



A horizontal banner for the 17th Annual Conference of the British HIV Association (BHIVA). The banner has a blue and white wavy top section. Below it, the text "17TH ANNUAL CONFERENCE OF THE BRITISH HIV ASSOCIATION (BHIVA)" is written in white. To the right, the BHIVA logo is displayed, featuring the text "British HIV Association" above "BHIVA" in a stylized font, with a small crown icon above the letter "B".

Dr Emma Page
Chelsea and Westminster Hospital, London

6-8 April 2011, Bournemouth International Centre



The logo for St Stephen's AIDS Trust (SSAT) is shown, consisting of the acronym "SSAT" in large blue letters with a stylized underline, and the full name "ST STEPHEN'S AIDS TRUST" in smaller blue text below it.

HIV infected patients with hepatocellular carcinoma live longer if they have undetectable HIV RNA

Liver Cancer in HIV Study Group

Chelsea and Westminster Hospital  NHS
NHS Foundation Trust



Background

Liver Cancer in HIV Study Group

- Increased liver morbidity in HIV due to HCV & HBV co-infection
- French mortality survey: % of liver deaths due to HCC are increasing
- To date: unclear if HIV viral load has an impact on outcome

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust



Methods

Liver Cancer in HIV Study Group

- Liver Cancer in HIV Study Group: global consortium of investigators to study HCC in HIV
- Multi-centre retrospective cohort study
 - 1995-2010
- Inclusion criteria:
 - HIV+,
 - HCV Ab result,
 - HCC (AASLD 2005).

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Liver Cancer in HIV Study Group

SSAT
ST STEPHEN'S AIDS TRUST

Statistics

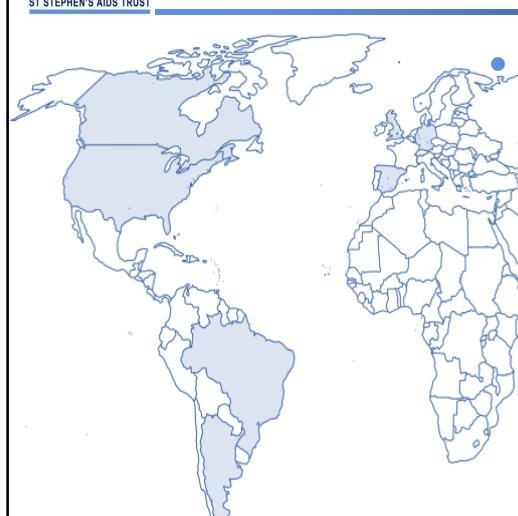
- Continuous variables: Student's t-test or Mann-Whitney U test
- Categorical variables: Chi-squared analysis or Fisher's exact test.
- Survival: Kaplan Meier & Log rank test
- Correlation between mortality and variables were analysed using Cox proportional hazards model

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Liver Cancer in HIV Study Group

SSAT
ST STEPHEN'S AIDS TRUST

Results



- 29 sites, 7 countries
 - North America: Canada & USA
 - South America: Argentina & Brazil
 - Europe: Germany, Spain & UK

n = 163
(4 no HIV RNA data)

Undetectable (HIV RNA < 400 cp/ml) n = 98
Detectable (HIV RNA ≥ 400 cp/ml) n = 61

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Liver Cancer in HIV Study Group			
Patient Characteristics			
	Undetectable n = 98	Detectable n = 61	P
AGE in years: Mean (SD)	51.4 (7.9)	51.5 (8.3)	0.96
MALE: n (%)	93 (95)	57 (93)	0.73
ETHNICITY			
White: n (%)	52 (53)	22 (36)	
Black: n (%)	32 (33)	31 (51)	
Latino: n (%)	11 (11)	7 (11)	
Other: n (%)	3 (3)	1 (2)	
CD4+ cells/ μ l: Mean	316	320	0.13
Date HCC diagnosis: Median	Apr 2004	June 2002	0.001
Aetiology HCC			
HCV: n (%)	70 (71)	48 (79)	
HBV: n (%)	26 (27)	12 (20)	
Non Viral: n (%)	2 (2)	1 (1.6)	
Excessive Alcohol n (%)	n = 91 30 (33)	n = 57 28 (49)	0.05
CTP Score: Mean	6.31	7.41	<0.001
Stage A: n (%)	64 (65)	25 (41)	
Stage B: n (%)	29 (30)	25 (41)	0.003
Stage C: n (%)	5 (5)	11 (18)	
Present via screening: n (%)	60 (61)	25 (41)	0.013

