

Treating patients for hepatitis C could reduce the need for liver transplants

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Electron micrographs of hepatitis C virus purified from cell culture. Scale bar is 50 nanometers. Credit: Center for the Study of Hepatitis C, The Rockefeller University.

A new study presented today demonstrates that patients on the liver transplant list with Hepatitis C virus (HCV) and severe liver damage were more likely to be taken off the list or have their need of a liver transplant reduced as a result of direct-acting antiviral therapy.

The study, presented at The International Liver Congress 2016 in Barcelona, Spain, showed that the condition of 35% of these [patients](#) improved to such an extent that they were no longer considered in urgent need of a transplant, while 20% of the patients no longer required a liver transplant at all.

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.¹ The only treatment currently available for decompensated cirrhosis is a liver transplant.¹ Patients with decompensated HCV cirrhosis comprise 30% of adults on the liver transplant waiting list. There are over 8,500 people in Europe² and over 15,000 people in the United States waiting for a liver transplant, with this number expected to increase.³ Furthermore, in the United States approximately 16% of patients will die while awaiting a liver transplant.³

"The results of the study are very encouraging, but a word of caution is to be mentioned since it is presently unknown how long the clinical improvement will last," said Dr Luca Belli, Gastroenterology and Hepatology Liver Unit, Niguarda Hospital, Milan, Italy and lead author of the study. "In this respect we encourage multi-national observational studies on patients who have been listed for decompensated HCV cirrhosis and subsequently de-listed because of clinical improvement. It is in fact critical to assess the long-term risks of death, further re-deterioration and development of liver cancer more specifically, as all these factors still need to be verified."

The retrospective European study was conducted over one year on 103 liver transplant candidates with decompensated HCV cirrhosis and without hepatocellular carcinoma, the most common type of liver cancer. These patients had been treated with direct-acting antiviral combinations, medicines which have been used to treat and cure almost

all patients with HCV.

Patients in the study that no longer urgently required a transplant (n=25) demonstrated, on average, an 11% (or four point) decrease in severity of disease based on the Model for End-Stage Liver Disease (MELD) score, a commonly used scale which assesses disease severity and urgency for a liver transplant. These patients also saw a 20% (or three point) improvement on the Child-Pugh score, another commonly used scale to assess the prognosis of chronic liver diseases, including cirrhosis.

"These results show notable improvements in the outlook for some of these patients with HCV and decompensated cirrhosis," said Professor Laurent Castera, EASL Secretary General. "Treating these patients with direct-acting antiviral therapy could result in those with a more pressing need for a [liver transplant](#) receiving the donation they need, potentially reducing the number of deaths that occur in patients on the waiting list."

More information: References:

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