

Liver Cancer: Prevalence, Risk Factors and Strategies for Prevention and Treatment

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Physician Perspective:

Viviana Figueroa-Diaz, MD, Transplant Hepatologist, New York University

Good morning, I'm Viviana Figueroa Diaz, transplant hepatologist, Division of Hepatology and transplant hepatology; NYU Langone Hospital in New York. Thank you for enabling us to be here today to talk about this very important topic and to American Liver Foundation for inviting me to speak.

HCC and HCC in Hispanics

Hepatocellular carcinoma (HCC) remains one of the leading causes of cancer mortality worldwide. It is the most common liver malignancy, with over half a million new cases diagnosed annually. The incidence and mortality of HCC has continued to rise, with mortality rates increasing faster than from any other cancer in the United States. Epidemiologic data for HCC, mainly using the Surveillance, Epidemiology, and End Results (SEER) database, attributes the majority of HCC cases to chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection. However, in the United States, the incidence and mortality of HCC has continued to increase despite advances in treatment of HBV and HCV.

HCC has strong racial and ethnic associations, with a longstanding discrepancy in the incidence of HCC between the Hispanic and non-Hispanic White populations. Hispanic individuals have the highest age-adjusted incidence rates of HCC, surpassing that of Asian individuals, the previously most affected ethnicity. The yearly age-adjusted incidence rates of HCC for Hispanic individuals are at least 2.5 times higher than their non-Hispanic White counterparts. The Hispanic population is currently the second largest ethnic population in the United States, and the rising HCC mortality may be driven by increasing trends among Hispanic people.

Hispanic patients are more likely to have metabolic risk factors leading to their chronic liver disease risk for hepatocellular carcinoma in comparison to non-Hispanic whites. Hispanic patients have similar overall survival despite being diagnosed with larger, more advanced HCC despite fewer curative interventions.

Treatment and Survival

Hispanic patients were less likely to undergo resection or liver transplantation. Hispanic patients are more likely to be treated by palliative care or enter hospice. Median overall survival in Hispanic patients was 1.4 years which was similar to that of non-Hispanic White patients. In multivariable analysis controlling for ethnicity, age, sex, anatomic stage, tumor within Milan criteria, and

whether resection and/or liver transplant took place, non-Hispanic patients had worse survival than Hispanic patients.

Strategies for Effective Prevention and Treatment of Liver Cancer in Hispanics

Prevention Strategies

1. Hepatitis B Vaccination

Hepatitis B infection is a major cause of liver cancer. Vaccination is highly effective and recommended, especially for those at risk. Hispanic communities should know the vaccine is safe, widely available, and a key step to prevent liver cancer.

2. Screening and Treatment for Hepatitis C

Hepatitis C also increases liver cancer risk. Screening for Hepatitis C and starting antiviral treatment when infected can cure the disease and reduce cancer risk. It's important that Hispanics get tested if they have risk factors (such as history of injection drug use or blood transfusions before 1992).

3. Managing Fatty Liver Disease (Non-Alcoholic Fatty Liver Disease - NAFLD)

NAFLD is increasingly common in Hispanic populations due to high rates of obesity and diabetes. Maintaining a healthy weight, eating a balanced diet, and exercising regularly can prevent NAFLD progression, reducing liver cancer risk.

4. Limiting Alcohol Consumption

Excessive alcohol intake causes liver damage and increases cancer risk. Moderation or abstaining from alcohol is advised.

Treatment Strategies

1. Early Detection and Access to Curative Treatments

Liver cancer has better outcomes when detected early. Treatments like surgery, liver transplantation, or local tumor ablation can be curative if done in time. Unfortunately, Hispanic patients often face barriers accessing these treatments, so improving healthcare access and awareness is critical.

2. Access to Advanced Therapies

For advanced liver cancer, newer treatments such as immunotherapy and targeted

therapies can improve survival. Ensuring Hispanic patients can receive these therapies through inclusion in clinical trials and equitable healthcare access is vital.

What Hispanic Communities Need to Know

- **Importance of Regular Health Screenings**

Especially if there are risk factors like hepatitis infection, obesity, diabetes, or family history. Early diagnosis saves lives.

- **Healthcare Access and Language Support**

Barriers like lack of insurance, language differences, and cultural gaps often prevent Hispanics from getting proper care. Communities should seek out healthcare providers who offer Spanish language services and culturally sensitive care.

- **Health Education and Awareness**

Understanding liver cancer risk factors, symptoms, and prevention empowers individuals to take charge of their health. Community programs and trusted health educators can play a big role.

- **Participation in Clinical Research**

Hispanic representation in liver cancer research is low. Joining clinical trials helps develop better treatments that work for diverse populations.

Study results have consistently shown that Hispanic individuals tend to be diagnosed with HCC at later stages and at a more advanced disease state. Hispanic patients that present with early-stage HCC have the lowest rates of undergoing curative treatment. Furthermore, Hispanic patients were less likely to receive liver transplants within 360 days compared with non-Hispanic White patients.

One major contributor to differences between Hispanic and non-Hispanic White patients is likely related to the differences in rates of metabolic syndrome and MASLD, both of which are independently associated with increased risk of HCC. Hispanic patients had higher BMI and higher rates of diabetes and hypertension and were also more likely to have MASLD as the underlying etiology of liver disease compared with their non-Hispanic White counterparts. The correlation between metabolic syndrome and its components (e.g., diabetes, obesity, hypertension) and HCC has been described. Several different case and cohort studies have also demonstrated that HCC is almost twice as likely to develop in patients with type 2 diabetes

compared to those without diabetes. Metabolic syndrome was highly prevalent in Hispanic/Latino patients, with close to 50% of patients meeting diagnostic criteria at 45-64 years of age. Given the prevalence of metabolic syndrome and its components in Hispanic patients as well as the increased risk these risk factors portend to developing HCC, both primary care physicians and specialists should work closely with this population to prevent the onset of metabolic syndrome as this could subsequently reduce the incidence of HCC.

Liver cancer is one of the most rapidly growing causes of cancer related deaths in the U.S. In the US, liver cancer incidence and mortality are approximately 1.5 to 2 times greater in Hispanic/Latino individuals compared to their White counter parts. Liver cancer/HCC is more common in men than women, with data from 2021 about racial trends shows that Hispanic/Latino populations had a 14% rate of liver cancer, the second highest rate.

My hope is that what I've shared today will help everyone here understand the need for federal help to address not only the MASLD crisis and increase in liver cancer but also action addressing the disparity with Hispanics.