

HIV does not worsen outcomes of liver transplant in HCC

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The only factor independently associated with HCC recurrence was microscopic vascular invasion (hazard ratio, 3.40).

"Our results support the indication of LT in HIV-infected patients with HCC," the authors write.

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(HealthDay)—HIV infection has no impact on prognosis of liver transplantation (LT) for hepatocellular carcinoma (HCC), according to a study published online Oct. 30 in *Hepatology*.

Fernando Agüero, M.D., from the University of Barcelona in Spain, and colleagues examined the outcome of a prospective Spanish nationwide cohort of HIV-infected patients undergoing LT for HCC. Patients were matched for age, gender, year of LT, center, and hepatitis C virus (HCV) or hepatitis B virus infection in a 1:3 ratio with non-HIV-infected controls. Data were included for 74 HIV-infected patients and 222 non-HIV-infected controls.

The researchers found that survival at one, three, and five years was not significantly different for HIV-infected versus non-infected patients (88 versus 90 percent, 78 versus 78 percent, and 67 versus 73 percent, respectively; $P = 0.779$). In the whole series, independent correlations were seen for HCV infection and maximum nodule diameter >3 cm in the explanted liver with mortality (hazard ratios, 7.90 and 1.72, respectively). HCC recurrence occurred in 16 percent of HIV-infected patients and 14 percent of non-HIV infected patients, with probabilities of 4 versus 5 percent, 18 versus 12 percent, and 20 versus 19 percent at one, three, and five years, respectively ($P = 0.904$).

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