Liver cancer is a global health burden with an estimated 905,677 new cases in 2020\(^1\), it is the sixth most common cancer and the third leading cause of cancer death\(^1\). Hepatocellular carcinoma (HCC) is the most common liver malignancy accounting for ~90% of all liver cancers. This type of cancer affects hepatocytes, the most abundant cells in the liver\(^2\). Intrahepatic cholangiocarcinoma, is the second type of liver cancer (10–15% of cases) affecting cholangiocytes; the cells that line the small bile ducts within the liver\(^4\). Hemangioendothelioma and hepatic angiosarcoma are less common and affect the cells lining blood vessels within the liver\(^5,6\). Finally, Hepatoblastoma is a rare liver cancer that affects young children before they turn 5 years old.

Causes of liver cancer vary depending on the geographical locations, with viral hepatitis being the major cause\(^2\).

The primary risk factors for liver cancer are viral hepatitis\(^2\), (Hepatitis B and C), fatty liver disease (NAFLD), alcohol consumption, metabolic diseases, environmental toxins, bile duct disease and genetic haemochromatosis\(^2\). Strong evidence suggests that NAFLD and obesity are increasingly important risk factors for HCC due to their prevalence\(^3\). People with cirrhosis are at higher risk to develop liver cancer, up to 1/3 will develop HCC during their lifetime and 90% of HCC cases in Western countries have a cirrhotic background. Preventive measures include reducing alcohol intake, vaccination against hepatitis B virus, detection and treatment of chronic hepatitis as well as keeping a healthy lifestyle to reduce obesity\(^2\).

Over the last years, many treatment options have been developed depending on the stage of the disease such as resection, liver transplantation, local ablation, loco-regional therapy, systemic treatments and immunotherapy\(^2,8\).

2. EASL. J Hepatol 2018;69:182–236