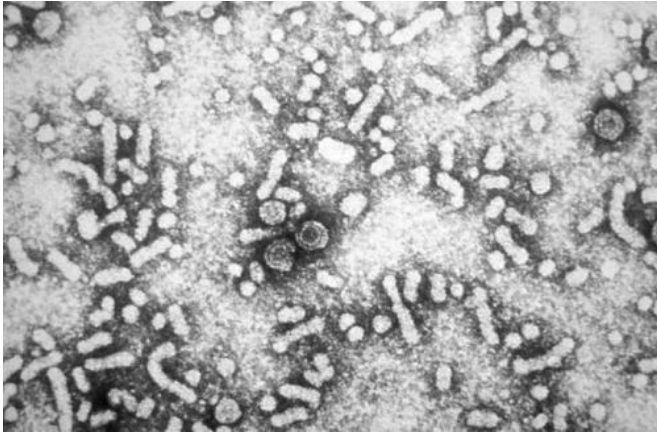


Long-term suppression of hepatitis B in patients with HIV may lower cancer risk

21 May 2021, by Alex Gardner



Electron micrograph of hepatitis B virus. Credit: Centers for Disease Control and Prevention

While the risk of hepatocellular carcinoma (HCC) – primary liver cancer—is higher among patients who have HIV, it's even higher among patients who have HIV and detectable hepatitis B, according to research from the Perelman School of Medicine at the University of Pennsylvania. Among participants with HIV and hepatitis B, suppressing detectable hepatitis B infection with the use of antiretroviral therapy cut the risk of developing HCC by 58 percent. These findings suggest that the best care for individuals with HIV and detectable hepatitis B includes sustained hepatitis B suppression with antiretroviral therapy in order to cut the risk of developing HCC. The study is published in the journal *Hepatology*.

HCC affects approximately 25,000 people each year in the United States and is considered a very aggressive type of cancer. Internationally and in the United States, chronic hepatitis B is a leading cause of HCC through direct and indirect effects on the liver. Additionally, chronic hepatitis B is common among patients who have HIV.

In order to study the predictors of HCC among people co-infected with HIV and chronic hepatitis B, the researchers used data from the North American AIDS Cohort Collaboration on Research and Design, which contains health information spanning two decades. The study population included data from over 8,000 people co-infected with HIV and chronic hepatitis B. Those with detectable HIV and detectable hepatitis B had a higher likelihood of developing HCC compared to those who had both viruses suppressed. Antiretroviral treatment for chronic hepatitis B reduced the risk of developing HCC, and the risk dropped substantially when hepatitis B viremia was suppressed to undetectable levels and when the viral suppression lasted at least a year.

"Most HIV providers do not regularly monitor hepatitis B viral load in practice, even while on antiretroviral treatment," said senior author Vincent Lo Re III, MD, MSCE, an associate professor of Medicine and Epidemiology at Penn Medicine. "Our data highlight the importance of regular assessment of hepatitis B viral load and achievement of hepatitis B suppression during [antiretroviral therapy](#) in people with HIV and chronic hepatitis B coinfection." In addition, maintaining adherence can be a challenge for certain patients depending on their overall health and other factors. "This study highlights the importance of testing and regular care for HIV and chronic hepatitis B co-infected individuals as well as the value of programs and strategies that help co-infected individuals maximize antiretroviral adherence to achieve hepatitis B viral suppression."

According to Dr. Lo Re and his team, including lead author H. Nina Kim, MD, MSc, an associate professor of medicine at University of Washington, heavy alcohol use and coinfection with hepatitis C were also associated with an increased risk of HCC among individuals with HIV and chronic hepatitis B co-infection. The study authors advise that reducing [excessive drinking](#) and using direct-acting antiviral

therapy targeted to [chronic hepatitis C](#) infection could also help to lower the risk of liver cancer in dually infected people.

More information: H. Nina Kim et al, Risk of Hepatocellular Carcinoma with Hepatitis B Viremia among HIV/Hepatitis B Virus?Coinfected Persons in North America, *Hepatology* (2021). DOI: [10.1002/hep.31839](https://doi.org/10.1002/hep.31839)

Provided by Perelman School of Medicine at the University of Pennsylvania

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