Yearly Risk of Cirrhosis Is 10% Once Moderate/Severe Liver Scarring Has Occurred

August 30, 2011

Each year, 9.9 percent of people living with hepatitis C and moderate-to-severe liver scarring (fibrosis) progress to extensive liver scarring (cirrhosis), according to a new report published in the August 2011 issue of Hepatology. Once cirrhosis has developed, the authors add, the annual rate of liver-related illness and death increases from 3.3 percent to 7.5 percent.

Jules L. Dienstag, MD, and his colleagues from the Hepatitis C Antiviral Long-term Treatment against Cirrhosis (HALT-C) Trial Group followed 824 people with advanced fibrosis or cirrhosis for more than seven years. They tracked the disease progression rate and outcomes—liver failure, liver cancer and death from any cause—and sought to identify predictors of disease progression.

HALT-C looked at a strategy to prevent liver disease from worsening: low-dose, weekly pegylyated interferon (peginterferon) maintenance therapy in people who did not respond to full-dose peginterferon and ribavirin. HALT-C’s 1,050 participants were assigned to 3.5 years of peginterferon maintenance therapy or monitoring without any treatment.

Unfortunately, peginterferon maintenance therapy did not significantly reduce disease progression or death. Nonetheless, HALT-C provided valuable insight into progression of liver disease.

Of the 824 HALT-C participants followed in this study, 329 (31 percent) experienced a serious liver-related health issue. Of the 138 deaths that occurred during the study, 82 were liver-related. The death rate was twice as high among people who already had cirrhosis (55 versus 27). There were 86 liver transplants during the study—30 in people who originally had fibrosis, 56 in people with cirrhosis. Liver cancer occurred in 40 people with fibrosis and 48 people with cirrhosis.

The researchers identified two predictors of liver disease progression: a Child-Turcotte-Pugh (CTP) score—which is used to stage liver damage—of at least seven was predictive of liver-related illness and death.

The platelet count at study entry was also predictive. The highest annual rates of disease progression and death were among people who entered the study with a platelet count below 100,000—they were 11 times more likely to experience liver failure, 14 times more likely to
undergo liver transplantation, and 14 times more likely to die from liver disease than people with a platelet count of 200,000 or higher.

Demographic characteristics were not associated with HCV disease progression, although there were too few black or Latino participants to allow conclusions about the influence of race or ethnicity on HCV progression.

HALT-C offered a unique opportunity to follow a large group of people with advanced liver disease for more than seven years. Participants were monitored regularly—every three to six months for up to eight years—and each had three liver biopsies during the study, which were reviewed by a team of experts.

The authors noted that their findings are applicable to a large group of patients who are already in care, and who were unsuccessfully treated, and that information about the incidence and rate of liver disease progression can help providers and patients make HCV treatment decisions.

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