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Liver Cancer Rates Decline, but Racial Disparities Persist

A 2026 study reveals trends in hepatocellular carcinoma incidence among racial groups.

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Liver cancer, or hepatocellular carcinoma (HCC), incidence varies significantly across racial and ethnic groups, reflecting differences in national hepatitis screening and treatment initiatives and professional guidelines, according to a study published in JHEP Reports. Among all race and ethnic groups, HCC incidence has increased by 54.4%, and HCC incidence has been highest among Latinos since 2012. On the other hand, non-Hispanic Asians and Pacific Islanders were the only groups to experience an overall decline in HCC since 2000.

“The goal is to provide an up-to-date and comprehensive assessment of HCC incidence and temporal trends across diverse racial/ethnic groups and age groups…to offer new insights to inform public health priorities, guide policy and support targeted interventions to reduce disparities,” wrote the study’s authors.

Over time, chronic hepatitis B, hepatitis C, heavy alcohol consumption and metabolic dysfunction-associated fatty liver disease (MASLD) can lead to serious liver complications, including cirrhosis and HCC, the most common type of liver cancer. HCC is often detected at late stages, when it is difficult to treat.

“Hepatocellular carcinoma in the U.S. is largely driven by chronic hepatitis B in non-Hispanic Asians/Pacific Islanders and chronic hepatitis C and metabolic dysfunction-associated steatotic liver disease in other racial/ethnic groups,” wrote the study’s authors.

Stanford University School of Medicine researchers used Surveillance, Epidemiology and End Results data to evaluate HCC incidence trends for different racial/ethnic and age groups between 2000 and 2022. Their analysis included 223,571 cases of HCC diagnosed in adults over age 30.

Overall, HCC was more prevalent in men, who made up 76.2% of cases, and in people in their 60s.

Nearly half of all HCC cases were diagnosed in white people (48.8%), followed by Latinos (24.4%), Black people (13.3%), Asian and Pacific Islanders (12.4%) and American Indian/Alaska Natives (0.9%).

In 2000, there were 4,758 cases of HCC in the United States; by 2019, HCC incidence peaked at 13,109 cases. In 2022, there were 11,853 cases of HCC, marking a decline but still 2.5 times greater than the incidence rate in 2000.

Asian/Pacific Islanders were the only group to experience an overall decline in age-adjusted HCC incidence, dropping 30.7% since 2000. To varying degrees, all other ethnic groups had an increase in age-adjusted HCC incidence, with a 90.9% increase in American Indian and Alaska Natives, a 63.3% increase in white people, 38.3% increase in Latinos and a 26.7% increase in Black populations. HCC incidence began declining in 2016 for Black and Asian/Pacific Islanders and in 2019 for Latino and white populations.

“The earlier and more sustained decline among non-Hispanic Asian/Pacific Islanders most likely reflects increased treatment for chronic hepatitis B,” wrote the study’s authors. “Later declines among non-Hispanic Black and non-Hispanic Asian/Pacific Islander populations, a plateau among Hispanic populations and an accelerated decline among non-Hispanic Asian/Pacific Islanders populations appear to have been influenced by the availability of curative HCV treatment.”

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