



Open Letter: 10 Asks to Improve Liver Cancer Care in Europe

Wednesday, 23 June 2021,

Dear President of the European Commission, Ursula Von der Leyen

Dear Members of the European Parliament,

Dear President of the European Council, Charles Michel

EASL is writing you this open letter representing the scientific liver health community in Europe and with the endorsement of relevant scientific societies, patient advocacy organisations and public health associations engaged in the improvement of care for patients with liver cancer.

Cancer originated in the liver, generally named liver cancer, is the sixth most common cancer and the third most frequent cause of cancer-related death globallyⁱ. Hepatocellular carcinoma (HCC) represents about 90% of liver cancers and is consequently a major global health problem. The incidence of HCC increases progressively with advancing age in all populations, reaching a peak at 70 years.^{ii,iii,iv}

There are many risk factors for developing liver cancer, and chronic liver diseases caused by viral hepatitis, alcohol or fatty liver disease (NAFLD/NASH) are the most important.¹¹ That treatment of these chronic liver diseases to avoid disease progression to precancerous states like cirrhosis significantly reduces the risk of liver cancer has been convincingly demonstrated.^{v,vi,vii} Therefore, improved and equal access to state-of-the-art management of these disease is a core element in the fight against liver cancer.

In Europe 2020, the average age-standardised annual incidence rate of liver cancer was 5.2 per 100,000 person years. Put differently: ~87,000 Europeans were diagnosed with liver cancer in 2020, and ~78,000 have already died from the disease.¹ Patients are diagnosed late, with 51% in an advanced cancer stage already at the time of diagnosis.^{viii,ix} Such patients have less than a year to live.^x In total there has been a 70% increase of liver cancer-related mortality in the EU from 1990 to 2019.^{xi,xii}

In the USA, the rate of deaths from liver cancer increased by 40% from 1990 to 2004 while the overall rate of cancer deaths declined by 18%.^{xiii} Projections for USA estimate

that, in 2030, liver cancer will be the third-leading cause of cancer-related deaths, surpassing breast, colorectal, and prostate cancers.^{xiv,xv}

Although liver cancer remains one of the few cancers with increasing incidence and mortality, the public awareness of liver cancer appears to be much lower than for other cancers. As a consequence, patients who have liver cancer and patients who are at increased risk for liver cancer often face stigma in their social lives, and also in the medical care setting.

Treatment options for liver cancer have been significantly improved over the recent years, which makes early diagnosis the most critical point. Therefore, case finding strategies need to be implemented broadly, at least in at risk patients, as strongly recommended by clinical guidelines.^{xvi,xvii}

Last but not least, we must directly tackle the key environmental factors that cause liver diseases and liver cancer. In addition, successful Hepatitis B vaccination programmes need to be continued and expanded as the core element of primary liver cancer prevention as it has the potential to prevent roughly twice as many cancer cases as HPV vaccination^{xviii}

In this context we are addressing the following **10 Asks to Improve Liver Cancer Care in Europe**:

1. The EU and Member States should ensure adequate awareness, prevention, and management standards for liver cancer across all regions and countries. Pivotal elements on this path include education and awareness-raising, especially among healthcare professionals, patients and families, risk groups, policy makers and the general public.
2. The EU and Member States should ensure improved access to better disease management for patients with liver cancer across all member states of the EU. An essential first step towards equally high standards of care across Europe is the implementation of structured patient pathways comprising diagnostics, treatment and follow up in a cross-sectoral way (hospital, outpatient, and home care).
3. The structured patient pathways (see above 2.) need to be based on the most up-to-date and comprehensive scientific evidence. Therefore, the EU and Member States should encourage enhanced inter-disciplinary cooperation between hepatology, oncology and other relevant disciplines.
4. The EU and Member States should also encourage all relevant experts and their accompanied societies and organisations to develop clinical guidelines collaboratively addressing the management of liver cancer (treatment and prevention) on the basis of the most comprehensive scientific evidence.
5. Patients and their families should have unrestricted access to information, medical treatment and measures to improve the quality of life, regardless of their life situation and ethnic origin. The EU and Member States should reduce existing inequalities and ensure that all patients with liver cancer can benefit from the same high standards of care.

