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Late diagnosis of hepatitis B and C among individuals with liver cancer and decompensated cirrhosis in Tasmania: a population-based study

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Background: Chronic hepatitis B and C are major causes of liver cirrhosis and cancer globally. Despite the availability of effective treatment, many individuals remain undiagnosed until advanced liver disease develops. We aimed to assess the rate of late diagnosis of hepatitis B and/or C among individuals who subsequently developed decompensated cirrhosis or liver cancer in Tasmania

Methods: We conducted a retrospective population-based study using linked administrative datasets. The cohort included individuals in Tasmania with a hepatitis B and/or C notification who developed liver cancer (1995–2022) or decompensated cirrhosis (2007–2022). Late diagnosis was defined as hepatitis B or C notification within two years of a diagnosis of liver cancer or decompensated cirrhosis and further categorised as very late (<6 months) and late (6–24 months). Temporal trends (2007–2022) were assessed in 4-year intervals using logistic regression

Results: Among 357 individuals with hepatitis B or C who developed liver cancer or decompensated cirrhosis, 131 (36.7%) were diagnosed late, with most of this group diagnosed very late (67.2%, n = 88). Late diagnosis was more frequent among those with hepatitis B than C (52.6% vs 35.6%). The median age at hepatitis diagnosis was 54.3years, and 72.5% of individuals diagnosed late were male. The distribution of diagnostic timing remained stable across time periods with no significant temporal trend (OR ≈ 0.85 per period, p = 0.14).

Conclusion: Late diagnosis of hepatitis remains relatively common among patients presenting with advanced liver disease and has not significantly improved over time. These findings highlight persistent gaps in timely hepatitis detection and underscore the need for strengthened screening and early case-finding strategies.

Disclosure of Interest Statement: The authors declare no conflict of interest