

TRENDS IN HEPATOCELLULAR CARCINOMA, VICTORIA, AUSTRALIA, 2004-2013

Carville KS^{1,2}, Cowie BC¹⁻³, MacLachlan JH^{1,2}

1. WHO Collaborating Centre for Viral Hepatitis, The Doherty Institute
2. The University of Melbourne
3. Victorian Infectious Diseases Service, Royal Melbourne Hospital

Introduction: Liver cancer is now the 9th most common cause of cancer death in Australia, and viral hepatitis is a major cause. We examined Victorian cancer registry data to provide up-to-date further detail on the characteristics of hepatocellular carcinoma (HCC) cases, with the aim of further elucidating the burden of disease and prevention needs.

Methods: Data regarding all diagnoses of HCC during 2004-2013 were obtained from the Victorian Cancer Registry, including variables of age, sex, country of birth, and residential area of cases. Age-standardised incidence rates over time were derived, and the age, geographic, and region of birth distribution assessed.

Results: Between 2004-2013, 2172 Victorians were diagnosed with HCC, of whom 80% were men and 78% lived in metropolitan Melbourne. The age-standardised incidence rate per 100,000 among men more than doubled from 2004-2013, from 3.87 to 9.54 (2.5-fold increase). Although rates were lower among women, the increase was similar in magnitude (2.8-fold, from 0.88 to 2.45). Median age at diagnosis was lower for men (65 years, IQR 56 to 74) than women (70 years, IQR 59 to 78, ranksum $p < 0.001$). The majority of cases were born overseas (55%), most commonly in Southern/Eastern Europe (21%, $n=454$), South/East Asia (10%, $n=224$), and North/West Europe (9%, $n=195$). Sixteen people identified as Aboriginal and/or Torres Strait Islander (0.8%, compared to 0.9% of the population). Survival was poor, with <20% of those diagnosed between 2004 and 2008 alive after five years.

Conclusion: The rapid national increase in liver cancer is reflected in Victoria, with rates more than doubling in less than a decade among both men and women. Those born overseas continue to be disproportionately affected, and survival remains low. These data justify the continued need for urgent action relating to liver cancer prevention through action on viral hepatitis.

Disclosure of Interest Statement: None to declare.

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.