Slow regression of liver fibrosis presumed by repeated biomarkers after virological cure in patients with chronic hepatitis C

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BACKGROUND AND AIMS: Chronic hepatitis C is both a virologic and a fibrotic disease and complications can occur in patients with sustained virologic response (SVR) with residual fibrosis. Due to the limitations of repeated biopsies, no studies have assessed the dynamic of fibrosis before and after treatment. Using biopsy as reference, Fibrotest has been validated as a biomarker of fibrosis progression and regression, with similar prognostic values. The aim was to estimate the impact of SVR on the dynamic of fibrosis presumed by Fibrotest.

METHODS: In a prospective cohort, the main endpoint was the 10-year regression rate of fibrosis, defined as a minimum 0.20 decrease in Fibrotest, equivalent to one METAVIR stage.

RESULTS: A total of 933 patients with both repeated Fibrotest and transient elastography were included. At 10 years, among the 415 patients with baseline advanced fibrosis, 49%(95%CI 33-64%) of the 108 SVR had a regression, which was greater than in the 219 non-responders [23% (14-33%;P<0.001 vs SVR)] and not lower than in the 88 non-treated [45%(10-80%;P=0.39 vs SVR)]. In all 171 SVR, cirrhosis regressed in 24/43 patients, but 15 new cirrhosis occurred out of 128 patients, that is only a net reduction of 5.3%[(24-15)=9/171);(2.4-9.8%)]. Four cases of primary liver cancer occurred in SVR[4.6%(0-9.8)], and 13 in non-responders [5.6%(1.5-9.8);P=0.07].

CONCLUSION: In patients with chronic hepatitis C, and as presumed by Fibrotest, virological cure was associated with slow regression of fibrosis 10 years later, a disappointing 5% decrease in cirrhosis cases, and a remaining 5% risk of primary liver cancer.