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View Abstract

CONTROL ID: 4033601**CURRENT CATEGORY:** Hepatobiliary Neoplasia**CURRENT SUBCATEGORY/DESCRIPTORS:** N06 Disparities**PRESENTATION TYPE:** AASLD Oral or Poster**PRESENTER:** Nguyen V Pham**PRESENTER (EMAIL ONLY):** NVPham@mednet.ucla.edu**Abstract****TITLE:** RURALITY OF RESIDENCE AND DISPARITY IN INCIDENT HEPATOCELLULAR CARCINOMA AMONG VIETNAM WAR VETERANS**AUTHORS (LAST NAME, FIRST NAME):** [Pham, Nguyen V.](#)¹; Leng, Mei⁵; Han, Steven-Huy^{2, 3}; May, Folasade P.^{2, 3, 4}; Benhammou, Jihane N.^{1, 3, 4}**INSTITUTIONS (ALL):** 1. University of California Los Angeles Department of Medicine, Los Angeles, CA, United States.

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ABSTRACT BODY:

Abstract Body: Introduction: Hepatocellular carcinoma (HCC) is increasing in prevalence among Veterans. We have shown that Vietnam Veterans who self-identified as Hispanic and non-Hispanic Black were more likely to develop HCC, compared to non-Hispanic White Veterans. Identifying clinical and social determinants of health (SDOH) associated with HCC disparities has the potential to improve detection and treatment of HCC in vulnerable Veterans.

Objective: We aimed to investigate the relationship between rurality of residence and incident HCC by race and ethnicity.

Design, Setting and Participants: We conducted a retrospective cohort study of Vietnam Veterans (1966-1975) who were ≥ 18 years old and had established care within Veterans Health Administration (VHA) between 2000-2019. Race and ethnicity were self-reported in the VHA. We extracted relevant clinical and socioeconomic data. Cirrhosis was defined by consecutive FIB-4 scores >3.25 and ICD codes. Association between incident HCC and rurality of residence was analyzed using multivariable Cox regression in Veterans with cirrhosis with death and liver transplantation as competing events. Rural areas were defined based on geospatial codes based on the Census Bureau definitions and Rural Urban Commuting Area (RUCA) Classification.

Result: Of the 296,505 eligible Veterans, 15,543 were Hispanic (5.4%), 43,849 were non-Hispanic Black (15.2%) and 210,758 were non-Hispanic White (73.0%). Among Veterans with cirrhosis, 2,325 (6.6%) were Hispanic, 7,031 (19.9%) were non-Hispanic Black, and 23,807 (67.3%) were non-Hispanic White. Hispanic ($n=3,299$, 21.3%) and non-Hispanic Black Veterans ($n=9,197$, 21.0%) were less likely to live in rural areas compared to non-Hispanic White ($n=94,638$, 45.1%). Among Veterans with HCC, non-Hispanic White individuals were more likely to live in rural areas ($n=657$, 40.6%), compared to non-Hispanic Black ($n=100$, 17.1%) and Hispanic ($n=49$, 19.8%) individuals. After adjusting for rurality of residence, age, clinical characteristics and etiologies of cirrhosis, Hispanic and non-Hispanic Black Veterans had higher risk of HCC (adj.HR=1.48, CI 95% 1.27-1.73, and adj.HR=1.18, CI 95% 1.05-1.32, respectively).

Conclusion: In this large cohort of Vietnam Veterans, Hispanic or non-Hispanic Black Veterans with cirrhosis

