

Rural Health and Research **Congress** #RHRC2019

‘Scan or be damned’

How to future proof screening for liver cancer in a regional setting.

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Hastings Macleay Liver Clinic: Kempsey – Mid North Coast New South Wales

 

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Why does it matter...?

Liver cancer (Hepatocellular Carcinoma – HCC) remains the fifth most common cancer and the second most frequent cause of cancer-related death globally

- 850,000 new cases per year
- 800,000 deaths per year
 - In 2017 almost 2,000 people died from primary liver cancer in Australia
- 7% of all cancers are HCC
- HCC represent 90% of primary liver cancers world wide = global health problem



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(Australian Institute of Health and Welfare, 2017; Qian et al., 2010; *Journal of Hepatology* 2018 vol. 69 / 182-236)

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How do we fix it?

- *Screening for HCC with ultrasound every six months in patients with cirrhosis reduces mortality and morbidity*
- *through early detection of small and potentially curable tumours thus improving survival following cancer diagnosis and increases options for appropriate interventions.*
- *Added health system benefit = cost-savings of approximately AUD\$68,000 per year of life saved.*



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(Qian et al., 2010: Cancer Council Australia, 2018).

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SCRIPT HCC: a Rural Research Capacity Building Project

Single Centre Retrospective Investigation of the rates and Patterns of screening for hepatocellular carcinoma (HCC) in patients with cirrhosis, or other significant risk factors for the development of HCC, in a regional catchment area of NSW

The aim:

SCRIPT HCC was trying to determine the current screening rates and patterns for patients attending the Hastings Macleay Liver Clinic with cirrhosis or with Hepatitis B risk factors for the development of HCC.



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Methods

- *two-year retrospective descriptive epidemiological investigation of the existing rates and patterns of surveillance for liver cancer by the Hastings Macleay Liver Clinic.*
- *Demographic and clinical data were retrieved from patient medical records using an audit tool designed for collection of variables associated with rates and patterns of surveillance for hepatocellular carcinoma.*
- *Data were analysed using Microsoft Excel for descriptive and comparative statistical analysis in Microsoft Excel.*



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The incidence of HCC increases progressively with advancing age in all populations, reaching a peak at 70 years.^{4,5} In Chinese and black African populations the mean age of patients with the tumour is appreciably younger. This is in sharp contrast to Japan, where the incidence of HCC is highest in the cohort of men aged 70 to 79 years.^{6,7} HCC has a strong male preponderance, with a male to female ratio estimated to be 2-2.5:1.8

The Cancer Council of Australia state that cancer survival declines with increasing remoteness (Cancer Council Australia, 2018).

It is an ongoing challenge to support people living in regional NSW to obtain optimal health care, even when specialist public health services are available. Waiting times for radiological testing and distances required to travel for services are commonly cited barriers to accessing services (Cancer Council Australia, 2018).



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Summary

- *Liver cancer surveillance reduces mortality by 37% (even when adherence to recommended screening intervals is sub-optimal).*
- *Early detection via surveillance has been reported to lead to cost-savings of approximately AUD\$68,000 per year of life saved.*
- *Early detection of liver cancer as a result of screening reduces mortality and morbidity in patients by increasing options for appropriate interventions.*
- *Integrated care for patients with cirrhosis is necessary to provide a continuum of care between services, thereby decreasing liver cancer and general liver related deaths.*



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