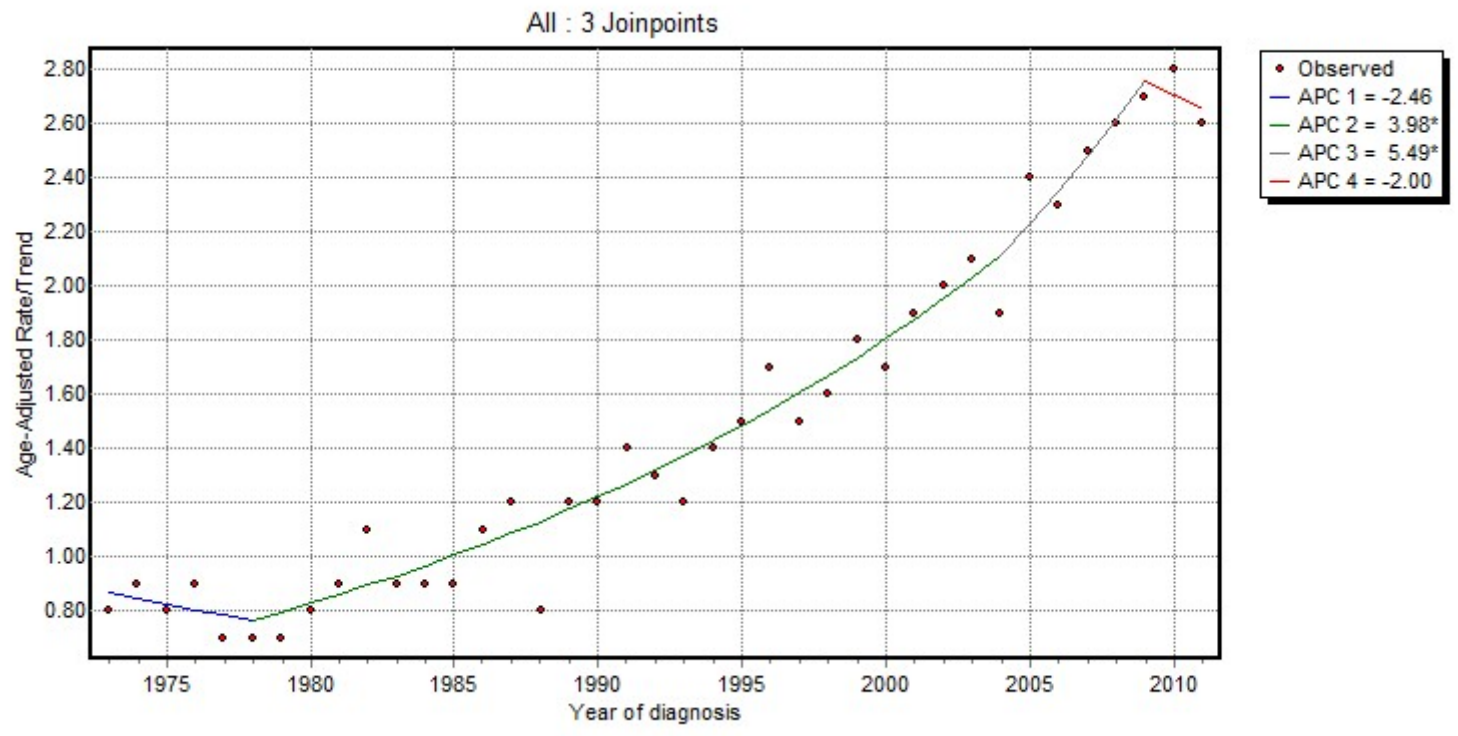
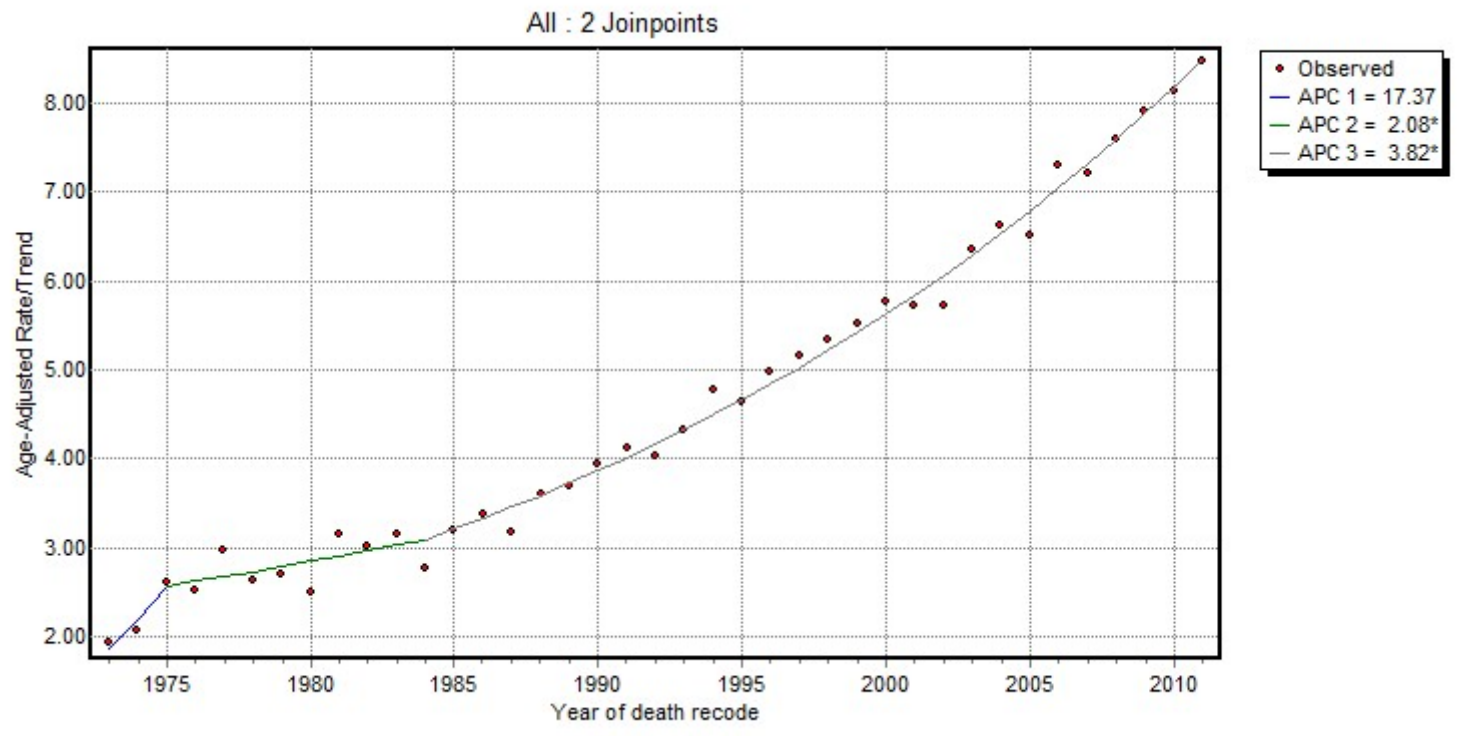


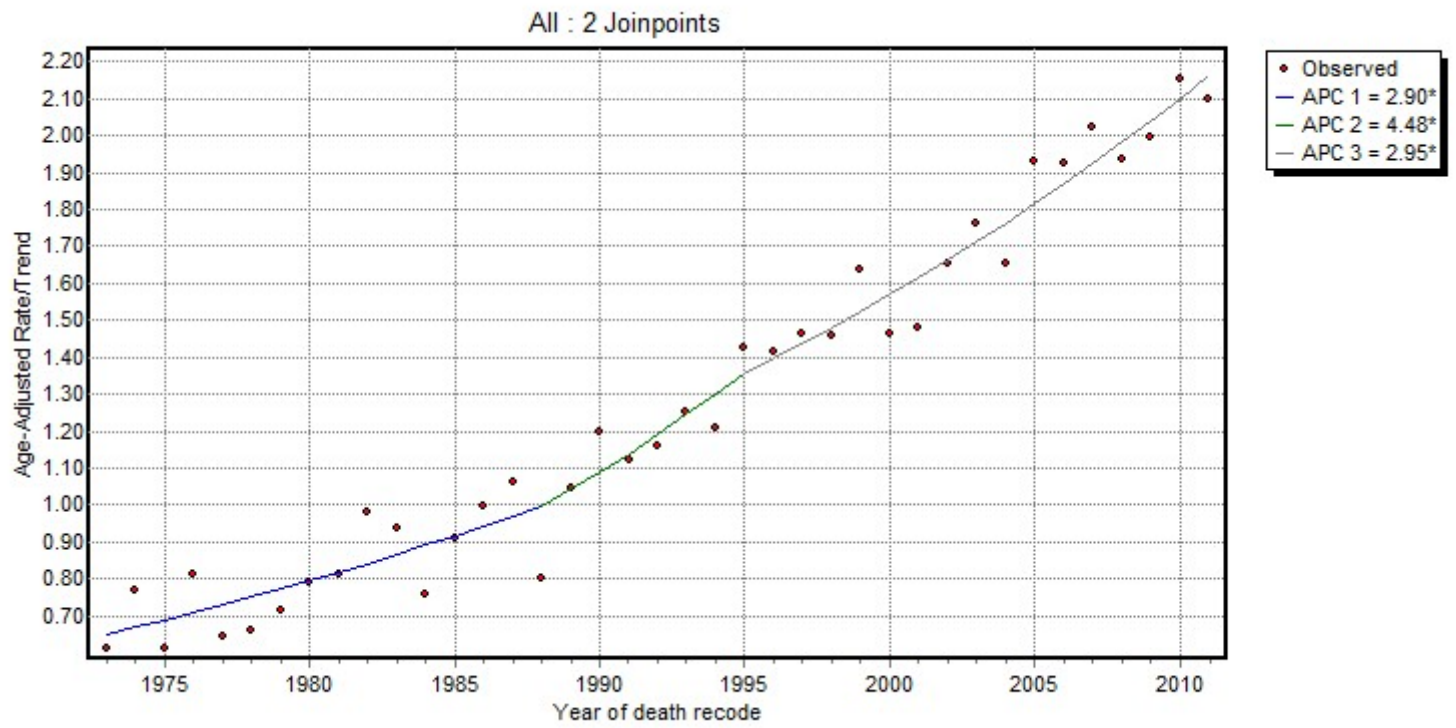
Supplementary Figure 1A: SEER 9 HCC Incidence Trends 1973-2011 for Men



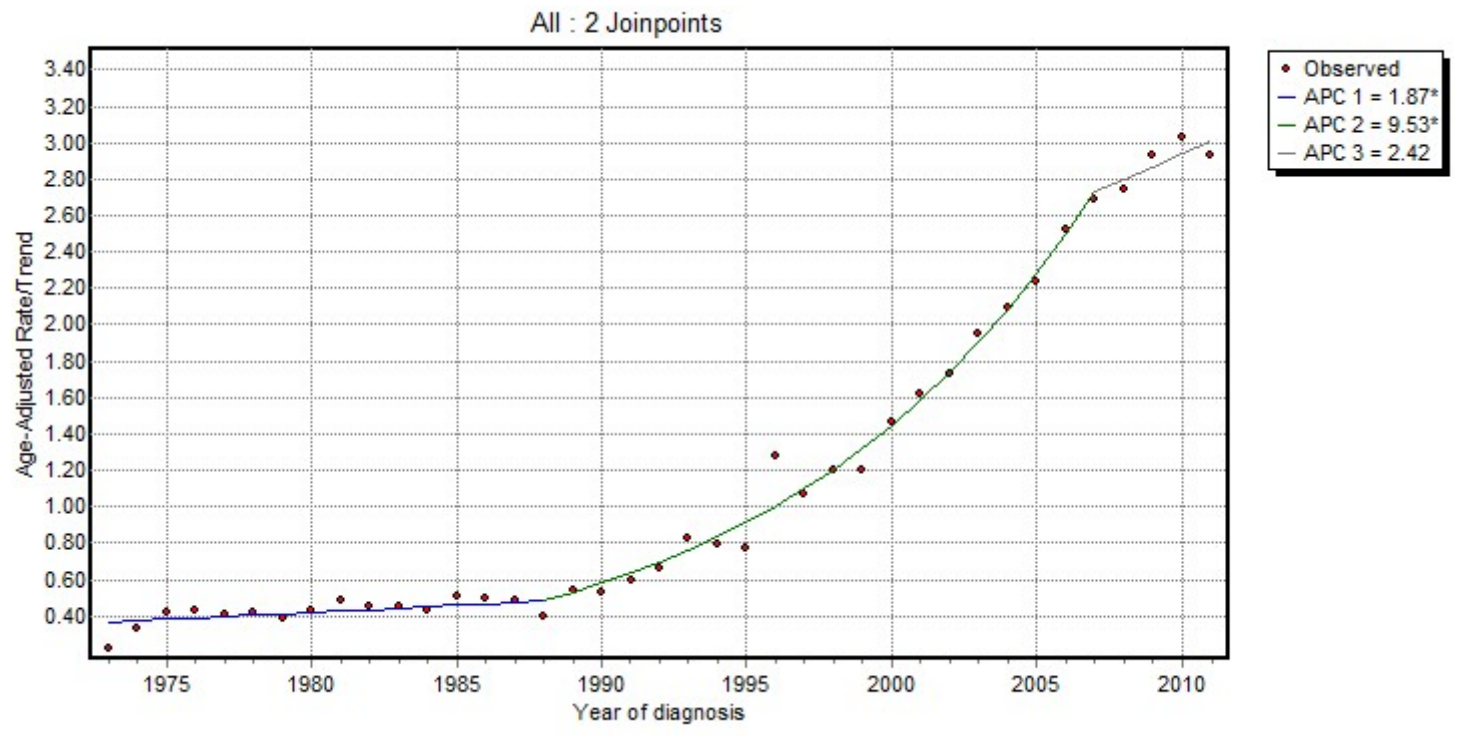
Supplementary Figure 1B: SEER 9 HCC Incidence Trends 1973-2011 for Women



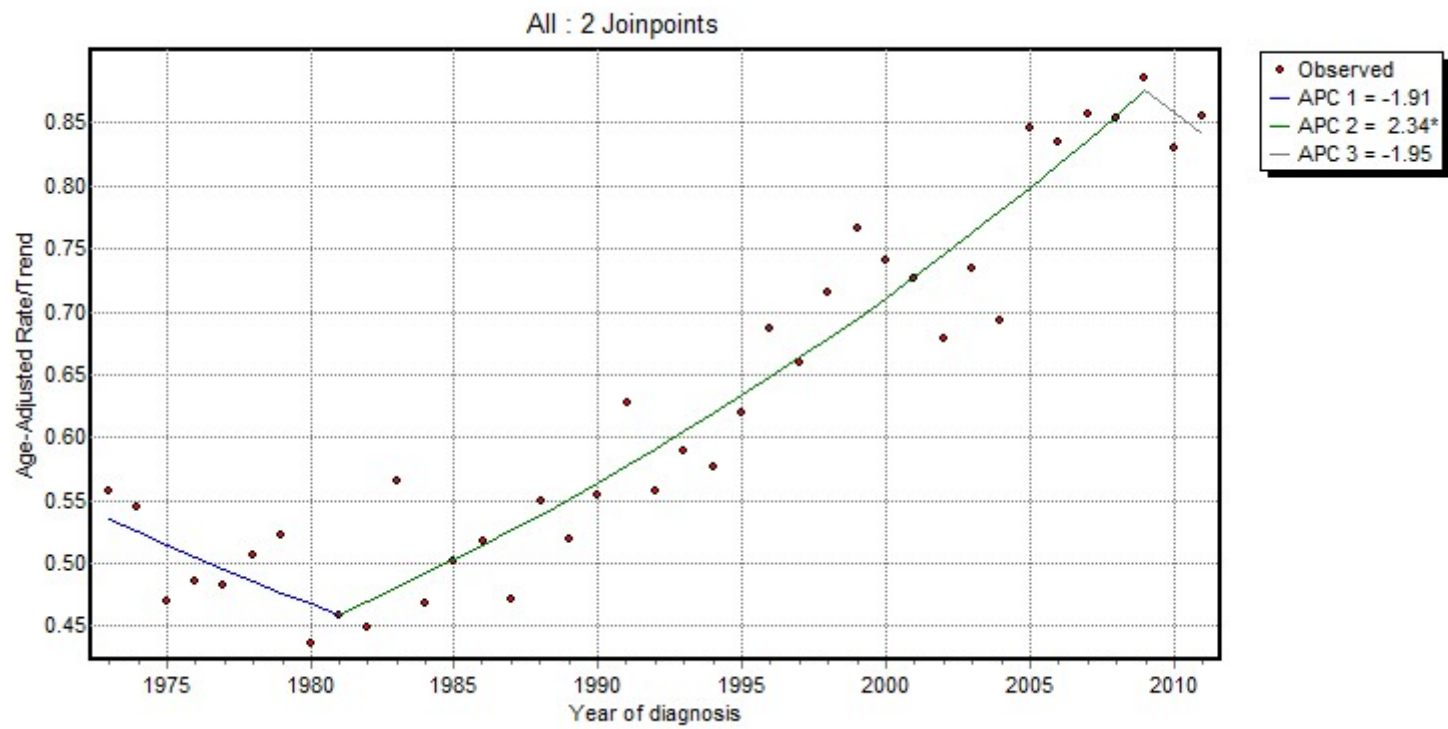
Supplementary Figure 2A: SEER 9 HCC Incidence-Based Mortality Trends 1973-2011 for Men



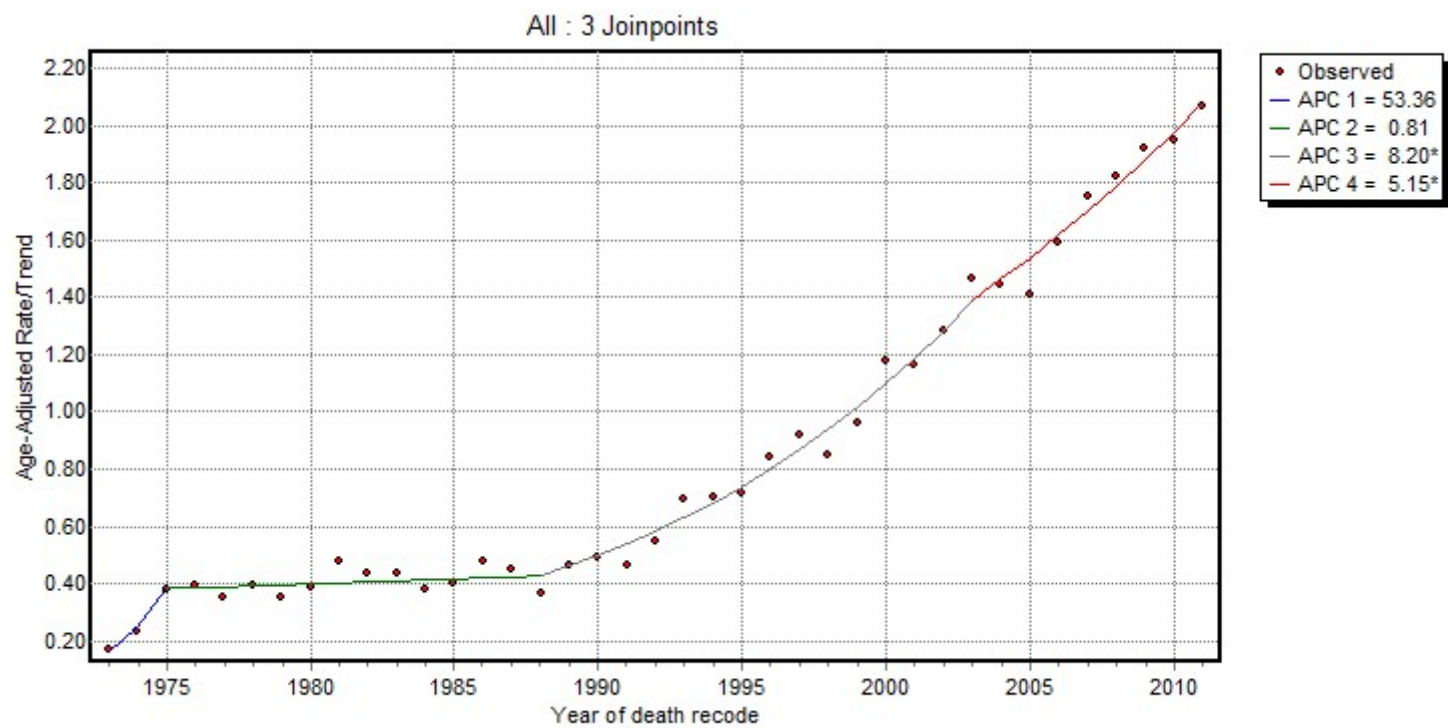
Supplementary Figure 2B: SEER 9 HCC Incidence-Based Mortality Trends 1973-2011 for Women



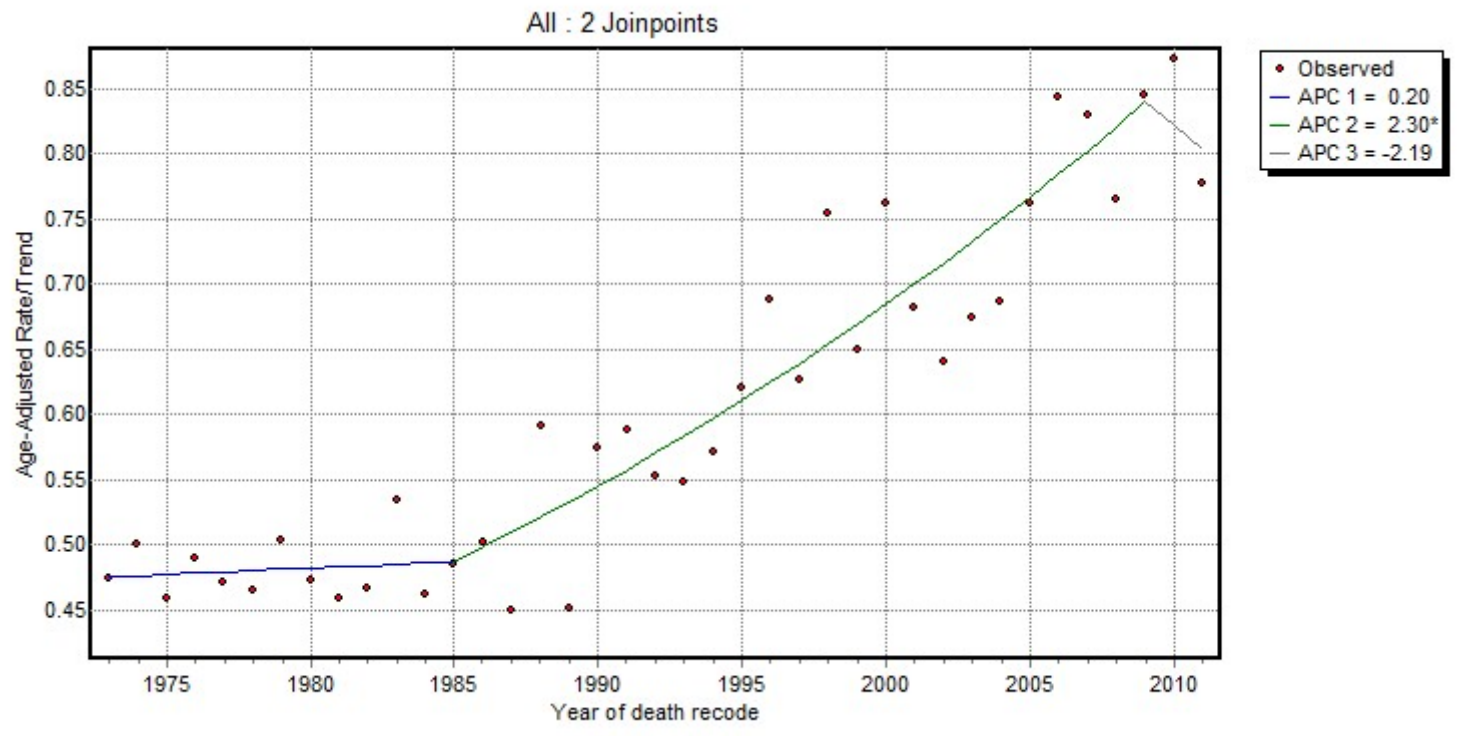
Supplementary Figure 3A: SEER 9 HCC Incidence Trends 1973-2011 for Localized HCC



