**INTRODUCTION**

Hepatocellular carcinoma (HCC) is the most common primary liver malignancy (80-90% of cases) in the United States [1,2]. Estimated new cases and deaths for 2018 were 42,220 and 30,200, respectively [2]. While available treatments are often effective for early-stage disease, less than 18% of patients are alive at five years making HCC the second most common cancer-related death worldwide [2,3].

Recent advances in HCC diagnostics and therapeutics necessitate a well-coordinated, multidisciplinary approach to managing patients with HCC. Optimal HCC management is achieved through in-depth knowledge of liver diseases, comorbidities, and available treatments in collaboration with an expert team [4,5]. With incidence set to rise dramatically in the coming years, scant information is available regarding managing care for patients with HCC in cancer community programs across the U.S. [6].

**METHODS**

The Association of Community Cancer Centers (ACCC) developed a survey to identify factors associated with the delivery and coordination of care for patients with HCC. In addition to learning how community cancer program providers across the US are managing patients with HCC, objectives included to gain a better understanding of effective tools, resources, challenges, and educational needs for multidisciplinary team members.

An online questionnaire was sent to ACCC members in July 2018. In addition, project partners and advisors were invited to lend colleagues at their institutions and referring cancer centers their participation in the survey was welcome.

**RESULTS**

61% of respondents indicated their programs do NOT have a specialized hepatobiliary multidisciplinary team

2/3 of those programs with a specialized multidisciplinary team (MDT) consumer tumor boards for other programs

85% of programs without a specialized MDT consult with a tumor board

A medical oncologist is the first specialist seen by patients with HCC at 6 in 10 programs

Only 25% of MDTs caring for patients with HCC include a financial advocate, and just 24% report having a dedicated nurse navigator

**CONCLUSIONS**

Unique challenges and opportunities exist within community oncology settings when providing care for patients with HCC. Areas for continued focus include:

- Increase awareness of and screening recommendations for HCC, standardized treatment pathways, access to clinical trials, patient-centered care, and creation and integration of a multidisciplinary team (virtual or otherwise).

**REFERENCES**


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