Patients treated for HCV and listed for LT in a French multicenter study: what happens at 3 years?

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INTRODUCTION

Liver transplantation (LT) is the treatment of choice for end-stage liver disease due to chronic liver diseases such as cirrhosis. However, patients with HCV-related cirrhosis who are listed for LT have a poor outcome, with a 5-year survival around 25% due to the development of decompensated cirrhosis or hepatocellular carcinoma (HCC). To limit the HCC development after LT, HCV eradication is recommended in cases with HCC at the time point of listing for LT [1]. Abstinence from alcohol consumption is also recommended to optimize the post-LT outcome [2]. The French Liver Transplant Network (FNTL) recommends that patients with severe HCV genotype 1 infection should be treated with antiviral therapy before LT to reduce the risk of HCC [3]. Several retrospective studies have evaluated the impact of antiviral therapy before LT on the post-LT outcome [4-5]. However, longitudinal studies on this topic are lacking.

METHOD

This is an observational, multicenter, and retrospective analysis of prospectively collected data from 18 hospitals in France. All HCV-positive patients who received antiviral therapy with an IFN-free regimen while awaiting LT were enrolled in this study. Data on comorbidities (diabetes, dyslipidemia, alcohol consumption, arterial hypertension, BMI), were collected. Complete clinical and biological response (CBR) to HCV treatment was defined by improvement until A, stable response by Child A stability, partial response by change of Child score class and no response by stability or aggravation (Child B or C).

RESULTS

179 HCV-positive patients who received antiviral therapy with an IFN-free regimen while awaiting LT between November 2013 and June 2015 were enrolled in this study. The mean follow-up since the end of treatment was 43.3 months. The LT indication was HCC in 104 (56%) patients and decompensated cirrhosis in 75 (44%) patients. Baseline characteristics of the patients included and regimen of HCV-treatment are presented in Table 1. Most of the patients were male (144, 80.5%) with a median age of 55.7 years (± 6.9). Comorbidities were also collected: diabetes 48 (27%), alcohol consumption 33 (22%), arterial hypertension 44 (25%), and dyslipidemia 8 (5%). Majority of patients were genotype 1 (152, 50%) treated with DAA plus ribavirin for 126 patients. SVR rate was 84%.

Before treatment only 5,8% (6/104) of HCC patients were dead. In total, during follow-up 26 (14.6%) patients had been delisted without statistical difference between HCC (15/104) or decompensated cirrhosis (11/75). The overall survival is presented in Figure 3.

CONCLUSIONS

The authors would like to thank very warmly all the liver transplant centres who included patients into the study and provided the data: S. Radenne (Lyon), A. Vallet-Pichard (Paris), P. Housseau-Delbœuf (Reims), C. Dutten-Vallée (Paris), D. Botta (Marseille), V. de Leglise (Bordeaux), P. Corni (Paris), R. Anty (Nice), V. Di Martino (Beaumont), M. Debelle Glaton (Limoges), V. Leroy (Grenoble), P. Leblay (Lyon), A. Alric (Toulouse), A. Agerger (Clémont-Ferrand), J. Dumortier (Lyon), C. Dubois (Bruxelles), H. Montalivet (Rouen), D. Samuel (Paris), J.C. Dutten-Vallée (Paris), P. Gaudry (Montpellier). The authors would like to thank the IURC (Institut Universitaire de Recherche Clinique de Montpellier) for the statistical analysis.

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