The Liver Cancer Index – Mapping the Liver Cancer Treatment Landscape Across the EU

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BACKGROUND, RATIONALE AND AIM

Liver cancer is a growing global health concern. It is the fifth most frequent cancer and the third most common cancer-related cause of death worldwide. In Europe in 2020, 87,000 people were diagnosed with liver cancer and 78,000 died from the disease in the same year. To improve the chances of survival for liver cancer patients, we need to ensure that high-quality healthcare services and best practice care are widely available. We can achieve this by mapping the availability of liver cancer treatment in each European country and using the gathered data to address any obstacles that may limit access to the best practice care. Hence, the aim of the project carried out by Digestive Cancers Europe (DiCE) in 2023 was to map the liver cancer treatment landscape across the EU with a focus on hepatocellular carcinoma (HCC), the most common form of liver cancer.

METHODOLOGY

Using the LimeSurvey tool, an online mapping survey (33 questions) was designed. The questions focused on awareness of and adherence to HCC treatment guidelines, transplant and systemic treatment availability, treatment approaches and location (local hospitals vs. remote centres), and quality of life (QoL) data collection. We collaborated with the European Association for the Study of the Liver (EASL), the European Liver Patients’ Association (ELPA), the International Liver Cancer Association (ILCA), the International Liver Cancer Movement (ILCM) and the United European Gastroenterology (UEG) among others to distribute the online survey to clinicians, patient organisations and public health experts across the EU. The survey was open from 13.04.2023 until 31.07.2023. The results were analysed manually by members of DiCE.

RESULTS

We collected a total of 223 responses from 24 EU Member States (MS). The distribution of participation among the 24 MS was relatively even, on average, 8-9 responses per MS. The participation rate was relatively even, with 19 of the 24 MS achieving a response rate of 75% or higher. We can achieve this by mapping the liver cancer treatment landscape across the EU with a focus on hepatocellular carcinoma (HCC), the most common form of liver cancer.

OUTCOMES

Disparities in liver cancer treatment and care across the EU need to be addressed to provide access to best-practice care to all patients. We encourage the EU and all MS to follow ESMO and EASL guidelines, as well as to, by building on ESMO and EASL guidelines, co-create unified, harmonised guidelines to provide a clear and concise set of recommendations and define the standard for liver cancer care. These guidelines should also focus on QoL, not just overall survival, as a significant aspect of defining treatment success.

Finally, while several treatments are available, the earlier liver cancer is detected, the better the patient’s prognosis. It is easy to infer who is at high risk of developing liver cancer, approximately 90% of liver cancer cases occur in people with cirrhosis (scarring of the liver). Screening groups of people for liver cancer who are at high risk of developing this disease is recommended as a robust method for reducing mortality. Hence, liver cancer surveillance needs to be implemented in high-risk groups.

REFERENCES