



Impact of viral clearance following direct acting antivirals on hepatocellular carcinoma

Hepatocellular carcinoma (HCC) is the major reason for cancer-related death worldwide. Various risk factors for developing HCC include advanced liver fibrosis, alcohol abuse, non-alcoholic steatohepatitis (NASH), primary biliary cholangitis and autoimmune hepatitis. Mainly, chronic hepatitis virus is a major risk factor for HCC. About 10–20% of patients with chronic HCV infection develop complications, such as cirrhosis, liver failure, and HCC over a period of 20–30 years. The availability of highly effective all-oral antiviral drugs has scaled up the continuum of care and increased access to HCV treatment especially in patients with compensated advanced liver diseases with high SVR rates, however, the risk of HCC is not eliminated. These reviews of Dr. Mousa *et al.* and Dr. Shiha *et al.* outline the pathogenesis of HCV-related HCC, which may facilitate the understanding of HCV-related oncogenesis, the incidence rates of HCC in relation to dynamic changes of liver fibrosis following direct acting antivirals and the available data on the impact of new direct-acting antiviral treatment on HCC recurrence.

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