

Burden of liver cancer rising in medicare patients

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(HealthDay)—Both hospitalizations and deaths are increasing among

Medicare recipients with liver cancer, according to a study presented at The Liver Meeting, the annual meeting of the American Association for the Study of Liver Diseases, held from Nov. 9 to 13 in San Francisco.

Omer Shahab, M.D., from Inova Fairfax Hospital in Falls Church, Virginia, and colleagues used ICD-9 codes among a random sample of Medicare beneficiaries to identify trends in [hepatocellular carcinoma](#) (HCC) rates, patterns in demographic and clinical features, and utilization of health care resources.

The researchers identified 13,648 cases of HCC (2005 to 2014). Patients were 62.8 percent male, 76.0 percent white, and a mean age of 70.0 years. One-year mortality was 45.0 percent. During the study period, length of stay decreased from 9.23 days to 8.81 days, and the number of outpatient visits increased from 1.86 to 3.18. Total charges increased from \$67,679 to \$98,902 for inpatients and from \$11,933 to \$32,084 for outpatients. Patients with HCC, hepatitis C virus (HCV) infection, and alcoholic liver disease (ALD) treated in the inpatient setting had a higher risk for death than [patients](#) with HCV alone, followed by those with HCC and nonalcoholic fatty liver disease (NAFLD). Patients with HCC who also had other [liver](#) diseases, including HCV, ALD, and NAFLD, also had higher health care charges than those with HCV alone.

"We believe that HCC is driven by NAFLD, which is increasing in prevalence, and will continue to place a financial burden on Medicare and should be addressed proactively," a coauthor said in a statement.

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