

Gastroenterology & Endoscopy News

Hepatology in Focus

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Fibrosis Regression Slower Than Thought for HCV Patients on DAAs



New findings confirm that regression of liver fibrosis after sustained virologic response is possible after direct-acting antiviral drug therapy for chronic hepatitis C virus infection, but recovery might take almost twice as long as predicted by transient elastography assessment.

A group of researchers, who presented their findings at the 2017

International Liver Congress, regularly used TE to monitor a group of 100 patients after SVR for up to seven years (abstract LBP-530). Later, they obtained liver biopsies from 10 eligible patients with baseline liver biopsies to ascertain TE findings of fibrosis reversal.

Although the biopsies confirmed regression of fibrosis, the extent was significantly less than shown on TE, which had a median time to improvement (MTI) estimated by biopsy of 4.75 years, compared with the average MTI of 2.5 years by TE.

Paul Pockros, MD, director of the Liver Disease Center at Scripps Clinic, in La Jolla, Calif., who led the study, said early reductions in sinusoidal fibrosis may explain this discordance, since seven of the 10 patients showed significant reductions in sinusoidal fibrosis. “But the whole reason it’s an important issue is that we really don’t know when we’re done with these people who had cirrhosis or advanced fibrosis that we’ve cured with DAAs,” he told *Gastroenterology & Endoscopy News*.

Dr. Pockros said his group is concerned about new guidelines from the American Gastroenterological Association that recommended no further monitoring for patients whose FibroScan (Echosens) scores are less than 9.5 kPa. However, four of the patients in the new study had lower scores yet still had advanced fibrosis on their biopsies.

Jason Pan, MD, a resident physician at Scripps Clinic who also participated in the study, said there are other concerns besides when to stop monitoring these patients. “There is debate of whether these medications [DAAs] also put people at higher risk of developing hepatocellular carcinoma in general.”

Indeed, the European Association for the Study of the Liver issued a press release before the conference, announcing that eight studies that would be presented showed “contrasting evidence” on the potential link between DAA treatment for HCV and hepatocellular carcinoma (HCC).

“Whilst remarkable progress has been made in the development

of successful antiviral therapies for HCV infection, some recent studies suggest that curing patients does not eliminate the risk of developing liver cancer,” according to the statement. “There also appears to be an unexpectedly high rate of liver cancer recurrence in patients who previously had their tumour treated successfully and had received DAAs.”

But Dr. Pan said patients who developed HCC or had recurrence of cancer might already have been at higher risk for the disease despite receiving DAA treatment. “These were folks who already had quite a bit of fibrosis.”

Raymond Chung, MD, director of the Hepatology and Liver Center at Massachusetts General Hospital, in Boston, is looking at other methods of quantifying the regression of fibrosis in HCV patients treated with DAAs. Dr. Chung, who was not involved in the latest research, said he agreed with Dr. Pan’s findings that patients who developed HCC might already have been at risk before treatment. “It would be like saying to these patients, ‘Hey, the good news is that we’ve cured your infection; the bad news is that we forgot to warn you might get cancer.’ This is why it is important to keep [up] the vigilance and the monitoring of these patients.”

Dr. Chung said a key issue lies in finding the threshold at which the risk for complications, like HCC or portal hypertension, will go away. “What stiffness scores should we be satisfied by in order to say we can now back off on long-term surveillance of these patients? But for now, because we do not have any answer in any definitive way, I think it’s very important for us to continue to monitor these patients prospectively even after the achievement of cure of the virus.”

—Lucina Melesio

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