6. Some liver diseases, e.g., viral hepatitis B and C, alcohol related and non-alcoholic fatty liver disease, are associated with a high risk of liver cancer. Early detection would be critical for these patients. Therefore, the EU and Member States should add liver cancer to their screening scheme list, at least for patients with underlying risk factors. In addition existing programs providing the opportunity of early case finding of liver diseases should be leveraged where possible. [e.g. salivary screening for Hepatitis C using point of care testing, which would match with the WHO HCV program aiming at fighting HCC as well.]

7. Liver cancer occurs in response to environmental risks and as a consequence of an underlying liver disease. Therefore, the EU and Member States should implement preventive measures these include: evidence based strategies for alcohol and obesity, Hepatitis B vaccination, risk education and consumer labelling of alcohol as a carcinogen.

8. The high standard of care in the EU is based on high-level science and research. In order to maintain these standards furthermore and drive improvements it is essential to collect data collaboratively across all member states. The EU and Member States should support the setting up of specific patient registries for liver cancer. The collection of these data would facilitate surveillance, research and the overall management of patients with liver cancer.

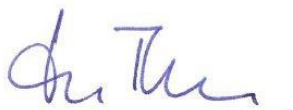
9. In addition, basic research continues to be a critical element improving patient outcomes in liver cancer. There is still further knowledge needed about aetiology, rare liver cancer entities, markers and diagnostics which might facilitate early detection even in primary care. The EU and Member States should support such research projects and cross-country collaboration by setting up EU-wide platforms with the aim of sharing data and closing the gap between medical knowledge and clinical practice.

10. Europe's Beating Cancer Plan is the ideal platform to implement all the actions claimed above. For the immediate benefit of all patients, we ask the European Commission to urgently call all relevant scientific societies, experts and patient groups to get actively involved in the 9 asks.

Together with all signatories, EASL will fully contribute our expertise, knowledge and capacity to implement these 10 Asks to Improve Liver Cancer Care in Europe. We pledge our cooperation with EU institutions and within the existing EU health programmes, such as the EU Beating Cancer Plan and the EU4Health programme.

Sincerely,

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Prof. Maria Buti, EASL EU Policy Councillor, Professor of Medicine and Chief of Internal Medicine and Hepatology at the Hospital General Universitari Valle Hebron, Barcelona, Spain



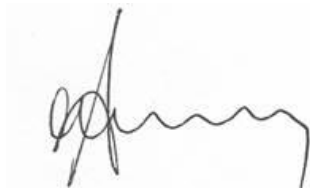
Prof. Francesco Negro, EASL Governing Board Member, Full Professor at the Divisions of Gastroenterology and Hepatology and of Clinical Pathology, University Hospital of Geneva, Switzerland




Marko Korenjak, European Liver Patients' Association (ELPA), President



Prof. Peter R. Galle, Liver Cancer Expert, the University Medical Center Mainz, Germany, former President of The German Association for the Study of Liver Diseases



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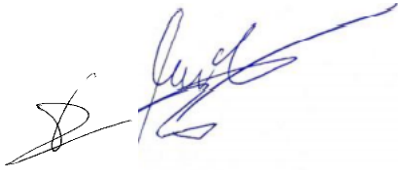


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The European Association for the Study of the Liver mission aims to be the Home of Hepatology so that all who are involved with treating liver disease can realise their full potential to cure and prevent it. The purpose of the association is to promote communication between European workers interested in the liver and its disorders. In particular, the association strives to:

- Promote research concerning the liver*
- Promote education of physicians, scientists, and public awareness of liver diseases and their management*
- Act as an advisor to European and national health authorities concerning liver diseases, provision of clinical services and the need for research funding*
- Foster European multicentre controlled trials*
- Facilitate scientific exchange*
- Facilitate the participation of Young Investigators at its meetings*

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- ^{xii} Group GBoDS. Global Burden of Disease Results Tool; <http://ghdx.healthdata.org/gbd-results-tool>
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