

Racial disparities found in liver cancer survival rates

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Black patients diagnosed with hepatocellular carcinoma (HCC), the most common liver cancer, had a 33 percent increased risk of death compared to non-Hispanic whites. They also were far less likely to receive life-saving liver transplants, according to a new study being presented at Digestive Disease Week (DDW) 2016, the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery.

"When we looked at a diverse sample of patients being diagnosed with HCC, race was the strongest predictor of survival," said Patricia D. Jones, MD, MSCR, the study's lead author, assistant professor of medicine and member at Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine, FL. "Black patients were more likely to present with tumors that were larger—indicating that they were at a later stage of HCC when diagnosed, potentially delaying their eligibility for a liver transplant, a curative option for HCC."

When researchers analyzed patient records by race, they found the median survival after diagnosis was 301 days for [black patients](#), compared to 534.5 days for non-Hispanic white patients and 437 days for Hispanics. After adjusting for factors, such as alcohol use, tobacco use, insurance and age at diagnosis, non-Hispanic whites had a 25 percent reduced risk of death and Hispanics had a 21 percent reduced risk of death, compared to black patients. Researchers also found that black patients were more likely to have hepatitis B virus (HBV), which is an underlying cause of HCC.

Dr. Jones and her team conducted a retrospective analysis of 999 patients diagnosed with HCC at the University of Miami Sylvester Comprehensive Cancer Center/Jackson Memorial Hospitals between 2005 and 2014. These centers serve a diverse patient population, where 14.7 percent of patients are black, 34.9 percent are Hispanic, and approximately 50 percent are born outside North America.

The team also found that, overall, liver transplants were associated with a 66 percent reduction in deaths, but only 11.9 percent of black patients received a transplant, compared to 33.3 percent of non-Hispanic whites.

"We are conducting additional research to determine which factors contribute to the lower survival rate in black patients, such as access to care, birthplace, socio-economic status or increased prevalence of viral hepatitis," added Dr. Jones. "Hepatitis B can be prevented by vaccination and management of this infection depends on access to care, which may be an underlying issue for this community."

According to the National Cancer Institute, HCC is the sixth most prevalent cancer and the third leading cause of cancer-related deaths worldwide. Its incidence in the U.S. is rising, specifically in relation to the spread of hepatitis C virus (HCV) infection. HBV and HCV infections appear to be the most significant causes of HCC globally.

Researchers plan to conduct additional community-based research to explore the perceptions of HBV and HCV in at-risk populations and determine where the opportunities for further education and screening exist in order to ensure earlier [cancer](#) detection.

More information: Dr. Patricia D. Jones will present data from the study, "Racial Disparities in Survival after Hepatocellular Carcinoma Diagnosis in a Diverse American Population," abstract Mo1491, on Monday, May 23, at 9:30 a.m. PT, in Hall C of the San Diego

Convention Center. For more information about featured studies, as well as a schedule of availability for featured researchers, please visit <http://www.ddw.org/press>.

Provided by Digestive Disease Week

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