

The Liver Cancer Task Force reduces liver cancer incidence and mortality through policy, hepatitis elimination, metabolic liver disease detection, cancer screening, and advanced treatment.



Who we are:

Lead: Rena Fox, MD, Professor of Medicine, Division of General Internal Medicine

Partners:

- [End Hep C SF](#)
- [SF Hep B Free](#)
- [DeLIVER Van](#)
- [UCSF Hepatitis C Cure Initiative, Office of Population Health](#)
- UCSF Division of General Internal Medicine
- Zuckerberg San Francisco General Hospital, Division of Gastroenterology and Hepatology
- Kaiser Permanente Northern California
- San Francisco Department of Public Health

Success 1: Reducing liver cancer diagnoses through hepatitis C virus elimination and targeted outreach.

Our approach:

San Francisco has seen a reduced number of liver cancer diagnoses attributable to hepatitis C virus infection, a trend that is tracked and publicly displayed through a citywide evaluation dashboard:

<https://endhepcsf.org/evaluation-dashboard/>

This progress reflects coordinated efforts across multiple partners working to eliminate hepatitis C in San Francisco. Four partner organizations work directly with populations at high

risk of HCV, providing outreach, HCV testing, access to curative treatment, and liver cancer screening. By identifying individuals with hepatitis C earlier and linking them to effective treatment, these efforts reduce the long-term risk of cirrhosis and liver cancer.

Research prompting this approach:

Local research has documented the burden of hepatitis C in San Francisco, identified key populations most affected, and demonstrated progress toward hepatitis C elimination and reductions in hepatitis C–related mortality. These findings provide the evidence base for targeted outreach, testing, treatment, and liver cancer prevention efforts.

- Facente SN, Grinstein R, Bruhn R, Kaidarova Z, Wilson E, Hecht J, et al. (2022) Hepatitis C prevalence and key population size estimate updates in San Francisco: 2015 to 2019. PLoS ONE 17(5): e0267902. <https://doi.org/10.1371/journal.pone.0267902>
- Mirzazadeh A, Facente SN, Burk k, Kahn JG, Morris MD. (2022) Hepatitis C mortality trends in San Francisco: can we reach elimination targets?, Annals of Epidemiology, Volume 65, Pages 59-64, ISSN 1047-2797, <https://doi.org/10.1016/j.annepidem.2021.10.004>.

Success 2 : Improving detection of MASLD and advanced fibrosis in primary care

Our approach:

Improving detection of fatty liver disease (MASLD) and advanced fibrosis as precursors to Liver Cancer in primary care. Implementing and evaluating an algorithm to help primary care providers have a simple process for detecting.

Research prompting this approach:

Research shows that early identification and management of metabolic dysfunction–associated steatotic liver disease (MASLD) can prevent progression to advanced fibrosis, cirrhosis, and liver cancer.

- Xanthakos, Stavra A.1; Ibrahim, Samar H.2; Adams, Kathryn3; Kohli, Rohit4; Sathya, Pushpa5; Sundaram, Shikha6; Vos, Miriam B.7; Dhawan, Ashish8; Caprio, Sonia9; Behling, Cynthia A.10; Schwimmer, Jeffrey B.11,12. AASLD Practice Statement on the evaluation and management of metabolic dysfunction–associated steatotic liver disease in children. Hepatology 82(5):p 1352-1394, November 2025. | DOI: [10.1097/HEP.0000000000001368](https://doi.org/10.1097/HEP.0000000000001368)

Future goals

Previously, we worked on helping Primary Care Providers (PCPs) detect (Metabolic Dysfunction–Associated Steatohepatitis) MASH among their patients with diabetes. Now we are expanding this project to help PCPs detect MASH in their patients with diabetes, obesity, or both.

Publications:

1. Facente SN, Grebe E, Burk K, Morris MD, Murphy EL, Mirzazadeh A, Smith AA, Sanchez MA, Evans JL, Nishimura A, Raymond HF; End Hep C SF. [Estimated hepatitis C prevalence and key population sizes in San Francisco: A foundation for elimination](#). *PLoS One*. 2018;13(4):e0195575. doi:10.1371/journal.pone.0195575.
2. Morris MD, Mirzazadeh A, Evans JL, Briceno A, Coffin P, Hahn JA, Page KA. [Treatment cascade for hepatitis C virus in young adult people who inject drugs in San Francisco: Low number treated](#). *Drug Alcohol Depend*. 2019;198:133-135. doi:10.1016/j.drugalcdep.2019.02.008.
3. Rivadeneira NA, Hoskote M, Le GM, Nguyen TT, Nápoles AM, Pasick RJ, Sarkar U, Hiatt RA. [Advancing cancer control in San Francisco: Cancer screening in under-represented populations](#). *Am J Prev Med*. 2020;58(1):e1-e9. doi:10.1016/j.amepre.2019.08.024.
4. Chu JN, Stewart SL, Gildengorin G, Wong C, Lam H, McPhee SJ, Chen MS, Bastani R, Maxwell AE, Taylor VM, Nguyen TT. [Effect of a media intervention on hepatitis B screening among Vietnamese Americans](#). *Ethn Health*. 2019;24:1-14. doi:10.1080/13557858.2019.1672862.
5. Kim NJ, Locke CJ, Park H, Magee C, Bacchetti P, Khalili M. [Race and hepatitis C care continuum in an underserved birth cohort](#). *J Gen Intern Med*. 2019;34(10):2005-2013. doi:10.1007/s11606-018-4649-6.
6. Beck KR, Kim NJ, Khalili M. [Direct acting antivirals improve HCV treatment initiation and adherence among underserved African Americans](#). *Ann Hepatol*. 2018;17(3):413-418. doi:10.5604/01.3001.0011.7385.
7. Mukhtar NA, Kathpalia P, Hilton JF, Lau G, Yu A, Grumbach K, Nguyen TT, Chan D, Khalili M. [Provider, patient, and practice factors shape hepatitis B prevention and management by primary care providers](#). *J Clin Gastroenterol*. 2017;51(7):626-631. doi:10.1097/MCG.0000000000000738.

8. Mukhtar NA, Fox RK. [Hepatitis C virus cure and obesity: Watch the weight](#). *J Gen Intern Med*. 2020;35(10):2836-2837. doi:10.1007/s11606-020-06004-9.
9. Wilson EC, Turner C, Lin J, McFarland W, Burk K, Raymond HF. [Hepatitis C seroprevalence and engagement in related care and treatment among trans women](#). *J Viral Hepat*. 2019;26(7):923-925. doi:10.1111/jvh.13089.
10. Gaudino A, Gay B, Garmon C, Selick M, Vreeland R, Burk K, Huriaux E, Facente SN, Luetkemeyer A, Waters P, Graham CS. [Localized US efforts to eliminate hepatitis C](#). *Infect Dis Clin North Am*. 2018;32(2):293-311. doi:10.1016/j.idc.2018.02.009.