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Summary

THE RISKS OF FIRST HEPATIC DECOMPENSATION AND HCC REMAIN CONSTANT DURING LONG-TERM FOLLOW-UP AND CAN BE STRATIFIED BY A ONE-TIME ASSESSMENT AFTER HCV-CURE

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In patients with compensated advanced chronic liver disease after HCV cure, risks of hepatocellular carcinoma and hepatic decompensation remain constant over long-term follow-up and can be stratified by one-time post-treatment non-invasive assessment.

KEY POINTS

- A retrospective study of 2347 cACLD patients from 7 European regions followed for a median of 6.0 years after HCV cure with interferon-free therapies found linear incidence of both hepatic decompensation (incidence rate 0.57/100 patient-years, 6-year incidence 3.1%) and HCC (incidence rate 1.60/100 patient-years, 6-year incidence 8.3%).
- One-time post-treatment risk stratification using Baveno VII criteria for portal hypertension identified distinct 6-year decompensation risks: 0.3% when CSPH excluded versus 2.1% in gray-zone versus 15.6% when CSPH ruled-in.
- HCC risk stratification based on age, liver stiffness, albumin and alcohol consumption separated 6-year cumulative incidence into 15.8% for high-risk versus 5.4% for low-risk groups.
- The discriminatory ability of post-treatment assessment remained valid for events occurring beyond 3 years after cure, indicating that proportional hazards are maintained during long-term follow-up.
- This work is relevant to hepatologists managing cured HCV patients with advanced fibrosis who require individualized surveillance strategies.

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