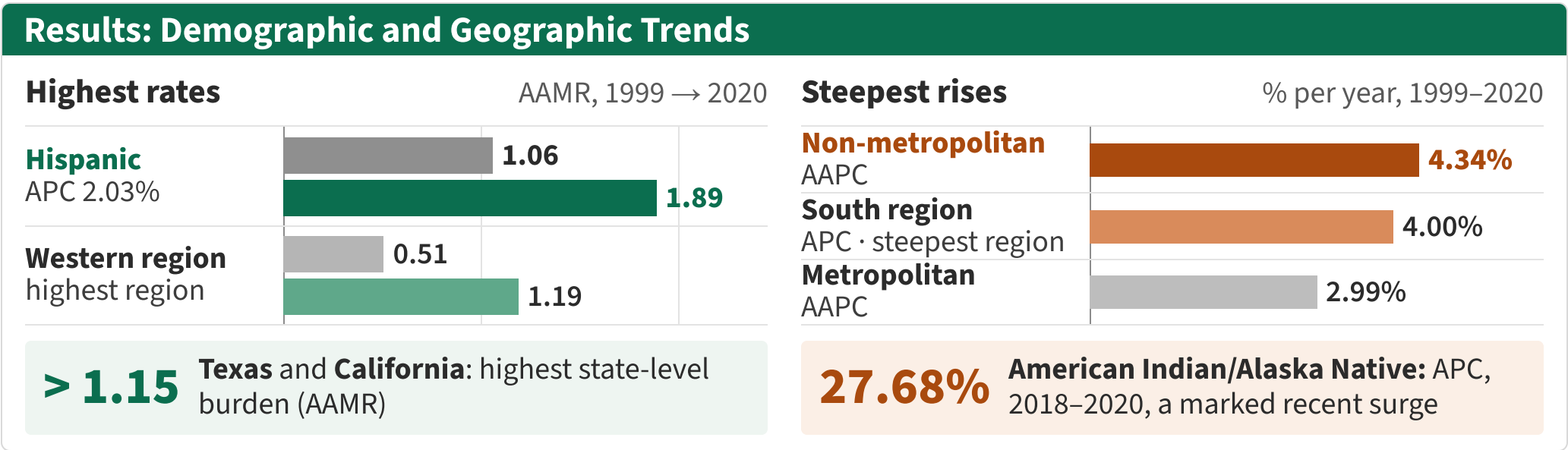
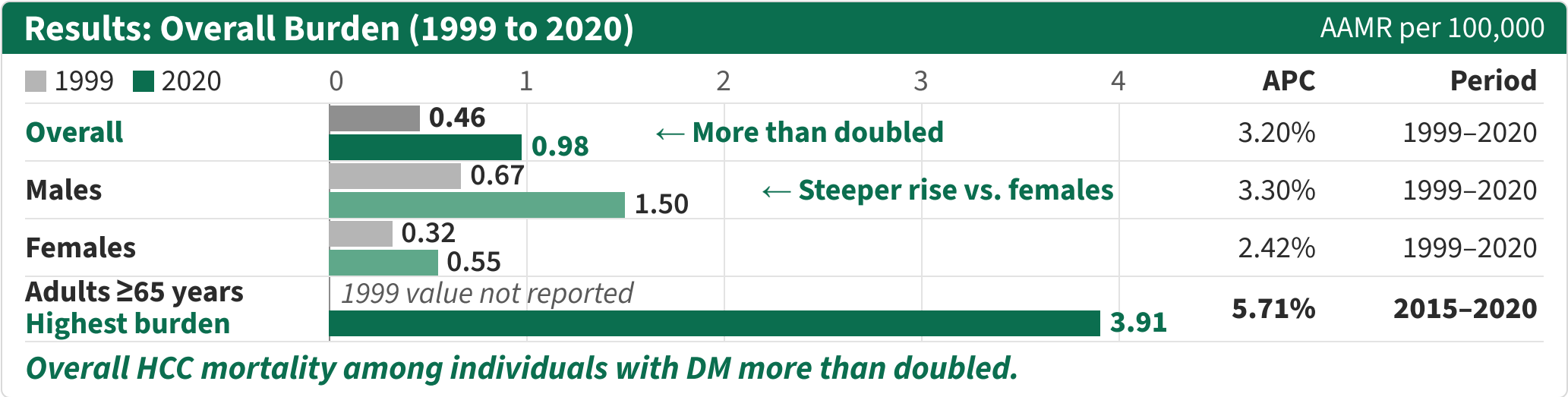


Background and Objectives

- Hepatocellular carcinoma (HCC) is a **growing public health concern** in the United States, particularly among individuals with diabetes mellitus (DM).
- National mortality trends and demographic disparities for this co-morbid population remain insufficiently explored.
- Objective:** examine national HCC mortality trends and sociodemographic disparities among U.S. adults with co-reported DM, 1999–2020.
- AAMRs and temporal trends examined across demographic, racial and geographic strata.

Methods

- CDC WONDER** (1999–2020): U.S. adults aged ≥25 years with both HCC and DM listed on death certificates
- AAMRs** per 100,000 population, standardized to the 2000 U.S. population
- APCs** from Joinpoint log-linear regression models



0.46 → 0.98

Overall AAMR, 1999 to 2020

3.91 per 100,000

Adults ≥65 years, AAMR in 2020

4.34% AAPC

Non-metropolitan areas vs. 2.99% metro

Conclusion

- HCC mortality among U.S. decedents with co-reported DM has risen substantially over two decades, featuring widening demographic and geographic disparities.
- The mortality burden disproportionately affects males, older adults, Hispanic individuals, and rural residents.
- Co-reported diabetes serves as a marker for a high-risk metabolic phenotype, underscoring the need for targeted HCC surveillance and integrated care in vulnerable populations.**