The impact of HCV or HBV clearance on HCC incidence or progression

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Hepatocellular carcinoma (HCC) is the most common primary liver malignancy, over 600,000 cases annually world-wide. HCC pathogenesis is driven by a complex product of a chronic inflammatory state generated by liver chronic liver injury and proliferative signals triggered in the setting of injury, repair and regeneration. Hepatitis C virus and/or Hepatitis B virus infection is associated with 5 year cumulative HCC risk of 30%/17% in Asia/Western nations for HCV and 15/10% in Asian/Western countries respectively. Primary biliary cirrhosis, or cirrhosis from alcohol, hereditary hemochromatosis have five year cumulative risk of HCC of only 4%. While Cirrhosis of the liver is a major driver in the pathogenesis of HCC, chronic HCV or HBV infection independently contribute to tumor promotion due to direct proliferative stimuli from hepatitis virus. The result is a host environment in which there is perpetual activation of inflammatory responses which may lead in some cases to abnormal cell proliferation or inappropriate persistence of activation of inflammatory states culminating in malignancy. The erradication of infection by HBV or HCV virus results in statistically signficant reduction in HCC incidence in patients with cirrhosis. Novel anti-viral therapies for HCV clearance have an increasingly prominent role in cirrhosis management, but the role for anti-viral therapy in patients with overt HCC requires additional clarity.

Speaker Biography

Natalyn N Hawk has obtained her MD and PhD from Brown University in Providence, Rhode Island, in collaboration with the Molecular Pathology Graduate program at MD, Anderson Cancer Center in Houston, Texas. She has completed her Residency Training in Internal Medicine at Johns Hopkins Bayview Medical Center in Baltimore, MD. She has completed Fellowship Training in Hematology and Medical Oncology at Emory University as well as a Post-graduate Research Fellowship at Emory Winship Cancer Institute. She is an Assistant Professor of Hematology and Medical Oncology at Emory University and is a Member of the Gastrointestinal Oncology Working Group of Emory Winship Cancer Institute. She is also a Member of the Discovery and Developmental Therapeutics Research Program at Winship Cancer Institute of Emory University.

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