

Exploring enablers and barriers to HCC surveillance among people who inject drugs with hepatitis C-related cirrhosis: a qualitative study

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Background: Hepatocellular carcinoma (HCC) is a significant cause of cancer death in Australia, with around one third of cases linked to cirrhosis from past hepatitis C infection. HCC risk can persist in people with cirrhosis who have been cured of hepatitis C, and is often asymptomatic until late stages, resulting in poor survival. While people with cirrhosis require six-monthly surveillance (ultrasound +/- blood tests), anecdotally, uptake is low among people who inject drugs. This highlights the need to improve engagement in care.

Methods: Between October and December 2025, semi-structured face-to-face interviews were conducted with people who inject drugs with a history of self-reported hepatitis C and cirrhosis. Participants were purposively recruited via three drug user organisations. Interviews explored personal, social and structural enablers of engagement in HCC surveillance. Data were analysed using reflexive thematic analysis.

Results: To date, nine participants (seven males, two females), aged 39–70 years were interviewed. Three participants identified as Aboriginal and eight currently injected drugs. Analysis revealed that liver health was often deprioritised amid competing health and social needs, particularly as liver disease was asymptomatic and access to care was symptom driven. Health literacy and understanding of liver disease varied amongst participants. Fear of “bad news” contributed to avoiding specialist medical services. Multiple structural barriers prevented participants from accessing liver-related care, including limited transport options, fragmented prison-to-community pathways and entrenched stigma. In contrast, health services co-located with drug user organisations and peer navigation support facilitated engagement. Trusted nurse-led and respectful hospital-based care mitigated fear and supported engagement in HCC surveillance. However, experiences of stigma discouraged participants from accessing care and contributed to silence around the diagnosis of cirrhosis.

Conclusion: Overall, engagement in liver disease care was influenced by trust, structural barriers, stigma, and perceived safety within healthcare relationships rather participant knowledge or injecting status.

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