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Past & Upcoming Meetings
The 2nd annual TeCH Symposium was held virtually on Saturday, October 9th, 2021. The symposium featured presentations by experts from BCM, Mayo Clinic, UT Southwestern, and MD Anderson Cancer Center and a keynote presentation by Dr. Josep Llovet from Mount Sinai. View the event agenda here. If you would like any speaker presentation, please email Ariel Harrison at ariel.harrison@bcm.edu. Stay tuned for information about the 3rd Annual Symposium in Fall 2022.
Locoregional therapies, or imaging-guided liver tumor-directed procedures, have led in the management of 50-60% of HCCs, using mostly radiofrequency ablation (RFA) and transarterial chemoembolization (TACE) as standard treatments. Dr. Josep Llovet from Mount Sinai published a review in May 2021 that examines the data from randomized and uncontrolled studies that reported ablative and locoregional techniques. This review also discusses the wave of randomized controlled trials (RCTs) testing combination therapies such as locoregional therapies plus systemic drugs.

Please refer to the review at the link below:
https://go.nature.com/35t4GtV

TeCH Framework

The co-leader of the Community Outreach Committee, Dr. Jane Montealegre, has developed and published a TeCH framework. This framework is a conceptual model designed for improving primary and secondary prevention of HCC by focusing on implementation and evaluation of intervention strategies across the HCC care continuum. Check out the published framework at this link:
https://adobe.ly/33VznqR
Featured CAP Project: Dr. Jessica Hwang

RP190513 A liver cancer prevention project in the Houston community

Diseases such as hepatitis B and C, alcoholic liver disease, and non-alcoholic fatty liver disease are conditions that can increase a person’s risk of developing liver cancer. These risk factors can lead to fibrosis (potentially reversible), then to cirrhosis (irreversible), and ultimately to liver cancer. Although it is recommended that doctors screen adult patients with hepatitis or heavy alcohol use for liver cancer, this often does not happen. Currently, there is no recommendation to screen patients with non-alcoholic fatty liver disease (NAFLD) for liver cancer because of limited research on this issue.

The proposed work has two goals: (1) to identify the best way to screen patients in primary care clinics for patients with risk factors for fibrosis or cirrhosis and (2) to help patients manage risk factors to lessen the risk of worsening fibrosis. This study will identify feasible, efficient, and cost-effective ways to assess patients in a primary care setting for the major risk conditions that can lead to fibrosis or cirrhosis. The study will also yield data on whether a tailored behavioral intervention can help reduce fibrosis in persons at risk for liver cancer.

Patient enrollment began in January 2021 and to date the study has enrolled over 430 participants. The study population is diverse, with 13% of participants describing themselves as non-Hispanic White, 40% as Hispanic White, 22% as Asian, 20% as Black or African-American, and 3% as two or more races. Women comprise 57% of participants. Nearly 160 patients who speak a language other than English (e.g., Spanish, Arabic, Mandarin, Vietnamese, or Burmese) were enrolled with the help of interpreters.

In Spring 2022, we plan to implement the next phase of the project; a randomized clinical trial to determine the effectiveness of behavioral techniques tailored to manage disease in patients with steatosis or fibrosis, metabolic syndrome, chronic hepatitis B or C, heavy alcohol use, or NAFLD.

The study will provide evidence to support a screening strategy for NAFLD, for which currently no screening strategy exists. We will also create a web-based risk assessment tool for use during clinic visits which may be useful to other community clinics. This project has the potential to change the field of liver cancer research by providing primary care providers evidence-based screening and management strategies to detect and treat medical conditions that are risk factors for fibrosis or cirrhosis.
About TeCH Committees and Cores

The overall goal of TeCH is to reduce HCC mortality in Texas by reducing the number of people who develop cancer or detecting it when it is curable. We need more research to identify people who are at high risk of liver cancer, to detect liver cancer early, and to turn discoveries into actions doctors and patients can use. TeCH assists researchers who study liver cancer work faster and better; team up with other researchers; and share discoveries with doctors, the community, and the general public to change healthcare. We work with scientists, doctors, healthcare providers, insurers, liver cancer organizations, community leaders, payers, and state/government representatives and agencies find usable policies. Learn more about TeCH at https://www.bcm.edu/research/research-centers/texas-collaborative-center-for-hepatocellular-cancer

Steering Committee: The Steering Committee includes the Investigators of the CAP Research Awards and TeCH Committee and Core leaders. The Steering Committee's responsibilities include setting priorities, and developing and enforcing TeCH policies.
Director: Hashem B. El-Serag, M.D., M.P.H.

Scientific Committee: The Scientific Committee includes basic, translational, and clinical scientists associated with HCC prevention, early detection, diagnosis, and treatment. The Scientific Committee identifies cutting edge research questions and techniques, and connections and synergy among CAP and other consortia.
Co-Directors: Hashem B. El-Serag, M.D., M.P.H. and Fasiha Kanwal, M.D., M.S.H.S

Clinical Network Committee: The Clinical Network Committee disseminates healthcare provider and system education material and transforms novel evidence into improvements in healthcare processes and outcomes.
Co-Directors: Sumeet Asrani, M.D. and Howard Monsour, M.D.

Community Outreach Committee: The Community Outreach Committee will produce culturally sensitive educational material on HCC risk factors, prevention, diagnosis, and treatment targeted at patients and at-risk communities for dissemination by our statewide Community Partners.
Co-Directors: Maria Jibaja-Weiss, Ed.D., and Jane Montealegre, Ph.D.

Data and Biospecimen Core: The Data and Biospecimen Core is a centralized resource for CAP projects that assists with project management, statistics, programming and systems support, and informatics technology.
Co-Directors: Aaron Thrift, Ph.D. and Michael Scheurer, Ph.D., M.P.H.