**POSTER #3**

**DISPARITIES IN RECEIVING LIVER TRANSPLANT AMONG PATIENTS WITH HEPATOCELLULAR CARCINOMA**

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**BACKGROUND:**Treatment options for hepatocellular carcinoma (HCC) include liver transplantation (LT) and non-transplant treatments such as liver resection, ablation, and chemotherapy. Patients receiving LT have the highest 5-year survival rate across all races. Recent studies have shown that among patients eligible for transplant, a disproportionate number of Asian patients do not receive LT as compared to their Caucasian counterparts, even after controlling for clinical factors and other variables such as socioeconomic status. The present study sought to use a standardized classification system, the Barcelona Criteria, to determine whether racial disparities existed between recommended and actual treatment received.

**METHODS:** Through retrospective review of patients diagnosed with HCC at Columbia University Medical Center between 1/1/1997 to 8/31/2008, 210 patients were identified. The recommended treatment for each patient was determined by applying the Barcelona Criteria to clinical data from patients’ charts. Univariate chi-squared analysis was applied to compare differences in recommended versus actual treatment received across various demographic groups such as race, age, gender, and income level. Multivariate ANOVA regressions were also performed to identify predictors of liver transplantation and the presence of possible confounding variables.

**RESULTS:** Of the 210 patients with HCC, 14.8% received resections, 70% LTs, and 15.2% chemoembolization/radiofrequency ablations. There were no statistically significant differences between patients who received recommended treatments versus those who did not based on race, gender, age, income level, insurance status, or HBV/HCV status. Asian patients recommended LT were statistically less likely to receive LT compared to non-Asians with similar clinical indications under the Barcelona criteria (p < 0.001). This difference between Asians and non-Asians disappeared when looking at differences between recommended and actual treatments as a whole.

**CONCLUSIONS:** Asian patients who were recommended LT based on the Barcelona criteria were less likely to receive LT compared to non-Asians with similar clinical indications and recommendations.

**CONTENT CATEGORY:** epidemiology

**KEYWORDS:** *hepatocellular carcinoma, liver transplantation, Barcelona Criteria, racial disparity*