

# Liver cancer a threat to the life expectancy of people living with HIV

Because it's more or less classified as a manageable chronic condition now, people living with HIV have an increased life expectancy, but this has created a need for improved screening and prevention of comorbidities that still threaten the longevity of this population.



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One of these is liver cancer – which is often caused by chronic hepatitis B infection.

“Liver disease has become one of the major killers among people living with HIV,” says Dr Tongai Maponga from the faculty of medicine and health sciences (FMHS) at Stellenbosch University. His PhD research studied the effects of HIV on hepatitis B-associated liver cancer and liver fibrosis. Chronic hepatitis B virus infection, usually acquired in childhood, is responsible for most cases of liver cancer in South Africa.

Maponga’s research revealed that liver cancer occurs earlier in people infected with HIV and more than halves the survival time from diagnosis. His study was supervised by Drs Monique Andersson and Richard Glashoff from the division of medical virology at the FMHS.

“Patients with HIV tend to be much younger when they develop liver cancer compared to those without HIV. And when you looked at women specifically, those with HIV present with the disease about 13 years earlier,” says Maponga.

South African patients with liver cancer caused by chronic hepatitis B generally present with the disease in their 40s, but with HIV as a comorbidity, patients are presenting with liver cancer in their 30s and some as early as their 20s.

For this study, 107 liver cancer patients were recruited from four oncology units in South Africa. The patients were screened for hepatitis B and HIV, and the progression of disease and survival rates were tracked.

“The average survival time of liver cancer patients with HIV is about 83 days from diagnosis, while patients without HIV survive up to six months on average. However, most liver cancer patients in Africa only seek medical attention once the disease is very advanced and options for curative treatment are greatly reduced. If the disease could be detected at an earlier stage, much more could be done to improve survival,” says Maponga.

He recommends that people with HIV should also be screened for hepatitis B. Those without hepatitis B infection should be vaccinated to prevent future infection that can put them at risk for developing liver cancer, and those already co-infected

should be provided with optimal treatment and placed on a liver cancer surveillance programme to ensure the earliest possible detection of cancer.

Maponga is also advocating for HIV-positive pregnant women to be screened for hepatitis B and that the standard vaccination, which is currently given to all children at the age of six weeks, be administered within the first 24 hours after birth for all children.

“If we can identify those pregnant women with hepatitis B, we can put them on treatment to prevent the infection being passed on to their babies. And when all children are born, we should vaccinate them at birth to remove this window of six weeks in which the mother infected with hepatitis B could potentially transmit it to her child.”

The findings of this study were presented at the 21st International AIDS Conference earlier this year and will be published soon.

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