Black People With Hepatitis C Develop Liver Cancer Earlier

Current screening guidelines may shortchange Black individuals.

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Although a third of Black people with hepatitis C did not have cirrhosis, which is a trigger for liver cancer screening, they were more likely to develop liver cancer at an earlier stage of liver disease. As a result, Black individuals were more likely to be overlooked for liver cancer surveillance, according to study results published in the journal Cancer.

Over years or decades, chronic hepatitis C can lead to serious liver problems, including cirrhosis (scarring) and hepatocellular carcinoma (HCC), the most common type of liver cancer. While HCC is a rising cause of cancer death, rates vary widely across different racial and ethnic groups. Black people are less likely to have their liver cancer detected early and have worse survival rates compared with white, Latino and Asian individuals.

Tali Shaltiel, MD, of the Icahn School of Medicine at Mount Sinai in New York City, and colleagues set out to explore this disparity among people with HCC who had a history of hepatitis C. Even after being cured of hepatitis C, people remain at risk for liver cancer, particularly those who have already developed cirrhosis. Therefore, regular screening for HCC is recommended for those with advanced fibrosis or cirrhosis.

The researchers examined liver function and cirrhosis status when hepatitis C was diagnosed across different racial groups. For this, the team analyzed medical records for people diagnosed with hepatitis C and hepatocellular carcinoma between 2003 and 2018. Taking into account race and ethnicity, the team compared data from imaging and clinical testing for Black people and those of other races.

Of the 1,195 participants with hepatocellular carcinoma, 390 identified as Black, 221 as Latino, 80 as Asian or Pacific Islander and 406 as white; the remaining participants were of unknown or other races. Within this study population, Black people were older, had a lower body mass index and were less likely to have commercial insurance.

On the basis of multiple measures, Black people with liver cancer scored better on liver function than participants belonging to other races.

FIB-4 scores (a mark of liver fibrosis) were below 3.25 in 31% of Black participants, compared with 18% of other participants. A score above 3.25 is considered an indicator of advanced fibrosis or cirrhosis and should trigger liver cancer surveillance. “Nearly one third would not qualify for HCC screening using the common FIB-4 cirrhosis threshold,” the study authors wrote.

Fewer Black individuals (20%) had early-stage liver cancer compared with people from other racial groups (32%). They also had more tumors and larger tumors (3.5 centimeters versus 3.1 cm).

Among 780 participants who were followed for at least five years, Black individuals had a shorter median overall survival than other racial groups (18 months versus 30 months). The five-year survival rate for Black individuals (21%) was also lower than that of other groups (28%).

While Black participants with hepatitis C showed better liver function (a third did not have liver cirrhosis), they were nevertheless more likely to develop HCC at an earlier stage in their disease progression. Further, their liver cancer was more likely to have an aggressive course.

“Practice guidelines that stress HCC surveillance for cirrhotic patients with [hepatitis C] may need to be revised to be more inclusive for Black patients,” wrote the study authors. Such changes would possibly improve earlier detection in this population.

Click here to read the study abstract in Cancer.

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