement after DAA therapy. The median follow up time was 28 months from start of therapy and 15 months from delisting.

Of the patients included in the study, 37 of the 38 were alive at the end of the study and one patient had to be relisted for clinical re-decompensation. Median Model of End-Stage Liver Disease scores at the start of DAA therapy were 14 (IQR:12-17) and improved to 9 (IQR:8-11) 78 weeks afterwards; median Child-Pugh scores at the start of DAA therapy were 9 (IQR:8-10) and improved to 6 (IQR:5-6) after 78 weeks. The advantages of delisting are two-fold as any liver saved by delisting a patient can be offered to another patient.

"This study is very important as it shows that HCV [therapy](#) may be effective in avoiding or reducing the need of transplantation in a significant number of cases. It is an excellent example of the fact that clearing the Hepatitis C virus can provide immediate advantages for [patients](#), in addition to the longer term advantages," said Prof Marco Marzioni, Professor of Gastroenterology, Università Politecnica delle Marche - "Ospedali Riuniti" University Hospital of Ancona, Italy and EASL Governing Board Member.

**More information:** Abstract: Delisting of liver transplant candidates with chronic HCV infection after viral eradication: outcome after delisting: a European study (PS063), The International Liver Congress 2017.

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3 European Commission. Organ donation and transplantation: Facts and figures. Published November 2014. Available from: [ec.europa.eu/health/blood\\_tissues\\_and\\_organ\\_donation/factsfigures\\_en.pdf](https://ec.europa.eu/health/blood_tissues_and_organ_donation/factsfigures_en.pdf). Last accessed: April 2017.

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