

## UEG and DGVS joint statement on HCC prevention and screening

The following statement was prepared by United European Gastroenterology (UEG) and the Deutsche Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS), with endorsement from the European Association for the Study of the Liver (EASL), on the occasion of UEG Week 2025 in Berlin.

### **A unified, evidence-based strategy is essential to curb the rising toll of liver cancer in Europe**

Liver cancer, alongside pancreatic cancer, has one of the fastest-growing incidence rates among gastrointestinal malignancies worldwide.<sup>1-4</sup> Hepatocellular carcinoma (HCC), the most common form of primary liver cancer, is driving much of this increase, with mortality rates projected to rise across Europe.<sup>5</sup> Addressing this urgent public health challenge requires a twofold approach: prevention and early detection.<sup>6</sup>

### **Preventing HCC with nutrition and lifestyle**

Preventing liver cancer requires addressing the root causes of chronic liver disease (CLD). Metabolic-associated steatotic liver disease (MASLD) is one of the leading causes of CLD and triggers of liver cancer in the Western world, driven by the rising prevalence of obesity, type 2 diabetes, and sedentary lifestyles.<sup>7</sup> Alcohol consumption remains another major, yet modifiable, risk factor that underscores the need for stronger public health interventions.<sup>8</sup> Viral hepatitis, particularly hepatitis B and C, also continues to contribute significantly to liver cancer, despite the availability of effective vaccines and antiviral treatments.<sup>9</sup> Expanding access to testing, timely diagnosis, and appropriate therapy is therefore essential to reduce the burden of disease. The DGVS guidelines provide evidence-based recommendations that serve as an important foundation for implementation in clinical practice.<sup>10-15</sup>

As reinforced at the 2025 DGVS Annual Press Conference, prevention of MASLD begins with food. A Mediterranean-style diet – rich in fibre, vegetables, and healthy fats, and low in red and processed meats – has been shown to reduce the risk of MASLD and subsequent liver damage.<sup>16</sup> In contrast, ultra-processed foods, which are widely consumed across Europe, are increasingly linked to a higher risk of cancer, including liver cancer.<sup>17</sup>

Both UEG and DGVS emphasise the need for structural, rather than purely voluntary, approaches to prevention. These include improved food labelling, early-life education, and restrictions on marketing unhealthy foods to children. Such measures must be supported by greater investment in nutrition education and public health policies, along with expanded training in nutrition medicine for physicians and reimbursement for nutrition-focused care in hospital settings.

### **Early detection with risk-stratified surveillance**

Early-stage HCC is often asymptomatic but can be curable if detected in time. However, most cases are diagnosed too late due to underdiagnosis of chronic liver diseases such as MASLD, unequal access to imaging, and gaps in reimbursement. In Germany, for example, structural support for high-risk populations is lacking, MASLD is not routinely integrated into screening workflows, and reimbursement frameworks rarely account for the cost-effectiveness of early detection.

UEG and DGVS support recent evidence from the European Association for the Study of the Liver (EASL),<sup>18</sup> which strongly supports risk-stratified HCC surveillance. Key recommendations include:

- **Targeted surveillance:** Should be offered to individuals with an annual HCC risk exceeding 1.5%, where it is both clinically beneficial and cost-effective.
- **Risk scoring tools:** Algorithms such as the aMAP score – which incorporates age, sex, platelet count, albumin, and bilirubin – can stratify patients by HCC risk, including those without established cirrhosis.
- **Enhanced surveillance for very high-risk groups:** In individuals with particularly high risk, MRI-based surveillance may be warranted despite higher costs, given its superior sensitivity and specificity, particularly in detecting early-stage disease.
- **De-escalation in low-risk individuals:** Surveillance may be safely withheld in patients with an annual HCC risk below 0.5%, avoiding unnecessary interventions and resource use.

Current knowledge suggests that such a targeted approach leads to higher early-detection rates, longer post-diagnosis survival, and better cost-efficiency compared to uniform surveillance in all cirrhotic patients.<sup>18</sup> Cost-effectiveness modelling and economic analyses across Europe show that targeted HCC surveillance offers substantial value when focused on high-risk groups. In France, national models link structured surveillance to higher curative treatment rates and fewer costly late-stage cases.<sup>19</sup> UK health technology assessments find it an efficient NHS use, especially with optimised uptake.<sup>20</sup> Italian models show earlier diagnosis in well-defined high-risk groups can offset downstream costs.<sup>21</sup> While Germany lacks national studies, multi-country models incorporating its cost structures suggest similar benefits.<sup>22</sup> Collectively, the evidence supports structured, risk-stratified HCC surveillance as both a clinical and economic priority.

