Hepatitis C Eradication Linked to Lower Mortality in People With Mild Fibrosis

People under 50 who were cured of hepatitis C were at comparable risk to the general population.

August 16, 2021 By Sukanya Charuchandra

Curing hepatitis C in people with mild liver fibrosis reduced the risk of death from liver-related and other causes, according to findings published in the Journal of Viral Hepatitis.

Over time, chronic hepatitis C virus (HCV) infection can lead to serious complications, including liver fibrosis (buildup of scar tissue), cirrhosis (advanced scarring) and even liver cancer. Direct-acting antiviral (DAA) therapy can cure more than 90% of people with hepatitis C, but the effect of HCV eradication on liver disease progression, especially among people with mild fibrosis, is not well understood.

Takashi Kumada, MD, PhD, of the Gifu Kyoritsu University in Japan, and colleagues studied the effect of interferon-based treatment or interferon-free antiviral therapy among people with HCV and mild fibrosis. Specifically, they assessed how viral eradication might impact the development of liver cancer (hepatocarcinogenesis) and death in those with mild liver damage.

Initially, 6,809 individuals with detectable HCV RNA, indicative of a present infection, were screened. After applying several exclusion criteria, 1,243 patients were ultimately enrolled. The team examined two groups of participants. The clearance group comprised 657 individuals who showed a sustained virologic response (SVR), meaning an undetectable viral load 12 weeks after completing treatment, which is considered a cure. Of these, 337 received the older interferon-based therapy, and 320 were given interferon-free DAA therapy. The no-clearance group consisted of 586 individuals who had not been treated or had not attained SVR.

The researchers found that clearance of HCV was associated with a lower risk of liver cancer as well as all-cause, liver-related and non-liver-related mortality.

Besides the continued presence of HCV RNA, liver cancer development was linked to diabetes, poor liver function and male sex. All-cause mortality was additionally linked to older age, while liver-related mortality was linked to diabetes.

Curing HCV among people with mild fibrosis was linked to a lower likelihood of death from liver-

related or unrelated causes. Although people who achieved SVR had higher mortality than the general population overall, those under age 50 who were cured had a similar risk for disease progression and death compared to the general population.

Among people who attained SVR and were either younger than 50 or older than 69, risk levels were similar to the general population after matching for age, sex and follow-up period. But individuals who attained SVR and were between 50 and 59 or 60 and 69 years old had a higher risk compared to the general population.

“In this study, we demonstrated that viral eradication, despite the presence of mild fibrosis, is closely associated with reduced hepatocarcinogenesis and improved prognosis,” wrote the researchers. “Such information can help justify priority in the allocation of vast financial and health care resources to treating these patients.”

Click here to read the study abstract in the Journal of Viral Hepatitis.

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