

# Non-liver-related critical events down with SVR in HCV+Cirrhosis

4 January 2017



respectively). The risks of cardiovascular events and bacterial infections were also lower with SVRs (hazard ratios, 0.42 and 0.44, respectively). In patients with SVRs, but not patients with viremia, metabolic features correlated with higher risk of hepatocellular carcinoma. SVR correlated with a reduction in overall mortality (hazard ratio, 0.27) and death from liver-related and non-liver-related causes.

"A longer follow-up evaluation is required to accurately describe and assess specific risk factors for complications in this population," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Full Text](#)

(HealthDay)—For patients with hepatitis C virus (HCV) infection and biopsy-proven cirrhosis, sustained viral response (SVR) is associated with a reduction in critical events, both liver and non-liver related, according to research published in the January issue of *Gastroenterology*.

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Pierre Nahon, M.D., Ph.D., from the Hôpital Jean Verdier in Bondy, France, and colleagues conducted a retrospective review using data from 1,323 [patients](#) in a prospective viral cirrhosis cohort. Patients had HCV infection and biopsy-proven cirrhosis, were Child-Pugh class A, and had no previous liver complications. Patients received anti-HCV treatment before or after inclusion and underwent ultrasound examination every six months, as well as endoscopic assessments.

The researchers found that 50.5 percent of the patients achieved SVR after a median follow-up of 58.2 months. SVR correlated with reduced incidence of [hepatocellular carcinoma](#) and hepatic decompensation (hazard ratios, 0.29 and 0.26,

APA citation: Non-liver-related critical events down with SVR in HCV+Cirrhosis (2017, January 4)  
retrieved 28 April 2021 from  
<https://medicalxpress.com/news/2017-01-non-liver-related-critical-events-svr-hcvcirrhosis.html>

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