For surveillance efforts to succeed, adherence to protocols must improve. As shown in the DGVS analyses of hepatitis B and C screening uptake in Germany and reinforced by the EASL–Lancet Commission’s findings on HCC surveillance, uptake remains low and varies significantly across regions.<sup>23–25</sup> Closing this gap requires structural solutions, including better integration into primary care, targeted provider education, and increased public awareness. Priorities include embedding liver disease surveillance into routine workflows, incentivising adherence through system design, and launching campaigns to engage both patients and healthcare professionals.

### **A call to action to change the course of HCC<sup>26</sup>**

To drive meaningful change in HCC prevention and early detection, UEG and DGVS call on EU and national policymakers to:

- Recognise liver cancer as a potentially preventable and increasingly prevalent public health priority.
- Implement and fund structured HCC surveillance programmes guided by risk thresholds.
- Support public health initiatives aimed at reducing obesity, alcohol misuse, and hepatitis transmission.
- Expand physician training in nutrition and hepatology.
- Ensure equitable access to screening tools, including MRI, in high-risk cohorts.
- Tax obesogenic foods and reduce the tax burden on healthy foods (sugar/fat tax).<sup>27</sup>
- Promote EU-wide nutrition labelling, such as Front-of-Pack Labelling systems like Nutri-Score.

Preventing and detecting liver cancer early is both possible and urgent. The tools exist, the evidence is clear, and the consequences of inaction continue to mount. UEG and DGVS are committed to championing an evidence-based, equity-driven approach to HCC prevention and screening, and call governments, clinicians, patient groups, and the public to join these efforts.

