Media Release **4 February 2015**

Liver cancer records worst ‘death-to-incidence ratio’ – new analysis

Cancer of the liver looms as Australia’s greatest cancer challenge, with new analysis revealing that liver cancer has the highest ‘death-to-incidence ratio’ – indicating shorter average survival – of any cancer in Australia.

Latest Australian Institute of Health and Welfare data analysed by Hepatitis Australia reveals that the number of new cases of liver cancer each year (1,446) is matched by the number of lives lost to the disease (1,419) annually.[1] This means that for every Australian diagnosed with liver cancer, another Australian loses their life.

The analysis uncovered that liver cancer had a death-to-incidence ratio of 0.98 (almost one death for every new case), compared with much lower ratios for breast cancer (0.2), prostate cancer (0.16), melanoma (0.13), bowel cancer (0.26), and even lung cancer (0.77). Ratios closer to 0 indicate longer average survival while ratios closer to 1 indicate shorter average survival.

In stark contrast with nearly all other cancers where survival rates have steadily improved over the last two decades, there has been no improvement in liver cancer prognosis.

On World Cancer Day (4 February), Hepatitis Australia’s Acting CEO Kevin Marriott said that untreated viral hepatitis is the leading cause of primary liver cancer in Australia, while liver cancer is now the fastest increasing cause of cancer death in Australia.

“The current situation is like running water into a bath with no plug. New patients are pouring in at the same rate that lives are being lost. The only change is that the water flow is getting stronger every year,” he said.

“Waiting for a diagnosis of liver cancer is a flawed strategy. A third of Australians with liver cancer die within a month of diagnosis. This is appalling when we know that the prevention and treatment of viral hepatitis could prevent liver cancer and save many lives.

“Australia urgently needs greater investment in programs that prevent viral hepatitis – such as community awareness programs, needle and syringe programs and hepatitis B vaccination – along with improved early diagnosis and timely hepatitis treatment to stop liver cancer developing,” said Mr Marriott.

Without a major increase in the treatment of the blood-borne virus, experts predict a 245 per cent increase in liver cancer from hepatitis C alone by 2030. Currently, only 1 per cent of the 233,000 Australians living with hepatitis C are treated each year.

Hepatitis Australia warned that the liver cancer death rate would be even higher by 2030 when hepatitis B was taken into account. More than 225,000 Australians are living with hepatitis B, but only half are diagnosed and only five per cent are treated.

Associate Professor Ben Cowie from Royal Melbourne Hospital said, “Healthcare professionals need to be on the lookout for Australians who are living with undiagnosed hepatitis B or C and ensure that all Australians living with viral hepatitis receive regular liver check-ups and timely treatment.

“Despite the hepatitis B vaccination being the closest thing we have to a liver cancer vaccine – along with treatment for hepatitis B and C – many adults at high risk of hepatitis B are still ineligible for government vaccination and treatment rates for both hepatitis B and C remain low,” said Associate Professor Cowie.

Cancer Council NSW’s Medical Director, Associate Professor Monica Robotin said “We strongly back efforts to prevent and treat viral hepatitis as a cancer prevention strategy. Federal, state and territory governments need to do more to ensure Australians living with hepatitis B or C are treated to prevent more Australians developing liver cancer.”

Reference:

1. Australian Institute of Health and Welfare (AIHW). Australian Cancer Incidence and Mortality (ACIM) books. Last updated January 2015. Available at http://www.aihw.gov.au/acim-books/

The Mortality-to-Incidence Ratio (MIR) is calculated based on the number of deaths from the cancer in question in a given year divided by the number of new cases of that cancer in the same year. The MIR is considered to be a rough measure of the fatality of the cancer in question: if no-one ever died of the cancer the MIR would be 0 while if everyone died on the same day they were diagnosed the MIR would be 1. So values of the MIR closer to 0 indicate longer average survival while values closer to 1 indicate shorter average survival.

Distributed by Ethical Strategies on behalf of Hepatitis Australia.
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