



Original article

Clinical characteristics of hepatocellular carcinoma in Spain. Comparison with the 2008–2009 period and analysis of the causes of diagnosis out of screening programs. Analysis of 686 cases in 73 centers ^{☆, ☆☆}

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[◇] The names of the components of the Liver Cancer Study Group are listed in [Appendix A](#).

ABSTRACT

Background and objective: In 2010 we published that 53% of cases of hepatocellular carcinoma (HCC) detected in Spain were diagnosed outside the context of standard screening programs, which consequently leads to lower survival rates. The aim of this study was to analyze the current situation and the causes of diagnosis out of screening programs.

Keywords:

Hepatocellular carcinoma
Incidence
Screening
Treatment

Material and methods: Prospective registry of 73 second- and third-level Spanish healthcare centers carried out between 1st October 2014 and 31st January 2015. The baseline characteristics of the disease and the first treatment administered for the incidental primary liver tumors during such period were recorded.

Results: A total of 720 patients were included in the study: HCC (n = 686), intrahepatic cholangiocarcinoma (n = 29), hepatic cholangiocarcinoma (n = 2), other (n = 3). HCC characteristics: male 82%; mean age 67 years; cirrhosis 87%; main etiologies: alcohol 35%, HCV 30%, alcohol and HCV 15%, non-alcoholic fatty liver disease 6%; tumor stage: BCLC-0 11%, A 43%, B 19%, C 16% and D 11%; first treatment: transarterial chemoembolization (23%), percutaneous ablation (22%), symptomatic treatment (20%), resection (11%), sorafenib (11%). Three hundred and fifty-six patients (53%) were diagnosed outside of screening programs, mainly owing to the fact that they suffered from an undiagnosed liver disease (76%) and to the poor adherence to the screening program (18%). These patients were mainly male ($p < 0.001$), with an alcoholic etiology ($p < 0.001$) and active alcohol consumption ($p < 0.001$). Moreover, the disease was predominantly diagnosed at more advanced stages ($p < 0.001$) and was addressed with less radical treatments ($p < 0.001$).

Conclusions: In Spain, the main cause of diagnosis of a HCC outside the context of a screening program is the absence of a prior diagnosis of a liver disease, particularly in alcohol-consuming men. Detecting a liver disease in asymptomatic populations and improving adherence to screening programs are the main areas that must be subject to improvement in order to improve the early detection of HCC.

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Características clínicas del carcinoma hepatocelular en España. Comparación con el período 2008–2009 y análisis de las causas del diagnóstico fuera de cribado. Estudio de 686 casos en 73 centros

R E S U M E N

Palabras clave:

Carcinoma hepatocelular
Incidencia
Cribado
Tratamiento

Antecedentes y objetivo: En 2010 publicamos que en España el 53% de los carcinomas hepatocelulares (CHC) se diagnostican fuera de programas de cribado, lo que conlleva una menor supervivencia. El objetivo del presente estudio es evaluar la situación actual y las causas del diagnóstico fuera de cribado.

Material y métodos: Registro prospectivo entre el 1 de octubre de 2014 y el 31 de enero de 2015 en 73 centros asistenciales españoles de segundo/tercer nivel. Se registraron las características basales y el primer tratamiento de los tumores primarios hepáticos incidentales de ese período.

Resultados: Se incluyeron 720 pacientes: CHC (n = 686), colangiocarcinoma intrahepático (n = 29), hepatocolangiocarcinoma (n = 2), otros (n = 3). Los pacientes con CHC fueron varones en el 82% de los casos; media de 67 años; cirrosis en el 87%; etiología: alcohol 35%, VHC 30%, alcohol y VHC 15%, enfermedad hepática por depósito de grasa 6%; estadio tumoral: BCLC-0 11%, A 43%, B 19%, C 16% y D 11%; tratamiento inicial: quimioembolización transarterial (23%), ablación percutánea (22%), tratamiento sintomático (20%), resección (11%), sorafenib (11%). Se diagnosticaron fuera de cribado 356 pacientes (53%). Los motivos principales fueron la ausencia de diagnóstico previo de hepatopatía (76%) y la mala adherencia al cribado (18%). Estos pacientes eran predominantemente varones ($p < 0,001$), de etiología alcohólica ($p < 0,001$), con consumo activo de alcohol ($p < 0,001$) y se diagnosticaron en estadios más avanzados ($p < 0,001$), recibiendo menos tratamientos radicales ($p < 0,001$).

Conclusiones: En España, la principal causa del diagnóstico de CHC fuera del cribado es la ausencia de diagnóstico previo de enfermedad hepática, principalmente en varones con consumo de alcohol. La detección de hepatopatía en población asintomática y la mejora de la adherencia al cribado son los principales aspectos para mejorar la detección precoz.

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Introduction

Hepatocellular carcinoma (HCC) is the sixth most frequent neoplasm worldwide and the second in cancer-related deaths.¹ The most common cause is chronic infection with the hepatitis B virus (HBV),² although, in the western countries, hepatitis C virus (HCV) infection and chronic alcohol consumption predominate. HCC mainly develops in cirrhotic livers, being the main cause of death of this population, beyond hemorrhages or infections.³ More than 780,000 HCC cases are diagnosed each year and the estimated mortality is more than 745,000 cases annually (mortality:incidence ratio 0.95).¹ With an early diagnosis and treatment in the initial stages the survival of HCC can reach 70% to 5 years; however, in advanced stage and without specific treatment the median survival is less than one year.⁴ It is estimated that the incidence of the disease will continue to increase in the coming decades, mainly due to the impact of HCV infection⁵ and the increase in obesity.⁶

Because of the increased frequency of HCC and the fact that there is an acceptable and effective screening technique, the at-risk population, mainly patients with cirrhosis, should undergo screening programs using a semi-annual abdominal ultrasound.^{7,8} Despite the results of various studies, which show the impact of HCC surveillance programs on survival,^{9,10} this tool is not fully established, mainly due to limitations in its applicability depending on the geographic area, and, therefore, a high number of patients are still diagnosed at an advanced and symptomatic stage.

In Spain, cancer is not a notifiable disease, the records available are scarce and cover a limited population spectrum.¹¹ In addition, more than 50% of HCC cases are diagnosed solely by radiological criteria and often these cases escape official cancer registries, which only account for cytological findings.¹² The advantage of HCC over other types of tumors is that it is mainly concentrated in centers of excellence and is managed through multidisciplinary committees, therefore, it is easier to access most cases of HCC by going

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