



Hope for Older Patients with Liver Cancer

A liver transplant may still be a viable option for older people with liver cancer.

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In a study of elderly patients with liver cancer, researchers sought to identify potentially differing outcomes of noninvasive treatments versus [liver transplants](#).

Over years or decades, chronic [hepatitis B](#) or [hepatitis C](#), [fatty liver disease](#) (NASH and its less severe form, non-alcoholic fatty liver disease, or NAFLD), heavy alcohol use and other causes of liver injury can lead to serious complications, including cirrhosis and hepatocellular carcinoma, the most common type of [liver cancer](#).

Liver cancer is often diagnosed late, and it can be difficult to treat. One favorable therapy for early-stage HCC is liver transplantation, but the demand for organs heavily outweighs the current supply.

“There are far more people in need of liver transplant than there are organs available,” Malay Shah, MD, lead author of the study and surgical director of the liver transplant program at UK HealthCare, said in a [University of Kentucky news release](#). “Transplant physicians have struggled for years to determine the best use of a scarce resource.”

Older patients often think they’re too old for a transplant, according to Shah. This led researchers to observe efficacy of ablation therapy in older patients. Ablation is a minimally invasive procedure that uses heat or cold to kill or slow growth of a tumor and can achieve similar results to a transplant.

This could allow transplant centers to utilize donated livers in other patients who may not have alternative treatment options. On the contrary, if older patients experienced positive outcomes post-transplant compared to ablation alone, they should still be considered for transplant, no matter their age.

The study was conducted by physicians and researchers from UK HealthCare’s Transplant Center and the University of Kentucky Markey Cancer Center and published in the Journal of the American College of Surgeons.

Researchers identified about 200 patients age 70 or older with stage I or II HCC who had received liver transplants and then were compared with 2,377 patients in the same group who underwent ablation as destination therapy.

Shah and their team performed the first head-to-head comparison of liver transplant and non-transplant outcomes for elderly patients with HCC. “What we found is that patients over 70 years of age still had a very significant survival benefit from transplant compared to receiving ablative therapy alone and that transplant should still be offered to suitable elderly patients. Liver transplantation remains the standard of care for patients with HCC, regardless of age,” Shah said.

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