Liver Cancer in HIV Study Group			
Tumour Characteristics			
	Undetectable n = 98	Detectable n = 61	P
HEPATIC LESIONS			
Solitary: n (%)	54 (55)	28 (46)	
Multiple: n (%)	35 (36)	29 (47)	
Diffuse: n (%)	9 (9)	4 (7)	
Size Largest Lesion (cm) Median (range)	3.6 (0.5-18)	5.8 (1.5-20)	0.002
Portal Vein Thrombosis n (%)	18 (18)	13 (21)	0.65
Extrahepatic Metastases n (%)	15 (15)	9 (15)	0.93
AFP (ng/ml) Median	197	907	0.016

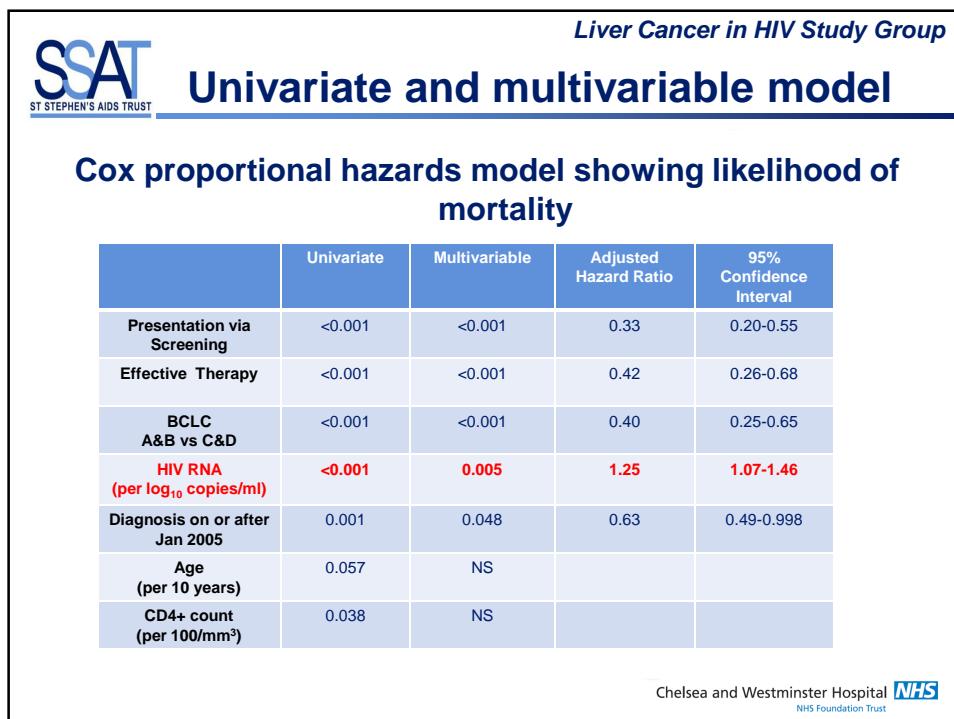
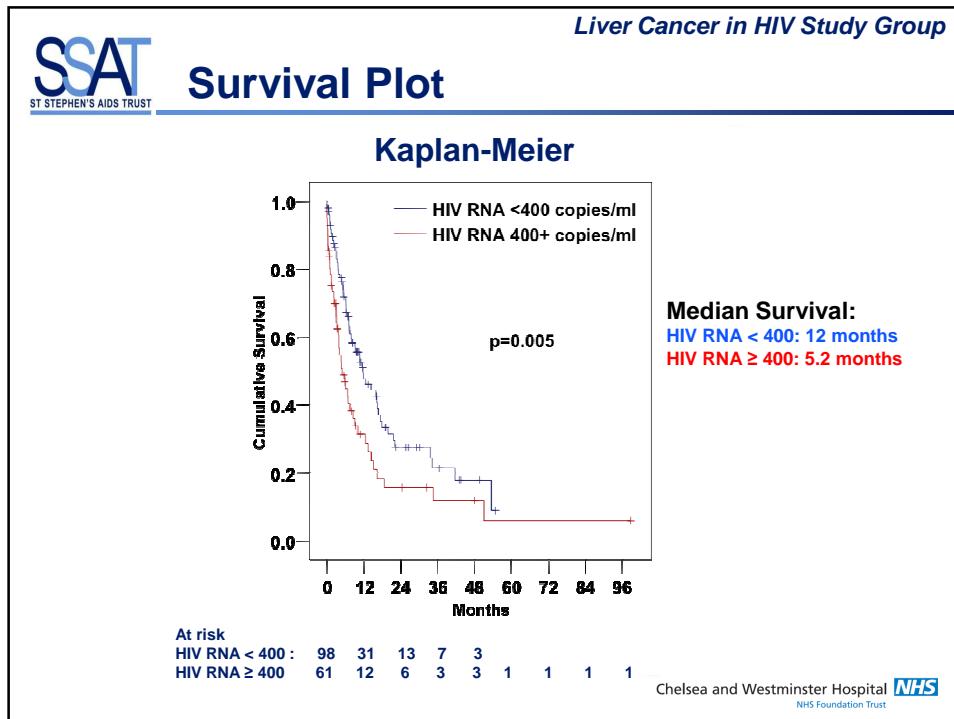
Chelsea and Westminster Hospital 
NHS Foundation Trust