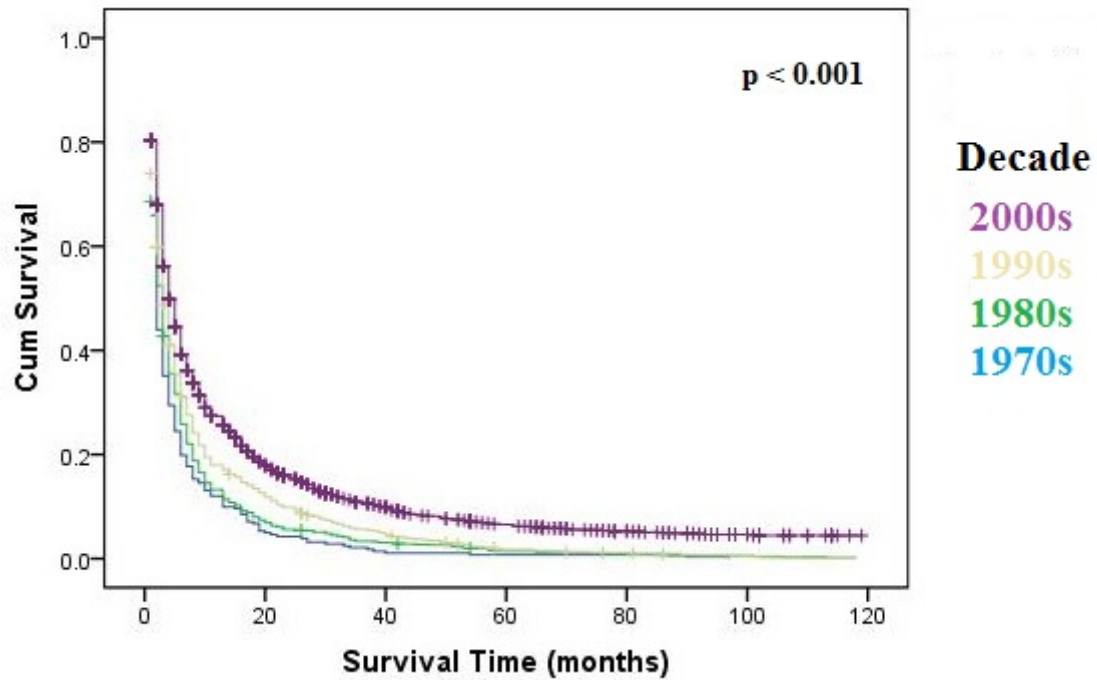
Supplementary Figure 3B: SEER 9 HCC Incidence Trends 1973-2011 for Distant HCC



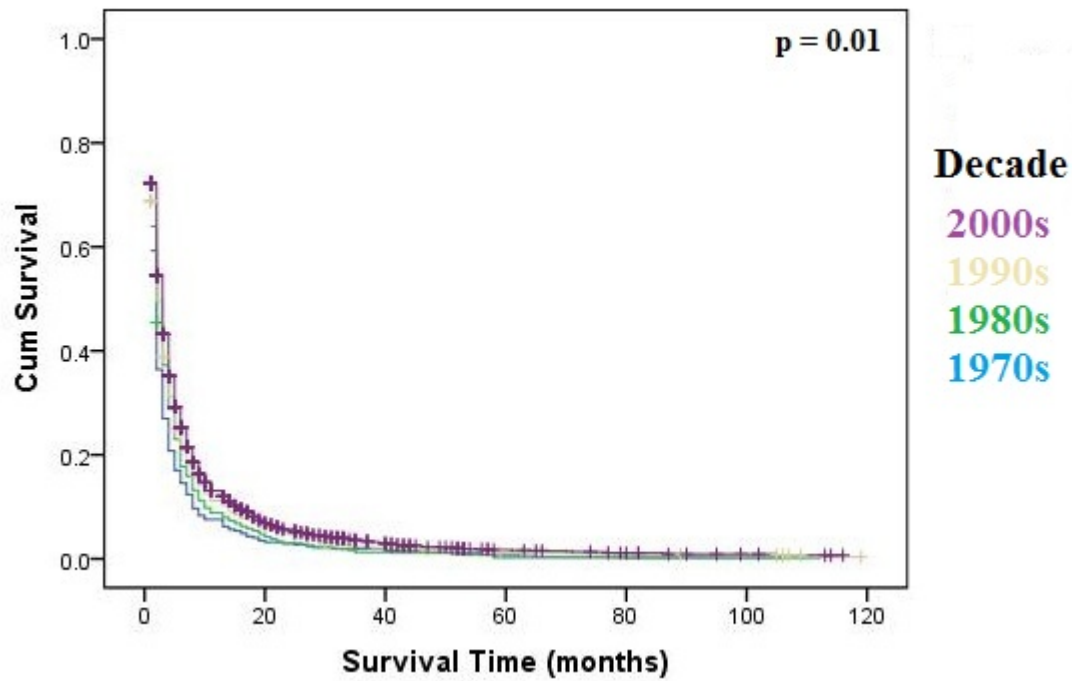
Supplementary Figure 4A: SEER 9 HCC Incidence-Based Mortality Trends 1973-2011 for Localized HCC



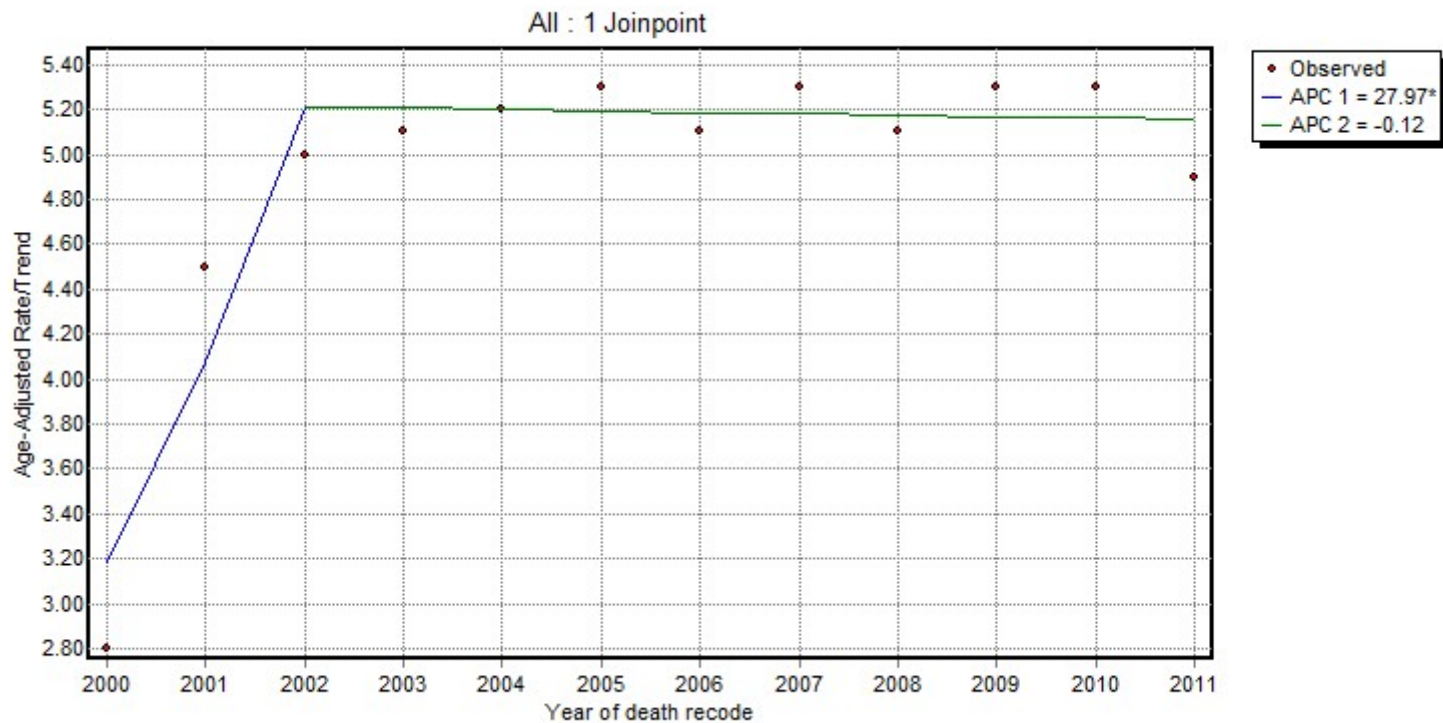
Supplementary Figure 4B: SEER 9 HCC Incidence-Based Mortality Trends 1973-2011 for Distant HCC



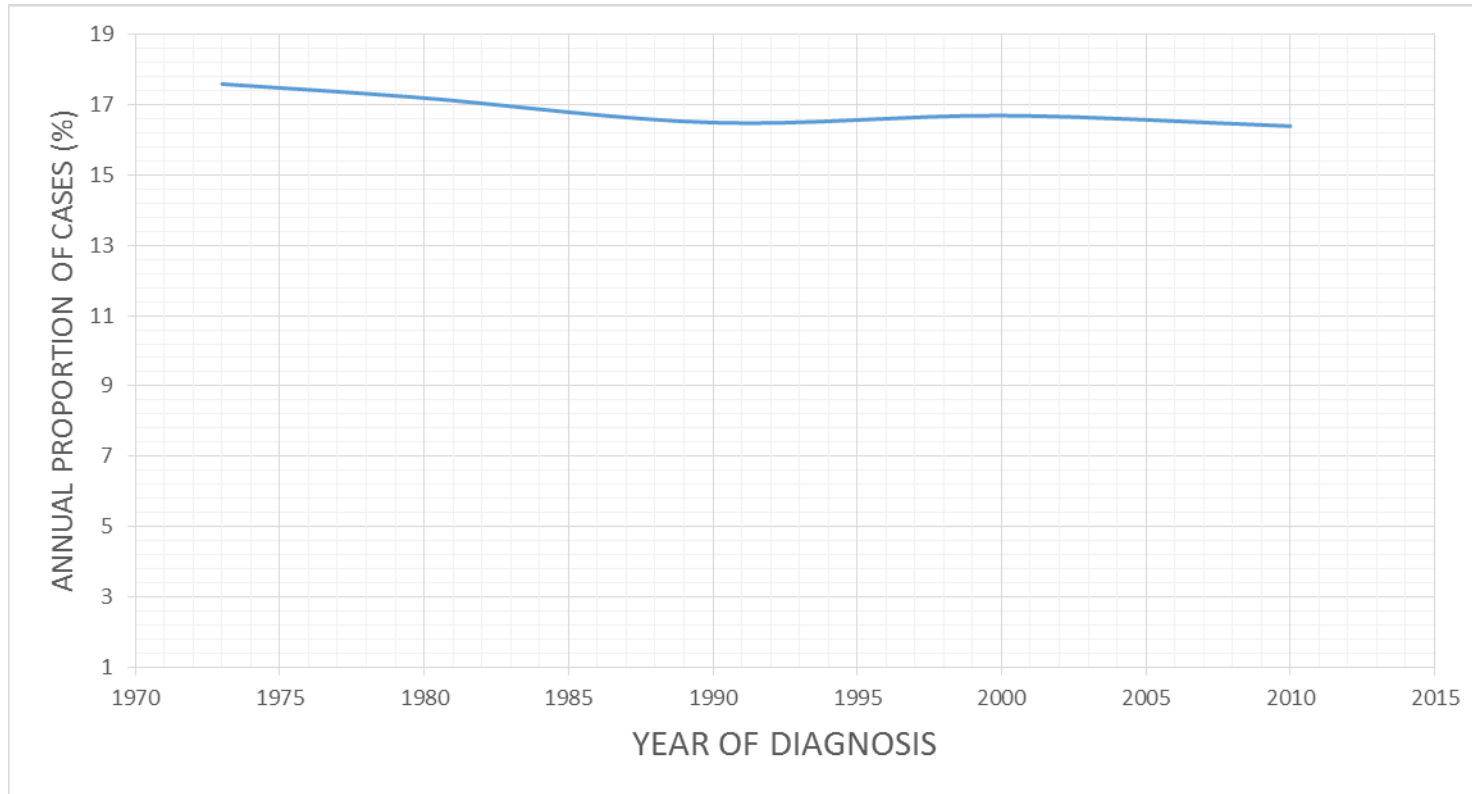
Supplementary Figure 5A: Kaplan-Meier Analysis: Regional HCC. Graph shows increasing survival from 1970s to 2000s with largest improvement in survival seen from the 1990s to 2000s. The p values reported for trend analysis refers to comparison among all 4 decade quartiles.



Supplementary Figure 5B: Kaplan-Meier Analysis: Metastatic HCC. Graph shows small but statistically significant increase in median survival (2 to 3 months, $p=0.01$) from 1970s to 2000s. The p values reported for trend analysis refers to comparison among all of the 4 decade quartiles.



Supplementary Figure 6: SEER 18 Incidence-Based Mortality Trends 2000-2011 for Pancreatic Cancer. For validation of our incidence-based mortality results in the last decade of our analysis we assessed the incidence-based mortality trends for another highly fatal cancer with increasing incidence rate (pancreatic cancer). There was no improvement in incidence-based mortality over the last ten years for pancreatic cancer.



Supplementary Figure 7: The proportion of cases diagnosed within less than 1 month of death did not change during the study period (P value of trend = 0.62)

ICD oncology codes

-No specified histology (code 8170)

-Fibrolamellar type (code 8171)

- Scirrhous (code 8172)

- Spindle cell variant (code 8173)

- Clear cell type (code 8174)

-Pleomorphic type (code 8175)

included in our study require either histology (codes 8172, 8173, 8174 and 8175; i.e. scirrhous, spindle cell variant, clear cell type, and pleomorphic type HCC respectively) or no specified histology (code 8170).