

US study reports dramatic reduction in likelihood of liver transplantation in patients with hepatocellular carcinoma

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Patients with hepatocellular carcinoma (HCC) waiting for a liver transplant in the USA are now significantly less likely to receive a new liver than they were around a decade ago. A nationwide study presented today at The International Liver Congress 2018 in Paris, France, has confirmed that patients with HCC on the liver transplant list in the USA were more than 50% less likely to receive a transplant in 2014-2016 than they were in 2005-2007. Patients with Medicaid insurance were also significantly less likely to undergo liver transplantation than those with private/commercial insurance. 'This is a very worrying trend and reflects the continued imbalance between the number of patients with HCC in need of liver transplantation and the limited number of donor livers available', said Dr. Jennifer Wang from the California Pacific Medical Center, San Francisco, USA, who presented the study findings today.

Hepatocellular carcinoma is the most common primary tumour of the liver, with average survival estimated to be 18 months. Liver transplantation is a guideline-recommended treatment for people with HCC, although individuals must meet strict criteria in order to join the waiting list. A recent study has shown that HCC is the most common indication for [liver transplantation](#) and placement on the waiting list in the USA.⁴ However, limited organ availability and an increasing demand has extended [transplant](#) waiting times, and increased morbidity and mortality amongst those listed.

The study presented today was undertaken to evaluate overall trends in the probability of receiving a [liver transplant](#) among US adults with HCC on the transplant list. Data from the United Network for Organ Sharing Liver Transplant Registry were analyzed by year of listing (2005-2007, 2008-2010, 2011-2013, and 2014-2016), and stratified by age and insurance type. When stratified by age, the probability of receiving a liver transplant within 1 year of listing was highest amongst HCC [patients](#) aged 50-59 years (64.6%) and lowest amongst those aged 60-69 years (58.1%) (p

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