COVID-19 and Hepatocellular Carcinoma
Important Information for Patients and Their Families

The American Association for the Study of Liver Diseases (AASLD) is committed to helping you understand coronavirus disease 2019 (COVID-19) infection and prevention in people with hepatocellular carcinoma (HCC), the most common type of liver cancer.

What We Know

Our understanding of COVID-19 in people with HCC is evolving. When making decisions related to COVID-19 infections or prevention, having up-to-date information is critical.

• Symptoms of COVID-19 infection include any of the following: fever, chills, drowsiness, cough, congestion or runny nose, difficulty breathing, fatigue, body aches, headache, sore throat, abdominal pain, nausea, vomiting, diarrhea, and loss of sense of taste or smell.

• HCC is the fifth most common tumor in the world and the second leading cause of cancer-related death. In contrast to most other cancers (breast, colon, prostate, and lung), incidence and mortality rates continue to rise. Hepatitis B virus (HBV) is the most common cause globally, along with hepatitis C virus (HCV) and alcohol. In the United States, HCV and, increasingly, fatty liver/nonalcoholic steatohepatitis (NASH) are the leading causes of HCC.

• Most people with HCC also have underlying cirrhosis. People with cirrhosis and cancer (of all types, including bile duct cancer) are at a higher risk of severe COVID-19 illness and/or developing more problems from their existing liver disease, with prolonged hospitalization and increased mortality. These patients need to take careful precautions to avoid COVID-19 infection. COVID-19 may affect the processes and procedures for screening, diagnosis, and treatment of HCC.
- People with HCC who are older than 65 years of age or have other medical conditions, such as chronic lung disease, obesity, diabetes mellitus, heart disease, and kidney disease, are at higher risk for severe illness from COVID-19.

- The safety of returning to work or other in-person activities depends on the severity of your liver disease, whether you have other medical problems, current COVID-19 transmission in your community, and whether measures to prevent transmission are being practiced (physical distancing, wearing face coverings, handwashing or using a hand sanitizer, isolating COVID-19 cases). Note: All hand sanitizers are NOT safe and effective. Please follow the Food and Drug Administration's guidance at https://www.fda.gov/consumers/consumer-updates/safely-using-hand-sanitizer.

- The COVID-19 pandemic has increased stress and anxiety for many people—around health, family, economic security, and other issues. Reaching out for mental health support and maintaining healthy habits, such as exercising regularly, getting fresh air, eating wholesome foods, and getting regular sleep, remain very important during the pandemic.

**What We Recommend**

- **Patients with HCC require multidisciplinary evaluation to ensure the best management and care.**  
  A multidisciplinary care team usually consists of liver doctors, transplant and cancer surgeons, specialized radiologists, cancer specialists, and others who meet regularly to review patients and their current status. COVID-19 has not changed this practice, as care teams are meeting virtually.

- If you are newly diagnosed with a liver tumor, do not delay evaluation. Many curative and life-prolonging therapies are possible for HCC. Liver transplantation offers the best chance for long-term survival, and this option should be considered for HCC when appropriate.

- COVID-19 should not prevent you from receiving cancer therapy. Treatment options may vary depending on their availability within the center and your stage of cancer. All of these options will be evaluated carefully by the multidisciplinary care team and discussed in detail with you before a final decision is made.

- Your center will likely require you to have a COVID-19 test before HCC treatment procedures. If you test positive, your procedure will be rescheduled to allow you to recover and to limit exposure to other patients. Delaying a procedure by 2 to 4 weeks is highly unlikely to affect your outcome.
• In some centers, a COVID-19 test may be required before routine screening for development of HCC or surveillance imaging after treatment of HCC. If delays in screening and surveillance occur, either due to COVID-19 infection or center capacity rules to ensure safety, your imaging will be prioritized according to your risks of developing HCC or HCC recurrence.

• Contact your medical provider and/or seek medical attention immediately if you think you or someone in your household may have COVID-19. Inform your medical provider that you have HCC, as this may impact recommendations for your care.

• If you are experiencing **difficulty breathing, chest pain or pressure, confusion, inability to wake up or stay awake, bluish lips, face, or toes, loss of sense of taste or smell or any severe or concerning symptoms**, seek medical attention immediately.

• Do not stop or change your prescribed medications unless recommended by your health care provider. Stopping or changing medications could cause a flare of your liver disease or other health problems. Make sure your prescriptions are up-to-date and you have several months of medications on hand.

• Keep yourself safe, and help prevent COVID-19 transmission in your community:
  - Practice physical distancing (at least 6 feet) and avoid crowds—especially indoors.
  - Wear a cloth face covering over your nose, mouth, and chin when outside your home.
  - Frequent handwashing is also very important; however, wearing a face covering and practicing physical distancing appear to be the most effective methods for preventing COVID-19 transmission.

• Regular follow-up by your liver team must be continued. If possible, blood tests and imaging should be obtained locally, as directed by your liver health care provider. In order to reduce the risk of exposure to seriously ill patients in medical facilities, follow-up visits can be done by telemedicine or phone unless urgent problems arise.

• Upper endoscopy, unless emergent, may be temporarily postponed, and liver imaging may be safely delayed for a couple of months at the recommendation of your provider to further decrease your risk of COVID-19 exposure.

• Alcohol should be strictly avoided, as it can exacerbate any underlying liver disease, regardless of the cause.

• Review your medical/legal documents, including medical power of attorney, to be certain they are up-to-date and reflect your current wishes.
What You Should Discuss With Your Health Care Provider or Team

- Recommendations for your routine health care, including blood tests, x-rays, cancer screenings, endoscopies, and medically necessary treatments, as well as medical visits (telehealth, remote, or special procedures for in-person visits). Minimize routine blood tests and, if possible, schedule blood tests as close to home as possible or at home.

- Changes to your medications (do not change medication dosages or stop medications unless recommended by your health care team).

- Your prognosis and plans for future treatment.

- Safely returning to work, essential travel, and participating in other activities.

- Staying up-to-date on vaccines, including the flu vaccine this fall/winter, to protect you from other infections.

- The risks and benefits of any delay in screening, surveillance, or HCC therapy due to COVID-19 infection, exposure, or center capacity limitations.

- Any new “medicine,” “natural” or not, that you are considering taking (before taking the first dose).
Where to Find More Information

Much is still unknown about the relationship between COVID-19 and HCC, and new information is accumulating rapidly. Keep checking back to this website as well as the Centers for Disease Control and Prevention (CDC) and AASLD sites for further updates.

• COVID-19 and the liver from AASLD:
  https://www.aasld.org/about-aasld/covid-19-and-liver

• Liver disease and COVID-19 from the CDC:

• Protecting yourself and others from COVID-19:

• Mental health and coping during COVID-19: