

P-019. INCIDENCE OF HEPATOCARCINOMA IN HIV-INFECTED PATIENTS WITH LIVER CIRRHOSIS: A 6 YEAR PROSPECTIVE COHORT

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Objective: HIV infected patients have a high prevalence of cirrhosis due to chronic viral hepatitis. Liver cirrhosis is the main risk factor to develop hepatocarcinoma (HCC). The majority of epidemiological studies showed a high rate of HCC in HIV-infected patients. However these studies are retrospective and poorly designed. Our objective is to calculate the incidence of HCC in cirrhotic subjects with HIV infection in a prospective follow-up.

Methods: We collected all cases of HCC from the 371 subjects included in the GESIDA cirrhosis-HIV prospective cohort during follow-up from January 2004 to December 2010. Incidence rates, cumulative incidence and probability of developing HCC were calculated.

Results: Subjects included: male 79%. Median age: 42. 88% on HAART at baseline (62% with undetectable HIV-RNA; 50% received un-interrupted HAART during follow-up). Median CD4 375. Median time for HIV/cirrhosis from diagnosis to baseline was 13/2 years. Median follow-up: 60 months. Ten cases of hepatocarcinoma were diagnosed. The incidence rate of HCC was 6.72 case/1000 person-years (95% Confidence Interval [CI]:), the cumulative incidence was 2.7% (95% [CI]: 1.3-4.9). In HIV/HCV coinfecting patients the cumulative incidence of HCC was 2.5 % (95% [CI]: 1.2-4.8), in HIV/HBV coinfecting patients the cumulative incidence of HCC was 3.5 (95% [CI]: 0.1-17.8). The probability of developing HCC at 72 months was 0.04 (0.02 for compensated cirrhotic patients vs 0.11 for decompensated cirrhotic patients $p < 0.01$). Neither ultrasound results nor AFP levels 6 months before HCC diagnosis suggested the HCC.

Conclusion: The incidence of HCC in HIV cirrhotic patients is not higher than expected. Patients with decompensated liver cirrhosis have the highest risk for developing HCC in the following 2-3 years. Liver ultrasound and AFP levels every 6 months did not diagnose HCC earlier in HIV cirrhotic subjects.