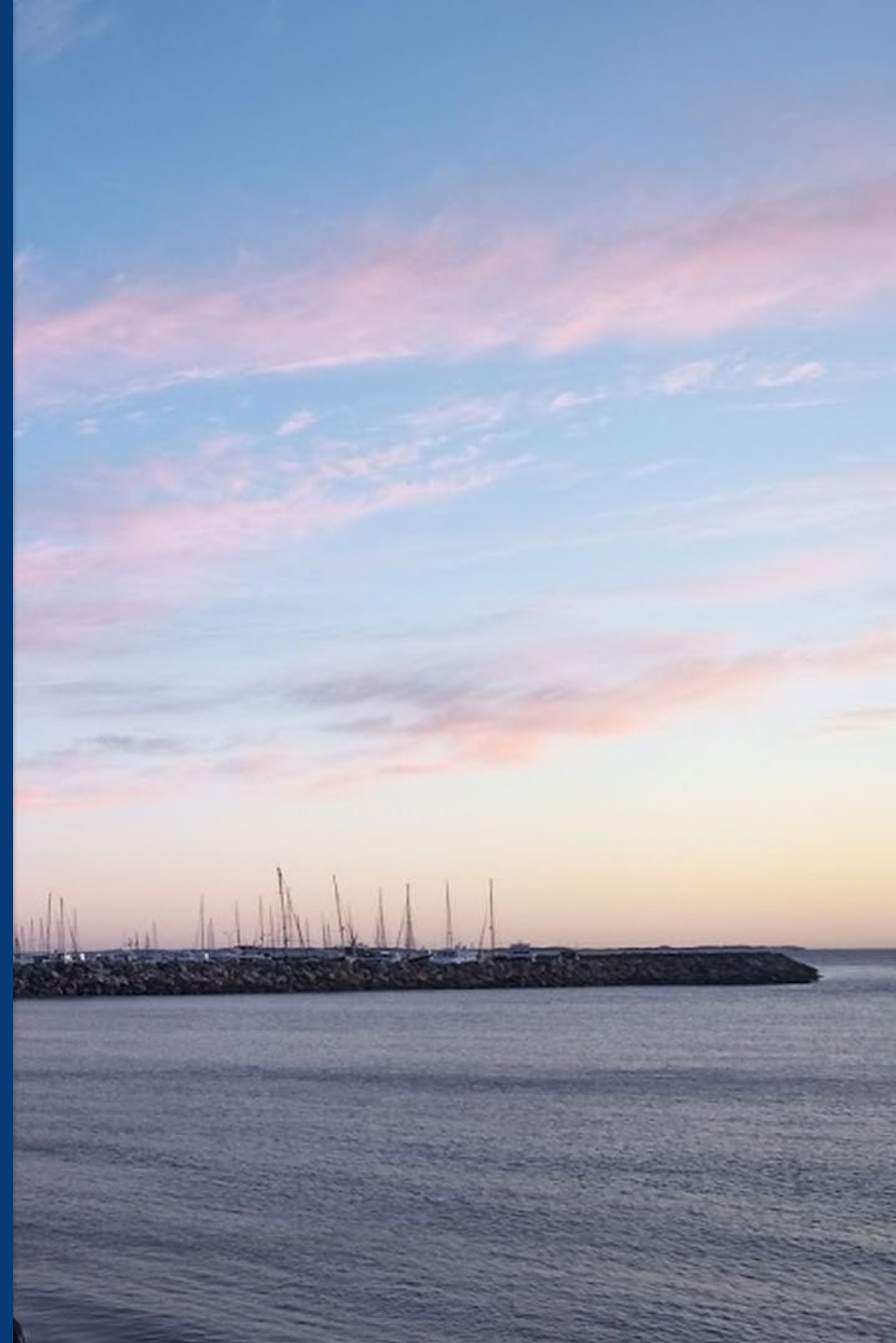


Late diagnosis of hepatitis B and C among individuals with liver cancer and decompensated cirrhosis in Tasmania: a population-based study

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Acknowledgement of Country

I recognise that we are meeting here in **Walyalup (Fremantle)**, on the traditional lands of the **Whadjuk Noongar people**.





Disclosure of interest

I have nothing to disclose

WHY THIS MATTERS

HBV and HCV remain major causes of liver cancer and decompensated cirrhosis.

Effective antiviral therapies are available — but delayed diagnosis means missed opportunities for treatment and prevention.

AIM

Determine how frequently hepatitis B and C are diagnosed late in Tasmania and assess trends over time.

STUDY AT A GLANCE

**Linked Tasmanian
population data
2007–2022**

HBV or HCV → liver cancer /
decompensated cirrhosis

Late diagnosis ≤ 2 years

Very late ≤ 6 months



The scale of late diagnosis

Linked population data identified 357 people with HBV or HCV who developed liver cancer or decompensated cirrhosis.

36.7%

Diagnosed late

131 of 357 individuals

67.2%

of late diagnoses were
very late

88 of 131 — within
6 months

52.6% vs 35.6%

HBV vs HCV

Late diagnosis was
more common in HBV

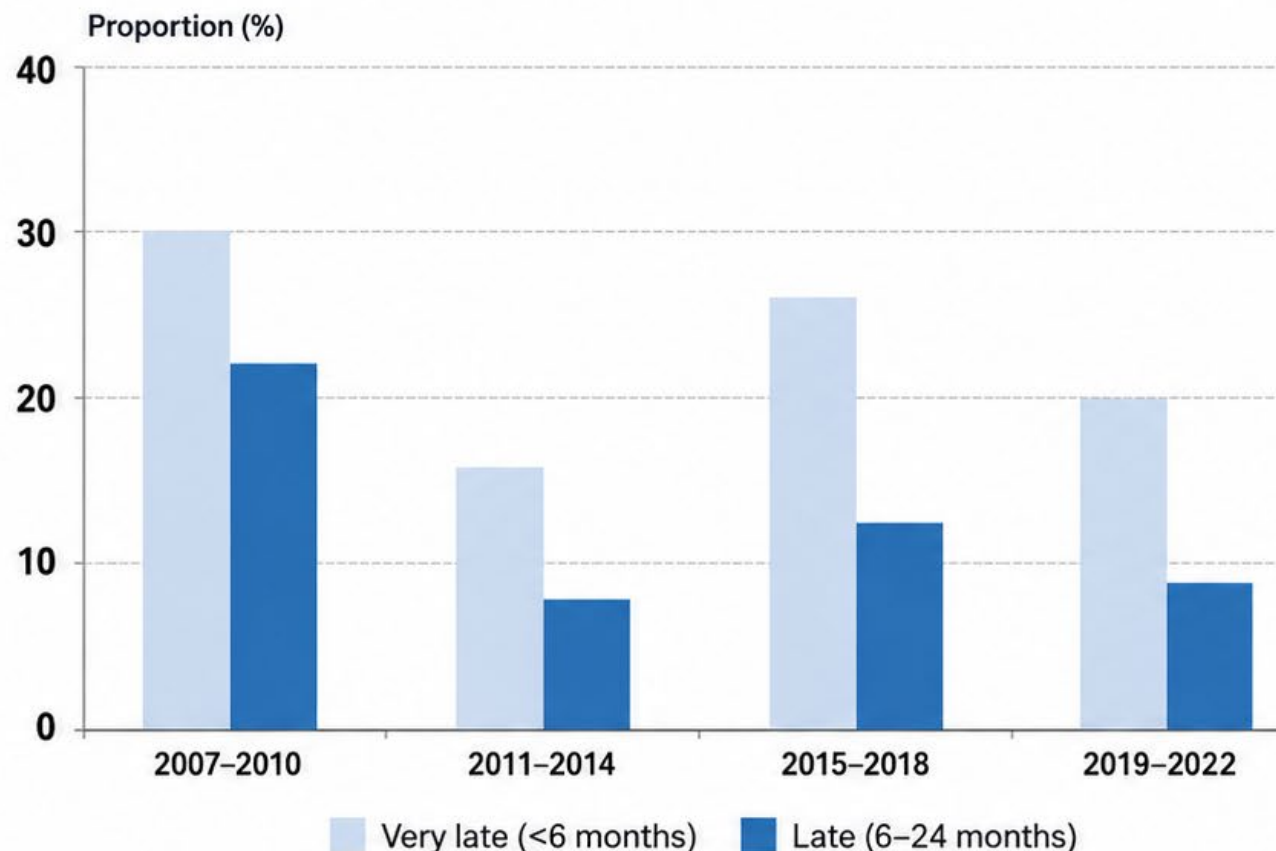


The key signal

More than one-third were diagnosed within 2 years of advanced liver disease — and two-thirds of these diagnoses occurred within just 6 months.



Trends over time and what they mean



KEY MESSAGES

Slight decline over time

No statistically significant improvement overall.

OR 0.85, $p = 0.141$

Significant decline in decompensated cirrhosis, particularly HCV

OR 0.77, $p = 0.042$

Earlier testing and case-finding are therefore needed to realise the full benefits of antiviral therapy.



TAKE-HOME: Late hepatitis diagnosis remains common in Tasmania despite effective treatment being available.