

Outreach to cirrhosis patients doubles early screening rates for deadly liver cancer

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Dr. Ethan Halm (left), Dr. Jorge Marrero (center), and Dr. Amit Singal (right) found that outreach to at-risk cirrhosis patients doubled their participation in liver cancer screening. Credit: UT Southwestern

Proactive outreach to cirrhosis patients in a safety net health system successfully doubled their screening rates for liver cancer, UT Southwestern Medical Center researchers found.

Cirrhosis (liver disease) patients are at high risk to develop [liver cancer](#), which is increasing in frequency an average of 3 percent annually and has a five-year overall survival rate of just 17.5 percent.

"Finding ways to reach patients at [high risk](#) of liver cancer is critical. Liver cancer has the fastest increasing mortality rate among solid tumors in the U.S.," said first author Dr. Amit G. Singal, Associate Professor of Internal Medicine and Clinical Sciences, and a member of the Harold C. Simmons Comprehensive Cancer Center. "This high mortality is primarily due to low rates of liver cancer screening and high rates of late-stage diagnosis."

The study randomly divided 1,800 cirrhosis

patients at Parkland Health & Hospital System in Dallas into three groups. The first group received mailed outreach invitations for screening ultrasound. The second group received similar outreach plus patient navigation, and the third received their usual care. Researchers learned that the group receiving mailed outreach invitations were most likely to schedule an ultrasound, which doubled the overall rate of screening.

The study appears in the journal *Gastroenterology*.

"Our study is one of the first interventions to improve liver cancer screening and early detection among at-risk patients. The vulnerable patient population we studied in our safety net health system are those who are at highest risk of dying from liver cancer, so this intervention helped those who might benefit the most," said Dr. Singal.

Only one-fourth of patients with cirrhosis in routine care are currently screened every six months for liver cancer with an ultrasound as recommended by national guidelines. Symptoms are not usually present when the cancer is in its early stages.

"Our research previously demonstrated that liver cancer screening is underused in clinical practice, with lower rates of screening among racial/ethnic minorities and socioeconomically disadvantaged patients," said senior author Dr. Ethan Halm, Director of the Center for Patient-Centered Outcomes Research, Chief of the William T. and Gay F. Solomon Division of General Internal Medicine, and Professor of Internal Medicine and Clinical Sciences. "Our new study presents a model of a proactive, population health outreach strategy that can improve liver cancer [screening](#) and early detection among those at highest risk of adverse outcomes." Dr. Halm holds the Walter Family Distinguished Chair in Internal Medicine in Honor of Albert D. Roberts, M.D.

According to the National Cancer Institute, liver

cancer is diagnosed in an estimated 39,230 people annually. In 2013, there were an estimated 54,954 people living with this cancer in the U.S. Risk factors include a diagnosis of [fatty liver disease](#), hepatitis B, hepatitis C, cirrhosis, or a combination of these diseases.

More information: Amit G. Singal et al. Mailed Outreach Program Increases Ultrasound Screening of Patients with Cirrhosis for Hepatocellular Carcinoma, *Gastroenterology* (2016). DOI: [10.1053/j.gastro.2016.10.042](https://doi.org/10.1053/j.gastro.2016.10.042)

Provided by UT Southwestern Medical Center

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