HEPATOCELLULAR CARCINOMA BY THE NUMBERS

HEPATOCELLULAR CARCINOMA (HCC) IS THE MOST COMMON TYPE OF PRIMARY LIVER CANCER, ACCOUNTING FOR 90 PERCENT OF ALL LIVER CANCERS.

APPROXIMATELY

700,000

PEOPLE AROUND THE WORLD ARE DIAGNOSED WITH HCC EACH YEAR

NEARLY 1 IN 12 CANCER DEATHS ARE DUE TO HCC

LIVER CANCER IS THE SECOND LEADING CAUSE OF CANCER MORTALITY WORLDWIDE AND OCCURS MORE OFTEN IN MEN THAN WOMEN.

554,000

228,000

MEDIAN AGE

63 AT DIAGNOSIS

67 AT DEATH

LIVER CANCER “HOT SPOTS”

NORTH AMERICA 32,718

CENTRAL AMERICA 9,802

SOUTH AMERICA 18,016

AFRICA 58,680

EUROPE 63,462

ASIA 594,431

AUSTRALIA & NEW ZEALAND 1,954

Source: Globocan 2012

SURVIVAL RATES

HCC IN ADULTS IS OFTEN DIAGNOSED IN LATER STAGES, WHICH RESULTS IN RELATIVELY LOW 5-YEAR SURVIVAL RATES.

ONLY 10% ARE DIAGNOSED IN THE EARLY STAGES WHEN SURGERY CAN HELP.

LIVER CANCER 5-YEAR RELATIVE SURVIVAL RATES BY STAGE AT DIAGNOSIS

LOCALIZED 31%

REGIONAL 11%

UNSTAGED 6%

DISTANT 3%

COMMON HCC RISK FACTORS

BETWEEN 80 AND 90 PERCENT OF ALL HCC CASES WORLDWIDE ARE CAUSED BY INFECTION WITH THE HEPATITIS B VIRUS (HBV) OR HEPATITIS C VIRUS (HCV)

SIGNS & SYMPTOMS

UNINTENDED WEIGHT LOSS

LOSS OF APPETITE

NAUSEA OR VOMITING

ENLARGED LIVER AND/OR SPLEEN

ABDOMINAL PAIN AND/OR SWELLING

ITCHING

YELLOWING OF THE SKIN AND EYES

TREATMENT OPTIONS

A PATIENT’S TREATMENT OPTIONS ARE LARGELY DEPENDENT ON STAGE OF DISEASE & MAY INCLUDE:

SURGERY

TUMOR ABLATION OR EMBOLIZATION

RADIATION THERAPY

CHEMOTHERAPY

IMMUNOTHERAPY

TARGETED DRUG THERAPY

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