



HHS Public Access

Author manuscript

Ann Surg Oncol. Author manuscript; available in PMC 2021 May 07.

Published in final edited form as:

Ann Surg Oncol. 2021 April ; 28(4): 1937–1938. doi:10.1245/s10434-020-09172-4.

ASO Author Reflections: Access to Care and Screening Inequities for Patients At Risk for Hepatocellular Carcinoma

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PAST

Hepatocellular carcinoma (HCC) is the most commonly diagnosed liver malignancy and is primarily caused by alcohol-induced liver disease or hepatitis C infection.¹ The screening of at-risk patients has historically been implemented to identify disease early and intervene prior to its progression. If identified at an early stage, HCC can be treated with curative procedures such as surgical resection or liver-directed therapies, including radiofrequency ablation, transcatheter arterial chemoembolization, or yttrium-90 therapy.² Robust guidelines have been developed to determine which patients require screening and surveillance.³

PRESENT

Although access to healthcare has improved over the past decade, almost 9% of Americans remain without health insurance.⁴ Additionally, more than 25% of patients below the federal poverty level do not have a usual place for medical care.⁵ This includes patients of racial, ethnic, and other sociodemographic minorities. Without access to a primary care physician or specialty services, such as a gastroenterologist or hepatologist, patients are unable to be screened or followed for the potential development/progression of HCC.

FUTURE

In this study,⁶ an assessment was completed to analyze the disparities in patients presenting to the emergency department (ED) with HCC compared with those presenting to an outpatient facility. The study revealed that patients who presented to the ED often have advanced-stage disease and are more often racial/ethnic minorities. Access to health insurance and preventive and screening services is essential to adequately diagnose and care for patients with HCC. In an era of healthcare reform, it is important to weigh the consequences of not providing a patient access, including a higher patient mortality and an increased burden on healthcare systems. Further research should be conducted on the implications of these disparities, and strategies must be developed to provide care to our vulnerable populations, including patients of racial, ethnic, and other sociodemographic minorities.

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