Headquarters:
4323 Westover Place, NW
Washington, DC 20016

Operations:
1875 Connecticut Aveenue, NW
10th Floor
Washington, C=DC 20009

December 19, 2019

VIA Electronic Delivery

The Honorable Tammy Duckworth
United States Senate
524 Hart Senate Office Building
Washington, DC 20515

RE: Support for S. 3074 , A bill to amend the Public Health Service Act to provide for and support liver illness visibility, education, and research, and for other purposes.

Dear Senator Duckworth,

We write to express our appreciation and support for your legislation, S. 3074, a bill to amend the Public Health Service Act to provide for and support liver illness visibility, education, and research, and for other purposes.

As a nonprofit patient advocacy organization committed to improving the lives of individuals and families impacted by liver disease, we applaud your recognition of the need for federal support and leadership for this critical public health issue affecting countless of Americans.

As you are aware, all cancer mortality rates combined have steadily declined since 1990, however liver cancer rates have increased.. According to the American Cancer Society (ACS), liver cancer is the most rapidly increasing cancer in both men and women, with incidence rates more than tripling since 1980.

Last year this startling statistic was briefly brought into the national spotlight by a CDC report highlighting that liver cancer increased 43% in the last 16 years. Liver cancer is the second cause of cancer death worldwide! It impacts all racial, ethnic, gender and socioeconomic groups, but certain communities like Asian or Pacific Islander, Hispanic, Native American and African American are disproportionately affected. . Additionally, conditions like obesity, hepatitis B and C, fatty liver disease and nonalcoholic steatohepatitis (NASH) are currently uncontrolled and driving greater incidence of liver cancer.

In response to this we must promote better communication of risk factors to those at risk. As you know, unlike many cancers for which the causes are unknown, some of the causes of liver cancer are well established, identifiable, rendering the disease highly preventable with regular screenings and an elimination of exposure to risk factors. ACS found that 70% of liver cancer cases could be prevented. The five-year survival rate for liver cancer is only 18 percent and GLI has committed to doubling this rate to 36% by 2030.

We appreciate that your legislation specifies that increased research funding, preventive measures, and improved physician-patient communication are essential to combat this disease. We also greatly commend your inclusion of other critical liver diseases that act as drivers of liver cancer.

Specifically, we greatly applaud the inclusion of nonalcoholic fatty liver disease (NAFLD) and NASH. NASH has been called an epidemic, a "ticking time bomb," and a "silent tsunami." The NAFLD worldwide prevalence is more than 25 percentand NASH is more than 6.5 percent.[1] By 2030 it is estimated that more than 128 million people will be affected by NAFLD/NASH.[2] Like liver cancer, NASH exhibits health disparities across racial, ethnic, gender, and education groups however, certain communities like the Hispanic/Latino are at increased risk. Many Hispanics in the U.S. possess the PNPLA3 gene variation, which has been associated with a heightened risk of NAFLD and NASH.[3]

NAFLD and NASH are also major risk factors for other health conditions: 90 percent are obese,[4] up to 60 percent have type 2 diabetes,[5] and anywhere from 20-80 percent% have hyperlipidemia. Unchecked, NASH can lead to severe health complications associated with the liver including end-stage liver disease, liver cancer, and death.[6]

Currently, there are no approved treatments available for NASH.[7] Liver transplantation is the only recourse for people with end-stage liver disease and/or NASH-related liver cancer. NASH was the fastest growing reason for liver transplantation between 2002 and 2011, and NASH-related liver cancer is expected to emerge as the leading cause of liver transplantation in the United States by 2020.[8]

We appreciate your acknowledgement of the lack of proper federal support to combat the rising risks of liver cancer, and applaud your leadership in introducing S. 3074.

---

[1] Younossi ZM et al. *Hepatology.* 2016;64:73–84

[2] Estes, C., Razavi, H., Loomba, R., Younossi, Z., and Sanyal, A.J. (2018). "Modeling the Epidemic of Nonalcoholic Fatty Liver Disease Demonstrates an Exponential Increase in Burden of Disease." Hepatology, 68(1), 123-133. Doi: 10.1002/hep.2946

[3] Bruschi, F. V., Tardelli, M., Claudel, T., & Trauner, M. (2017). PNPLA3 expression and its impact on the liver: current perspectives. *Hepatic medicine : evidence and research*, *9*, 55–66. doi:10.2147/HMER.S125718

[4] Milić S, Lulić D, Štimac D. Non-alcoholic fatty liver disease and obesity: biochemical, metabolic and clinical presentations. World J Gastroenterol. 2014;20:9330–9337.

[5] Dai W, Ye L, Liu A, Wen SW, Deng J, Wu X, Lai Z. Prevalence of nonalcoholic fatty liver disease in patients with type 2 diabetes mellitus: A meta-analysis. Medicine (Baltimore) 2017;96:e8179.

[6] Chalasani N, Younossi Z, Lavine JE, et al. The diagnosis and management of nonalcoholic fatty liver disease: practice guideline by the American Association for the Study of Liver Diseases, American College of Gastroenterology, and the American Gastroenterological Association. *Hepatology*. 2012;55(6):2005–2023

[7] Ratziu V, Goodman Z, Sanyal AJJoh. 2015. Current efforts and trends in the treatment of NASH. 62(1): S65-S75

[8] Wong RJ, Cheung R, Ahmed A. 2014. Nonalcoholic steatohepatitis is the most rapidly growing indication for liver transplantation in patients with hepatocellular carcinoma in the U.S. 59(6): 2188-95

Your legislation will go a long way towards helping the countless liver disease patients who have been neglected for far too long. As patients for whom this is literally a life-and-death issue, it is encouraging to know that offices like yours hear our cries for help, and are willing to respond.

We hope to be available to assist you in anyway in your mission of protecting those impacted by liver cancer and other liver diseases. If you have any questions please don't hesitate to reach out to our Director of Policy, Andrew Scott, at ascott@globabliver.org or 831-246-1586.

With appreciation and respect,

Donna R. Cryer, JD
President & CEO
Global Liver Institute