Liver Cancer Is a Growing Concern Among Medicare Recipients

NAFLD is the leading indicator of mortality among Medicare beneficiaries with hepatocellular carcinoma.

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An analysis of the prevalence and mortality of hepatocellular carcinoma (HCC) among Medicare beneficiaries found that the condition is becoming increasingly common. Moreover, the causes of this type of liver cancer are dependent on race.

“In this in-depth analysis of the Medicare database, our data confirms an increasing rate of HCC that was observed in the Medicare beneficiaries between 2005 and 2014,” study authors Danubia Hester, MD, of the Inova Fairfax Hospital in Falls Church, Virginia, and colleagues wrote. These findings were published in the Journal of Clinical Gastroenterology.

Worldwide, HCC accounts for 75% of liver cancer cases, and it is among the most common types of cancer. Studies have shown that HCC prevalence is rising globally. Furthermore, among the aging population in the United States, liver cancer may come to increase the economic burden on the Medicare system. So the research team conducted a study to examine mortality trends and health care utilization by people on Medicare with liver cancer.

They analyzed data by randomly sampling inpatient and outpatient Medicare beneficiaries from 2005 to 2014. The total study population consisted of 13,648 Medicare recipients with HCC with an average age of 70 years. Nearly two thirds were men, and 76% were white. Commonly seen coexisting conditions in this group included diabetes, cardiovascular disease, chronic obstructive pulmonary disease and kidney disease.

From 2005 to 2014, the number of people with HCC per 100,000 Medicare recipients rose from 46.3 to 62.8, with an average annual rise of 3.4%. Among this group, non-alcoholic fatty liver disease (NAFLD) was the most common cause of liver cancer, at 21%, followed by hepatitis C (19%), alcoholic liver disease (5%) and hepatitis B (4%).

While NAFLD was found to be the most common cause of HCC among Medicare beneficiaries, the rate of increase in hep C–related HCC was faster than that caused by NAFLD.

Between 2005 and 2014, the NAFLD rate increased from 9.32 to 13.61 per 100,000 Medicare

recipients with HCC. During the same period, the rate of hep C rose from 6.18 to 16.54, and the rate of alcoholic liver disease rose from 1.84 to 3.88 per 100,000 people. The rate for hep B was relatively stable during this period.

Further, the rise in liver cancer rates was mostly evident in the white and Black populations, while the rates among Asian Americans and Latinos evened out over the course of the study period. In 2014, HCC rates were highest in Asian Americans, who have a high prevalence of hep B (130.4 per 100,000), followed by Latinos (87.2 per 100,000), African Americans (70.4 per 100,000) and white Americans.

Different causes appeared to drive the development of HCC across different racial and ethnic groups. The most common cause of HCC in 2014 was hep C for Black Americans, hep B for Asian Americans and NAFLD for white and Latino Americans.

Over the study period, the one-year mortality rate fell from 46% to 42%.

In terms of hospital utilization among people with HCC, total charges increased from $67,679 to $99,420 for inpatients and from $11,933 to $32,084 for outpatients.

“NAFLD is the strongest independent predictor of mortality among Medicare recipients with HCC who are seen in the outpatient setting,” wrote the authors. “Moreover, resource utilization for HCC patients is increasing over time, primarily in the outpatient setting. Although all liver diseases contribute, [hepatitis C] is the main driver of resource utilization."

Click here to read the study abstract in the Journal of Clinical Gastroenterology.

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