

# Revision of the European Code Against Cancer under EU4Health (2022-2025)

The European Association for the Study of the Liver (EASL), the foremost medical society on liver health in Europe, welcomes the upcoming revision of the European Code Against Cancer by the International Agency for Research on Cancer (IARC).

Considering most liver cancer cases are caused by viral hepatitis, 54% of liver cancer diagnoses are due to HBV infection and 31% to HCV infection<sup>1</sup>, EASL would like to see the new European Code Against Cancer provide more comprehensive information on the link between viral hepatitis and cancer.

Since the current Code only recommends participation in HBV vaccination programmes during childhood, EASL would like the revision of the Code to include more comprehensive information on viral hepatitis B and C prevention measures. EASL additionally recommends including guidance on what needs to be done if an individual has been exposed to sites of infection risk. Finally, increasing awareness and health literacy on the importance of viral hepatitis as a risk factor for liver cancer and addressing screening, early diagnosis and treatment of viral hepatitis B and C need to be prioritised.

## 1. Early diagnosis for HCV and HBV

EASL recommends adding more information on transmission prevention and testing for viral hepatitis B and C. It is critical that the general population and more importantly, at-risk groups, are provided with information on the importance of early diagnosis of hepatitis B and C to prevent liver cancer.

Generally, EASL recommends investment to scale up case-finding and screening for viral hepatitis in selected (e.g., harm reduction or drug services) and broader community settings. National plans only recommend testing in high-risk populations. EASL recommends supporting national and local level testing for HBV and HCV based on past or present risk, and country of origin<sup>2</sup>.

## 2. HBV vaccination

EASL recommends that the Code provide more information on the importance of HBV vaccination and specifically encourage adults with risk factors to seek vaccination.

In many European countries, the rates of hepatitis B vaccination are below other routine vaccines. Only 50% of EU/European Economic Area countries have reached the World Health Organization target of 95% hepatitis B vaccination coverage<sup>3</sup>. Many western European countries have experienced an increase in chronic HBV and HDV infections due to the improved care reporting among migrants and

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<sup>1</sup> Perz, J., Armstrong, G., Farrington, L., Hutin, Y., Bell, B. The contributions of hepatitis B virus and hepatitis C virus infections to cirrhosis and primary liver cancer worldwide. *Journal of Hepatology* (2006).

<https://doi.org/10.1016/j.jhep.2006.05.013>

<sup>2</sup> Karlsen TH, Sheron N, Zelber-Sagi S, et al. The EASL-Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality. *Lancet*. 2022;399(10319):61-116. doi:10.1016/S0140-6736(21)01701-3

<sup>3</sup> Prevention of hepatitis B and C in the EU/EEA 2022. <https://www.ecdc.europa.eu/en/publications-data/prevention-hepatitis-b-and-c-eueea> (accessed March 2, 2023)

refugees who move from countries of high-to-intermediate endemicity. There are many gaps in country policies to address the lack of hepatitis B vaccination in key adult populations.

### **3. HCV treatment as prevention**

Due to the lack of a specific HCV vaccine, EASL recommends that the Code underline the importance of scaling up HCV treatment to eliminate HCV infection and subsequently liver cancer globally. In addition, treatment of HCV in key populations must be emphasized alongside harm reduction measures to prevent new infections.