Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/medical-industry-feature/investigating-the-rise-of-liver-cancer/12413/

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Investigating the Rise of Liver Cancer

Announcer:
Welcome to ReachMD. This medical industry feature, titled “Investigating the Rise of Liver Cancer” is sponsored by Exact Sciences.

Here’s Dr. Joel Wedd.

Dr. Wedd:
Hello everyone! I’d like to make a few points about liver cancer. Liver cancer includes several primary hepatic tumors, but by far the most common primary adult liver cancer is hepatocellular carcinoma, or HCC for short. Globally, HCC is the 6th most commonly diagnosed cancer and the 3rd leading cause of cancer-related death. It’s also the fastest growing cause of cancer-related death in the United States and an increasing cause of cancer mortality. Now, it’s important that HCC occurs at the end of a pathological continuum of liver injury, inflammation, fibrosis, and ultimately cirrhosis. It’s in cirrhosis that multiple mutations can accumulate and result in cancer.

Consequently, cirrhosis itself is the largest risk factor for the development of HCC in Western countries, regardless of the etiology of chronic liver disease. Hepatitis B is also a large driver of HCC, even in the absence of cirrhosis, especially in regions with high rates of hepatitis B. In the U.S., hepatitis C, alcohol, and non-alcoholic steatohepatitis make up 80% of chronic liver disease. And with the growing metabolic disease epidemic, non-alcoholic steatohepatitis is an increasing contributor to HCC as well.

It’s also notable that there are both gender and racial disparities in HCC. It’s more common in men than in women, and black patients tend to receive less treatment for HCC and have worse outcomes. Additionally, HCC appears to be more common in the growing Hispanic population where there is more non-alcoholic fatty liver disease.

So with all of that in mind, early-stage detection is key. Patients who present at advanced stages typically have only about 3-12% 5-year survival rates. However, early detection of HCC results in an improved 5-year survival rate as high as 70% and allows for more treatment modalities, including curative liver transplantation. And that’s why there are guidelines for the surveillance of HCC in at-risk populations, including all patients with cirrhosis and selected non-cirrhotic patients with chronic hepatitis B virus, through the use of imaging every 6 months with or without serum alpha fetoprotein tumor marker.

So just to bring all of this together, rates of HCC are on the rise in the U.S. and abroad, and awareness of this disease is key to achieving early detection and treatment. So, if you’d like to learn even more about this important disease, please visit the related content section to view my webinars.

I’m Dr. Joel Wedd, and thank you for joining me!

Announcer:
This program was sponsored by Exact Sciences. To revisit any part of this discussion, please visit ReachMD.com. This is ReachMD. Be Part of the Knowledge.