Priority for Liver Cancer Tests Should Go to Hep B-Positive Cirrhotics

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People with hepatitis B virus (HBV) and cirrhosis should be prioritized for liver cancer screening, which is cost-effective among this population, aidsmap reports. Publishing their findings in PLOS ONE, researchers conducted a systematic review and meta-analysis of 49 randomized controlled trials and 19 case-controlled studies that reported on the incidence of hepatocellular carcinoma (HCC, the most common form of liver cancer) and death in 27,584 untreated HBV-positive people.

The studies included nearly 265,000 person-years of follow-up, with a median follow-up of two years.

In the 57 studies that reported on HCC incidence, 1,285 cases were diagnosed among 26,687 people, or 5 percent. The annual incidence was 0.88 per 100 person-years. Twenty-three percent of those with cirrhosis developed HCC, compared with just 1 percent of those without cirrhosis. People with cirrhosis had a 3.16 per 100 person-years incidence of HCC, compared with 0.10 per 100 person-years among those without cirrhosis. Being coinfected with hepatitis C virus (HCV), being older and having elevated liver enzymes were also linked with a higher risk of liver cancer.

Screening for HCC is considered cost-effective when the incidence of the disease is at least 0.2 per 100 person-years, suggesting that screening cirrhotic HBV-positive people is indeed cost-effective.

To read the aidsmap story, click here.

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