## References:

- Koh, B., Tan, D. J. H., Ng, C. H., et al. (2023). Patterns in cancer incidence among people younger than 50 years in the US, 2010 to 2019. *JAMA Network Open*, 6(8), e2328171. <https://doi.org/10.1001/jamanetworkopen.2023.28171>
- United European Gastroenterology. (2023). *Burden, economic impact and research gaps: Key findings from the pan-European study on digestive diseases and cancers* [Digital publication]. UEG Publication. <https://www.nxtbook.com/ueg/UEG/burden-economic-impact-and-research-gaps/index.php>
- Deutsche Gesellschaft für Verdauungs- und Stoffwechselkrankheiten (DGVS). (2024). *Gastroenterology: Challenges and opportunities for the future*. [https://www.dgvs.de/wp-content/uploads/2024/06/Leaflet-Weissbuch-2024\\_final.pdf](https://www.dgvs.de/wp-content/uploads/2024/06/Leaflet-Weissbuch-2024_final.pdf)
- Lammert, F., Lynen, P., Lerch, M., & Wedemeyer, H. (2024). *White paper on gastroenterology 2023/2024: Diseases of the gastrointestinal tract, liver, and pancreas – Challenges and opportunities for the future*. Berlin, Boston: De Gruyter. <https://library.oapen.org/handle/20.500.12657/76965>
- European Commission. (2024). *Liver cancer inequalities in Europe and the role of viral hepatitis*. Luxembourg: Publications Office of the European Union. <https://cancer-inequalities.jrc.ec.europa.eu/sites/default/files/ECIR-inequalities-factsheet-liver-cancer-viral-hepatitis-May2024.pdf>
- Chan, S. L., et al. (2025). The Lancet Commission on addressing the global hepatocellular carcinoma burden: Comprehensive strategies from prevention to treatment. *The Lancet*, 406(10504), 731–778. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01042-6/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01042-6/abstract)
- Rinella, M. E., Neuschwander-Tetri, B. A., Siddiqui, M. S., Abdelmalek, M. F., Caldwell, S., Barb, D., Kleiner, D. E., & Loomba, R. (2023). AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology (Baltimore, Md.)*, 77(5), 1797–1835. <https://doi.org/10.1097/HEP.0000000000000323>
- World Health Organization. (2024). *Preventing cancer*. Geneva: WHO. <https://www.who.int/activities/preventing-cancer>
- World Health Organization. (2024). *WHO sounds the alarm on viral hepatitis infections; Chronic HBV and HCV still claim over 1.3 million lives annually*. <https://www.who.int/news/item/09-04-2024-who-sounds-alarm-on-viral-hepatitis-infections-claiming-3500-lives-each-day>
- Cornberg, M., et al. (2021). S3-Leitlinie der Deutschen Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS) zur Prophylaxe, Diagnostik und Therapie der Hepatitis-B-Virusinfektion. *Zeitschrift für Gastroenterologie*, 59(7), 691–776. [https://register.awmf.org/assets/guidelines/021-0111\\_S3\\_Prophylaxe-Diagnostik-Therapie-der-Hepatitis-B-Virusinfektion\\_2021-07.pdf?utm](https://register.awmf.org/assets/guidelines/021-0111_S3_Prophylaxe-Diagnostik-Therapie-der-Hepatitis-B-Virusinfektion_2021-07.pdf?utm)
- Sandmann, L., et al. (2023). Addendum „Antivirale Therapie der chronischen Hepatitis-D-Virusinfektion“ zur S3-Leitlinie „Prophylaxe, Diagnostik und Therapie der Hepatitis-B-Virusinfektion“ der Deutschen Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS). *Zeitschrift für Gastroenterologie*, 61(12), 1635–1653. [https://register.awmf.org/assets/guidelines/021\\_D\\_Ges\\_fuer\\_Verdauungs-und\\_Stoffwechselkrankheiten/021-0111e\\_S3\\_Addendum-Prophylaxe-Diagnostik-Therapie-der-Hepatitis-B-Virusinfektion\\_2024-02.pdf?utm](https://register.awmf.org/assets/guidelines/021_D_Ges_fuer_Verdauungs-und_Stoffwechselkrankheiten/021-0111e_S3_Addendum-Prophylaxe-Diagnostik-Therapie-der-Hepatitis-B-Virusinfektion_2024-02.pdf?utm)
- Roeb, E., et al. (2022). Aktualisierte S2k-Leitlinie Nicht-alkoholische Fettlebererkrankung der Deutschen Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS). *Zeitschrift für Gastroenterologie*, 60(12), 1346–1442. [https://register.awmf.org/assets/guidelines/021-0251\\_S2k\\_-NAFLD-Nicht-alkoholische-Fettlebererkrankungen\\_2022-10\\_01.pdf?utm](https://register.awmf.org/assets/guidelines/021-0251_S2k_-NAFLD-Nicht-alkoholische-Fettlebererkrankungen_2022-10_01.pdf?utm)
- Roeb, E., et al. (2024). Amendment „Neue Nomenklatur zur MASLD (Metabolic Dysfunction Associated Steatotic Liver Disease; metabolische Dysfunktion assoziierte steatotische Lebererkrankung)“ zur S2k-Leitlinie „Nicht-alkoholische Fettlebererkrankung“ (v.2.0/April 2022) der Deutschen Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS). *Zeitschrift für Gastroenterologie*, 62(11), 1077–1087. [https://register.awmf.org/assets/guidelines/021\\_D\\_Ges\\_fuer\\_Verdauungs-und\\_Stoffwechselkrankheiten/021-025am\\_S2k\\_-NAFLD-Nicht-alkoholische-Fettlebererkrankungen\\_2024-07.pdf?utm](https://register.awmf.org/assets/guidelines/021_D_Ges_fuer_Verdauungs-und_Stoffwechselkrankheiten/021-025am_S2k_-NAFLD-Nicht-alkoholische-Fettlebererkrankungen_2024-07.pdf?utm)
- Bitzer, M., et al. (2024). S3-Leitlinie Diagnostik und Therapie des Hepatozellulären Karzinoms – Langversion. *Zeitschrift für Gastroenterologie*, 63(Suppl. 1), e159–e260. <https://doi.org/10.1055/a-2460-6298>
- Gerbes, A. L., et al. (2019). Aktualisierte S2k-Leitlinie der Deutschen Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS): „Komplikationen der Leberzirrhose“. *Zeitschrift für Gastroenterologie*, 57(6), 611–680. [https://register.awmf.org/assets/guidelines/021-0171\\_S2k\\_Komplikationen-der-Leberzirrhose\\_2023-09-abgelaufen.pdf?utm](https://register.awmf.org/assets/guidelines/021-0171_S2k_Komplikationen-der-Leberzirrhose_2023-09-abgelaufen.pdf?utm)
- Monseñat-Mesquida, M., Martínez-González, M. A., Babio, N., et al. (2024). Two-year Mediterranean diet intervention improves hepatic health in individuals with MASLD: A randomized clinical trial. *Foods*, 14(10), 1736. <https://doi.org/10.3390/foods14101736>
- Fiolet, T., Srour, B., Sellem, L., et al. (2018). Consumption of ultra-processed foods and cancer risk: Results from the NutriNet-Santé prospective cohort study. *BMJ*, 360, k322. <https://doi.org/10.1136/bmj.k322>
- European Association for the Study of the Liver (EASL). (2023). *Risk-based surveillance for hepatocellular carcinoma among patients with cirrhosis: EASL policy statement*. <https://easl.eu/publication/easl-policy-statement-risk-based/>
- Cadier, B., Bulei, J., Nahon, P., et al. (2017). Early detection and curative treatment of hepatocellular carcinoma: A cost-effectiveness analysis in France and in the United States. *Hepatology (Baltimore, Md.)*, 65(4), 1237–1248. <https://doi.org/10.1002/hep.28961>
- Garay, O. U., Ambühl, L. E., Bird, T. G., et al. (2024). Cost-Effectiveness of Hepatocellular Carcinoma Surveillance Strategies in Patients with Compensated Liver Cirrhosis in the United Kingdom. *Value in health: The Journal of the International Society for Pharmacoeconomics and Outcomes Research*, 27(12), 1698–1709. <https://doi.org/10.1016/j.jval.2024.07.015>
- Cucchetti, A., Trevisani, F., Cescon, M., et al. (2012). Cost-effectiveness of semi-annual surveillance for hepatocellular carcinoma in cirrhotic patients of the Italian Liver Cancer population. *Journal of hepatology*, 56(5), 1089–1096. <https://doi.org/10.1016/j.jhep.2011.11.022>
- Gillessen, J., Reuken, P., Hunyady, P.-M., et al. (2023). Evaluation of ultrasound-based surveillance for hepatocellular carcinoma in patients at risk: Results from a German multicenter retrospective cohort study. *Journal of Clinical and Translational Hepatology*, 11(3), 626–637. <https://doi.org/10.14218/JCTH.2022.00201>

