Cirrhosis and Liver Cancer: Journal Review

August 20, 2018 By Lucinda K. Porter RN

I didn't take any liver disease journals with me on my summer vacation this year. No surprise there, as I take the word 'vacation' seriously. Now I'm trying to catch up on the latest, and thought I'd share some brief summaries of some recent research. All of these summaries are from Hepatology July 2018, Volume 68.

Evidence for Instituting Better Liver Cancer Surveillance

Research: Impact of surveillance for hepatocellular carcinoma on survival in patients with compensated cirrhosis by Ju Dong Yang, et al.

The problem: Early detection increases the chances of surviving a common type of liver cancer known as hepatocellular carcinoma (HCC). Unfortunately, HCC is not being detected early enough in many cases. Patients are often diagnosed after they have symptoms, which means the cancer is advanced and often too late to treat HCC.

The research: Several studies have shown that HCC surveillance leads to early detection of HCC, which increases the chance of cure and reduces risk of early death. In this study, Ju Dong Yang and fellow researchers examined the extent to which the risk of hepatic decompensation influences the benefit of HCC surveillance by investigating the impact of availability of liver transplantation (LTx) and the rate of progression of hepatic decompensation on survival gained from HCC surveillance.

The bottom line: Ju Dong Yang and colleagues confirmed that HCC surveillance decreases all-cause and tumor-specific mortality in patients with compensated cirrhosis regardless of the availability of liver transplantation.

My two-cents: If you have stage 3 or 4 liver fibrosis, make sure you are scheduled for regular HCC surveillance.

Improving Mortality in Patients with Cirrhosis

Research: Cardiovascular predictors of death in patients with cirrhosis by Maurizio Cesari, et al.

The problem: Patients with cirrhosis are at risk for a heart condition called cirrhotic cardiomyopathy. This serious complication can lead to heart failure.

The research: Previous studies have reported conflicting data and insufficient understanding of

how to predict heart failure from cirrhotic cardiomyopathy. These researchers assessed the factors that may provide insight on how to improve survival rates in patients with cirrhosis.

The bottom line: The main predictors of death in patients with cirrhosis are MELD (Model for End-Stage Liver Disease), age, and body surface area. Looking at cardiac factors, mortality was increased with left atrium enlargement, increased heart rate and other cardiac measurements.

My two-cents: I know that I am preaching to the choir, but we must transplant patients earlier. To do this, we need to increase the number of available organs. I wish the U.S. used a system whereby its presumed that everyone was a potential organ donor unless he or she opted out.

People With Cirrhosis Take Note: What You Eat May Help or Hurt You

Research: Diet affects gut microbiota and modulates hospitalization risk differentially in an international cirrhosis cohort by Jasmohan S. Bajaj, et al.

The problem: Cirrhosis is a leading cause of morbidity and mortality in Westernized countries like the United States. However, in other parts of the world, its ranking as a cause of death is relatively low.

The research: Since the microbes in the digestive system is affected in cirrhosis, these researchers sought to determine if differing dietary habits affected gut microbiota and clinical outcomes of cirrhosis. This study looked at the diets and MELD scores of healthy subjects, people with compensated cirrhosis, and people with decompensated cirrhosis in the United States and Turkey.

All subjects were nonvegetarian and had similar caloric intake and macronutrient proportions. The Western diet had a relatively low consumption of fermented foods, pork, and high coffee consumption. The Americans ate more fish, pork and carbonated drinks. The Turkish subjects tended towards a Mediterranean diet rich in fermented foods such as yogurt and vegetables. They consumed more tea, and less pork and alcohol.

The bottom line: A diet rich in fermented milk, vegetables, cereals, coffee, and tea is associated with a higher microbial diversity and a lower risk of 90-day hospitalizations.

My two-cents: What is wonderful about this study is that a Mediterranean diet is good for just about everything; plus it is delicious.

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