INTRODUCTION
High SVR rates are reported in patients treated with DAAs in the real life. However, other than HCV, several factors as NAFLD/NASH, HBV and HIV infection, alcohol use, present in patients with chronic HCV infection are also involved in the progression of liver damage. Potential liver disease progression in patients who present other than HCV risk factor following HCV eradication need to be better evaluated (1-4).

AIM
We aimed to evaluate the prevalence of cofactors involved in liver disease progression in HCV-treated patients who achieved the SVR12 following a DAA therapy in the PITER cohort (5).

METHOD
Data of HCV infected patients, consecutively enrolled in PITER (from January 2015 to September 2017), who were treated and achieved the SVR12, were evaluated. In patients for whom at least 6 months follow-up post-SVR12 was available, the Liver Function Tests and Child Pugh score changes according to the presence of alcohol use, non-virus- non-alcohol fatty liver, diabetes, hypertension, cardiovascular disease, Body Mass Index higher than 25, HBs Ag positivity, HIV positivity, were evaluated.

RESULTS
Of 3485 patients who achieved the SVR12, mean age 61 (SD 11) years, 1983 (56%) were men and 1962 (56%) had liver cirrhosis. Factors independently associated with liver cirrhosis by Logistic Regression Analysis in patients who achieved the SVR12 in PITER cohort are reported in Table 1.

Table 1
<table>
<thead>
<tr>
<th>Parameters</th>
<th>Adjusted OR</th>
<th>95% Confidence Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.03</td>
<td>1.02 - 1.04</td>
</tr>
<tr>
<td>Male sex</td>
<td>1.19</td>
<td>1.09 - 1.29</td>
</tr>
<tr>
<td>BMI≥25</td>
<td>1.29</td>
<td>1.02 - 1.63</td>
</tr>
<tr>
<td>Actual alcohol use</td>
<td>1.21</td>
<td>1.10 - 1.33</td>
</tr>
<tr>
<td>HCV genotype 3</td>
<td>1.22</td>
<td>1.07 - 1.39</td>
</tr>
<tr>
<td>HIV positivity</td>
<td>1.08</td>
<td>0.91 - 1.29</td>
</tr>
<tr>
<td>HBV positivity</td>
<td>1.02</td>
<td>0.81 - 1.70</td>
</tr>
<tr>
<td>Previous IFN Therapy</td>
<td>1.22</td>
<td>1.13 - 1.31</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.53</td>
<td>1.37 - 1.71</td>
</tr>
</tbody>
</table>

Of the overall patients evaluated (3485) following the SVR12:
- 1164 (33%) reported actual alcohol use
- 693 (20%) had non-virus- non-alcohol-related fatty liver
- 567 (16%) were diabetics
- 1781 (51%) had BMI≥25 of whom 60% had hypertension and 30% had BMI≥30,
- 1060 patients had hypertension of whom 80% were on anti-hypertensive therapy
- 212 patients had ongoing cardiovascular disease (reported as chronic coronary artery disease)
- 43 (1%) were HBsAg positive
- 185 (5%) were HIV infected

Prevalence of none, or one or more of the potential risk factors for liver disease progression (or progression from NAFLD to NASH) are reported in Table 1.

CONCLUSIONS
During a median follow-up of 10 months, improvement in Child Pugh score was observed in 72% of 324 patients with Child Pugh score higher than A6, in 25% of whom more than 2 points of Child Pugh score, without differences (p>0.5) according to the comorbidity pattern of concurrent risk factors for liver disease progression.

ACKNOWLEDGEMENTS
Authors wish to thank the PITER collaborating group (available at www.progettoperiter.it) and CDA Foundation’s Polaris Observatory which are collaborating in this project on a voluntary basis.

REFERENCES