23. Deutsche Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS). (2025, July 28). *DGVS sieht im Screening auf Hepatitis B und C ein „Erfolgsmodell“*. Biermann Medizin. <https://biermann-medicin.de/dgvs-sieht-im-screening-auf-hepatitis-b-und-c-ein-erfolgsmodell/>
24. Hüppe, D., Serfert, Y., Cornberg, M., & Wedemeyer, H. (2025). Deutlicher Anstieg neu diagnostizierter Hepatitis B- und Hepatitis C-Fälle nach Einführung des Screenings in die allgemeine Gesundheitsuntersuchung (ehemals „Check-up 35“) in Deutschland. *Zeitschrift für Gastroenterologie*, 63(1), 31–38. <https://www.thieme-connect.de/products/ejournals/abstract/10.1055/a-2435-5069>
25. Karlsen, T. H., Sheron, N., Zelber-Sagi, S., Carrieri, P., Dusheiko, G., Bugianesi, E., et al. (2022). The EASL–Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality. *The Lancet*, 399(10319), 61–116. [https://www.thelancet.com/article/S0140-6736\(21\)01701-3/fulltext](https://www.thelancet.com/article/S0140-6736(21)01701-3/fulltext)
26. United European Gastroenterology. (2024, January). *Cancer screening: Identifying high-risk populations* [Position paper]. <https://ueg.eu/files/3225/6dfe08eda761bd321f8a9b239f6f4ec3.pdf>
27. DANK. (2025). *Vier Maßnahmen für eine wirkungsvolle und bevölkerungsweite Prävention*. Deutsche Allianz Nichtübertragbare Krankheiten. <https://www.dank-allianz.de/positionen.html>