 Liver Cancer in HIV Study Group Tumour Staging			
	Undetectable n = 98	Detectable n = 61	P
BCLC Stage A: n (%) B: n (%) C: n (%) D: n (%)	36(37) 16 (16) 36 (37) 10 (10)	12 (20) 17 (28) 20 (33) 12 (20)	0.034
CLIP Score Mean (SD)	1.55 (1.3)	2.42 (1.4)	<0.001

Chelsea and Westminster Hospital 
NHS Foundation Trust

 Liver Cancer in HIV Study Group HCC Therapy			
	Undetectable n = 98	Detectable n = 61	P
POTENTIALLY CURATIVE n (%)	37 (38)	11 (18)	
Radiofrequency ablation	16	6	
Ethanol Injections: n	6	4	
Surgical Resection: n	12	1	
Liver Transplantation: n	3	0	
EFFECTIVE, NON-CURATIVE n (%)	30 (31)	12 (21)	0.001
Transarterial Chemoembolisation: n	21	11	
Sorafenib: n	9	2	
NO THERAPY n (%)	31 (32)	37 (61)	
ANY EFFECTIVE THERAPY n (%)	67 (68)	24 (39)	0.001

Chelsea and Westminster Hospital 
NHS Foundation Trust





Conclusions

Liver Cancer in HIV Study Group

- undetectable HIV viral load associated with:
 - Less severe ESLD, less advanced tumor stage and effective HCC therapy.
 - Present earlier: via screening
- ? detectable cohort present late
 - not previously engaged with healthcare services
 - co-infection with HCV or HBV not previously diagnosed
- **Undetectable HIV RNA - better survival
(independently correlated)**

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust



Thank you

Liver Cancer in HIV Study Group

To contribute your cases of HCC in HIV
please contact:

Liver Cancer in HIV Study Group:

- Norbert Bräu
- norbert.brau@va.gov
- Tel: (+1) 917-701-3867
- www.HCCinHIV.org

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust