

中文題目：治療結束後血中胎兒蛋白與血小板可以預測慢性 B 型與 C 型肝炎合併感染病患在 C 型肝炎病毒清除後肝癌之發生

英文題目：Post-treatment alpha fetoprotein and platelets predict hepatocellular carcinoma development in dual-infected hepatitis B and C patients after eradication of hepatitis C

作者：戴嘉言<sup>1,2\*</sup>，葉明倫<sup>1,2</sup>，黃駿逸<sup>1</sup>，黃釗峰<sup>1,2</sup>，謝明彥<sup>1</sup>，林子堯<sup>1,2</sup>，陳信成<sup>1,2</sup>，黃志富<sup>1,2</sup>，郭行道<sup>3\*</sup>，余明隆<sup>1,2</sup>，莊萬龍<sup>1,2</sup>

服務單位：<sup>1</sup>高雄醫學大學附設醫院內科部肝膽胰內科；<sup>2</sup>高雄醫學大學醫學院醫學系；<sup>3</sup>永康奇美醫院內科部胃腸肝膽科

**Background:** We investigated the long-term risk of hepatocellular carcinoma (HCC) in dual-infected hepatitis B and C patients after eradication of hepatitis C virus (HCV).

**Methods:** A total of 164 (62% male, median age, 50.5 years) hepatitis B and C dual-infected patients who achieved HCV sustained virological response were recruited.

**Results:** Half the patients were HCV genotype 1 with a median viral load of 5.5 log<sub>10</sub> IU/mL, and 22.6% had an HBV DNA level  $\geq 2000$  IU/mL before therapy. HCC developed in 14 patients (8.5%), with an annual incidence of 1.38% per person-year. The 3-year, 5-year, 10-year, and 15-year cumulative probabilities were 2.5%, 5.1%, 12.6%, and 22.7%, respectively. Six months after treatment, a Cox regression hazard analysis revealed platelet level (HR: 0.98, 95% CI: 0.957–0.999,  $P=0.038$ ) and AFP level (HR: 1.20, 95% CI: 1.031–1.400,  $P=0.019$ ) to be independent factors in HCC. A higher 10-year cumulative risk of HCC was detected in patients with 6-month post-treatment AFP levels  $>5.0$  ng/mL and platelet levels  $<130 \times 1000/\mu\text{L}$  (54.9%), compared to patients with neither (8.6%).

**Conclusions:** Although the risk of HCC is low, surveillance of HCC is encouraged in dual-infected patients after eradication of HCV. Post-treatment AFP and platelet levels predict HCC development.