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## Rising Incidence of Hepatocellular Carcinoma in the United States

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Between 1976 and 1980, the incidence of histologically proved hepatocellular carcinoma rose from 1.4 per 100,000 persons to 2.4 per 100,000 persons during 1991 and 1995. The rate among African American men was 6.1 per 100,000 for the 1991 to 1995 period and 2.8 per 100,000 among white men. During the time frame studied, the mortality rate from primary liver cancer increased by 41%, while the number of hospitalizations pertaining to the condition

increased 46%. Two likely factors behind the increase are hepatitis B virus (HBV) and hepatitis C virus (HCV) infection, since a third risk factor—alcoholic cirrhosis—is on the decline. Because there is a long latency period for persons infected with HBV or HCV, individuals who were infected during the 1960s and 1970s—a time when injection drug use, needle sharing, transfusion of unscreened blood, and unsafe sex were prevalent—could develop hepatocellular carcinoma during the 1980s and 1990s.

Globally, the rate of hepatocellular carcinomas is comparable to the

geographic prevalence of chronic carriers of HBV. In Southeast Asia and sub-Saharan Africa, nearly 10% to 25% of the population is infected, and the risk of hepatocellular carcinoma increases by a factor of 100 when there is persistent HBV infection. Chronic HCV also is a risk factor for hepatocellular carcinoma.

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