



## Beating liver cancer in Europe

The empowerment of prevention and early detection

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### EASL short report for the Slovenian Government on the webinar “Beating liver Cancer in Europe – the empowerment of prevention and early detection”

#### Key recommendations and main messages

The European Association for the Study of the Liver (EASL) together with the European Liver Patients’ Association (ELPA) organised on the 22nd October a high-level webinar “Beating liver cancer in Europe – the empowerment of prevention and early detection”, under the patronage of the Slovenian presidency of the Council of the European Union.

The event included many distinguished speakers including Mr Igor Zorčič, President of Slovenian Parliament, who stated that Slovenia’s work around targeted screening for liver cancer would set a good example to the EU. Minister of Health, Mr Janez Poklukar underlined the need to look at the scientific evidence which demonstrated that targets for cancer screening should be extended.

#### Key recommendations

##### I. Prevention

1. Policy interventions needed for alcohol control including taxation, reduced access, minimum pricing, restrictions on marketing and information and support.
2. Policy interventions to addressing the growing prevalence of obesity (e.g. school sport programs)
3. Policy interventions for the promotion of healthy food such as improved nutrition labelling, restrictions on advertising.

##### II. Early detection and screening

1. The implementation of the new **Cancer Screening Scheme must include liver cancer** prevention and screening and help to improve the quality of liver cancer screening programmes in Europe.
2. The updated Council Recommendations must include liver cancer screening that meet World Health Organisation (WHO):
3. screening requirements

- a) **Liver Cancer is a Suitable disease:** Liver cancer is a major **public health concern; the disease** can be detected in the preclinical stage with effective diagnostic tools; Effective treatment is available
  - b) **Suitable screening tests are available:** Adequate validity: sensitivity, specificity, PPV & NPV are requirements; Cost-effectiveness: for liver cancer the tools used are related to the context of the disease and are also country specific and must be evaluated.
  - c) **Suitable programme settings for liver cancer can be implemented. The needs are identified:** Adequate infrastructure; Trained manpower; Financial resources; Health information systems for monitoring and supervision.
4. **Refinement of liver cancer screening strategies:** e.g. risk stratification of the liver patients, implementing the new tools to improve the sensitivity of ultrasounds in surveillance such as screening, using contrasting MRI – enhanced imaging and early diagnosis biomarkers, which are available at low cost.
  5. **Enhance patient’s surveillance to improve liver cancer detection.** The main recommendation was detection and surveillance checks every 6 months of cirrhosis as the population at high risk for liver cancer to detect liver cancer: general practitioners, gastroenterologists, patients but also hepatologists must be informed about this key surveillance practice.
  6. **Improve liver cancer surveillance strategies**
    - a) **Promoting Education:** Increasing surveillance uptake by promoting the education of both patients and practitioners
    - b) **Improving compliance of liver cancer patients** (dedicated clinical pathways, clinical reminder system, mail outreach, etc.)

### III. Treatment

1. **Ensure access to vaccines against Hepatitis B and Hepatitis C treatments** to prevent liver cancers associated with the hepatitis B and C viruses.
2. **Implement measures to effectively tackle hepatitis C (HCV) and prevent liver cancer**
  - a. Develop a comprehensive hepatitis C national strategy or action plan to eliminate hepatitis C
  - b. Build integrated HCV test & treat models of care, make them simple and patient oriented
  - c. Fight stigma and discrimination
  - d. Include testing and treatment for HCV into the National Programme for Cancer Management

### IV. Awareness raising and education

1. **The update of the EU Code Against Cancer (ECAC)** must include the need of awareness of the patients at high risk for liver cancer (cirrhosis, obesity, diabetes) to follow regular surveillance for liver cancer.
2. Programmes to raise awareness on the risks of harmful use of alcohol.

### **Burden of liver cancer in Europe: key facts**

**Increasing risks factors such as obesity and alcohol consumption, low screening programmes, disparities across regions in access to treatments, general low awareness of the disease, especially among at-risk groups of developing liver cancer.**

- Almost 50% of cases are preventable and 35% of deaths could be avoided through preventive measures and lifestyle choices.
- Liver cancer cases are on the rise while the public awareness of it is lower than for other cancers.
- There has been a 70% increase in liver cancer related mortality in recent years making it the sixth most frequent cause of cancer-related death globally.
- Liver cancer is the second leading cause of cancer death worldwide and one of the most frequent occurring cancer types. Liver cancer incidence has increased for several decades in the EU and is also projected to rise in the future.
- Liver cancer represents a significant economic burden for the healthcare system, costing up to 4 billion EURO per year.
- Hazardous alcohol use and obesity cause liver cirrhosis and liver cancer. The prevalence of obesity and of hazardous alcohol consumption in many countries is increasing.
- The incidence of liver cancer has decreased in countries that have implemented hepatitis B prevention measures.
- The COVID-19 pandemic has caused massive disruption to people across the world, presenting challenges that we have not encountered before. It is a particularly worrying time for patients with cancer, as well as their families and friends. Due to COVID-19, most centres have reported delays in HCC treatment, and for many patients, the COVID-19 pandemic has also affected the availability of clinical trials.