

Liver specialists and Government must prepare for new treatment era: GESA

The Gastroenterological Society of Australia (GESA) is urging liver specialists to play a leadership role in introducing a new era in treatment that promises to change the way liver cancer is managed.

Liver cancer is the fastest growing cause of cancer death in Australia, with a five-year survival rate of less than 20 per cent. However, experts are hopeful the availability of checkpoint inhibitors in Australia – anticipated in 2018 – will provide a much needed line of defence against liver cancer.

“The liver is a complex organ which plays a central role in every metabolic function of the body,” said Professor Darrell Crawford, Head of the School of Clinical Medicine at The University of Queensland and Research Director at the Gallipoli Medical Research Foundation.

“More than 90 per cent of people with liver cancer have background, underlying liver disease, and around 70 per cent have been infected with viral hepatitis. It’s important that liver specialists work in sync with radiologists, oncologists and cancer nurses to guide treatment decisions and optimise outcomes,” he said.

“We are on the cusp of a new era in the way liver cancer is treated, which is wonderful news for patients and doctors. However, liver specialists must ensure cancer treatment – including with checkpoint inhibitors – includes broader plans to manage liver health.”

A workshop on hepatocellular carcinoma, the most common form of liver cancer, is being held at the Gallipoli Medical Research Foundation in Brisbane (1-2 December) and will include a focus on the need for and role of new liver cancer treatments.

To coincide with the workshop, GESA is encouraging liver specialists to remain a central point of the multi-disciplinary approach to treating patients with liver cancer, regardless of disease stage or treatment pathway.

Government urged to prioritise liver cancer

GESA is also urging the Federal Government to prioritise liver cancer, including the funding of checkpoint inhibitors, a class of therapy that works to activate the immune system to fight cancer cells. The US FDA recently approved the first checkpoint inhibitor to treat hepatocellular carcinoma.

“Rates of liver cancer have doubled in the past 20 years, yet it remains an under-recognised, under-diagnosed and under-treated cancer. We need timely subsidisation of new treatments and Government investment in measures to aid early diagnosis and intervention,” said Professor Crawford.

The risk of liver cancer can be significantly reduced by the early and successful treatment of hepatitis B and C.

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Professor Crawford stressed that early diagnosis of liver cancer is essential. “The key is routine six monthly liver ultrasounds for people with or at risk of liver disease and improved screening among the at-risk population”.

“Liver cancer is a clear and present threat and the time to act is now. Liver specialists must ensure they are ready for new treatments, and the Government must be prepared to provide the funding and support necessary to turn the tide on live cancer,” Professor Crawford concluded.

Media Contact: Alexandra Cain at Ethical Strategies on 02 8904 7325 or 0429 842 923.

Liver Cancer in Australia

- Primary liver cancer is the most rapidly rising cause of cancer death in Australia.
- Rates of death from liver cancer have almost doubled in the last two decades and five-year-survival remains less than 20 per cent.
- Liver cancer is more common in men than women.
- Over 90 per cent of people with liver cancer have underlying liver disease, but frequently the liver disease is not diagnosed until symptoms of liver cancer present.
- Approximately 70 per cent of primary liver cancer patients have underlying viral hepatitis.
- Indigenous Australians have an increased rate of liver cancer compared to non-indigenous Australians.
- Liver cancer can be prevented by early intervention, including:
 - Prevention of obesity and type 2 diabetes through nutrition and exercise
 - Reduction in excessive alcohol consumption
 - Diagnosis and treatment of hepatitis B and hepatitis C.
- Early diagnosis of liver cancer can lead to curative treatment and improved survival:
 - Routine surveillance with six-monthly liver ultrasound examinations is recommended for people considered at increased risk
 - Rates of liver cancer screening in the at-risk population remain low.
- Treatments for liver cancer are dependent on the stage of cancer at diagnosis.

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