Most People With Cirrhosis Don’t Receive Recommended Monitoring

Less than 10% of people with cirrhosis were regularly monitored for liver cancer.

November 3, 2021 By Sukanya Charuchandra

Rates of regular monitoring for hepatocellular carcinoma and other liver complications in people with cirrhosis are inadequate, according to findings published in the Journal of Hepatology.

Over years or decades, chronic hepatitis B, hepatitis C, fatty liver disease and heavy alcohol consumption can lead to serious complications, including cirrhosis and hepatocellular carcinoma (HCC), the most common type of liver cancer. Regular liver cancer surveillance and other routine monitoring are recommended for people with cirrhosis, but this is not always done.

Mindie Nguyen, MD, of Stanford University Medical Center, and colleagues studied adherence to monitoring for liver complications in people with cirrhosis. They also assessed surveillance rates for hepatocellular carcinoma and esophageal varices, or enlarged large veins in the esophagus.

The team used data on 82,427 people with cirrhosis from the Truven Health MarketScan Research Database from 2007 through 2016. Of this study population, 43,280 people had compensated cirrhosis and 39,147 had decompensated cirrhosis, or loss of liver function.

The researchers analyzed adherence to different surveillance and laboratory procedures. Laboratory testing included a complete blood count, comprehensive metabolic panel and prothrombin time, which is used to assess blood clotting. Liver cancer surveillance typically involves scans and blood tests.

Over the course of the study period, most people with cirrhosis did not develop esophageal varices (80%) or liver cancer (45%). Only a minority of people with cirrhosis underwent liver cancer surveillance (9%), laboratory testing at least every six or 12 months (30%) and surveillance for esophageal varices at least every year or two (11%). People with decompensated cirrhosis and non-alcoholic fatty liver disease were more likely to receive regular monitoring. The odds of undergoing these procedures were higher for older patients, those with comorbidities, those with preferred provider health insurance plans and those who received specialist care.

“Despite modest improvements in more recent years, routine monitoring and surveillance for patients with cirrhosis is suboptimal,” wrote the researchers. “Further efforts, including provider

awareness, patient education and system/incentive-based quality improvement measures, are urgently needed.”

Click here to read the study abstract in the Journal of Hepatology.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/article/people-cirrhosis-receive-recommended-monitoring