

Screening for Hepatocellular Carcinoma in the Northern Territory

The “Liver One-Stop Shop”

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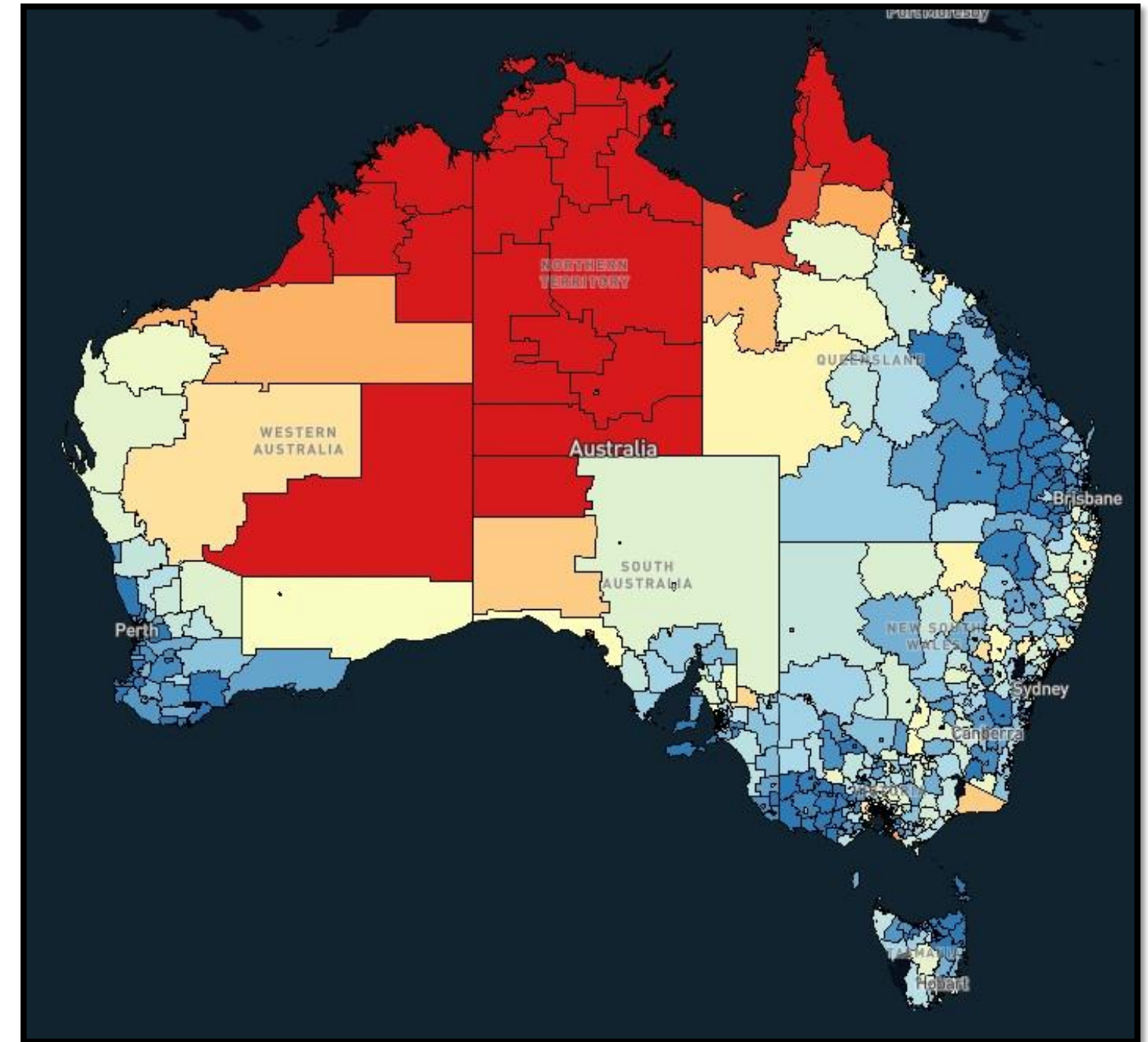
A scenic view of a river flowing through a rocky landscape. The river is dark and flows over large, light-colored rocks. The surrounding area is lush with green vegetation, including trees and grasses. The sky is blue with some white clouds. The text "Acknowledgement of Country" is overlaid in the center of the image.

Acknowledgement of Country

I wish to acknowledge the Traditional Owners of the land on which we meet today, the Wurundjeri people, and I pay my respects to their Elders, past, present and emerging. I also wish to pay my respects to all other Aboriginal and Torres Strait Islander people, including those joining us today.

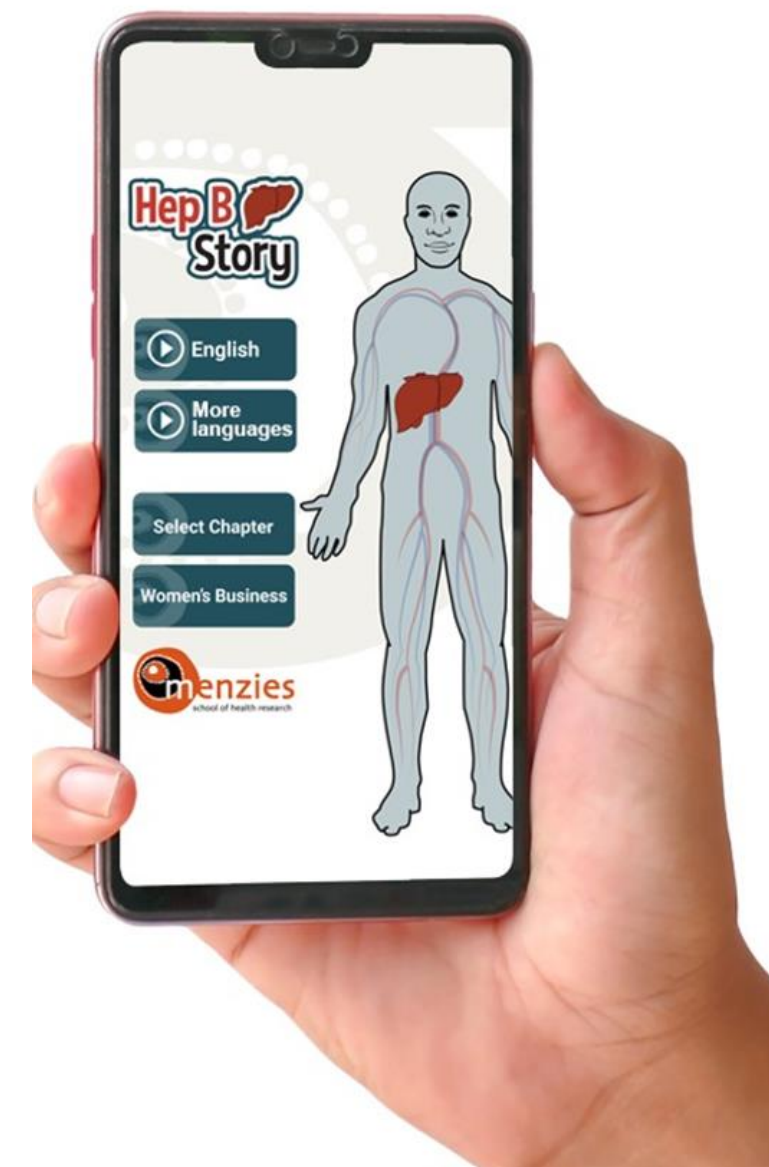
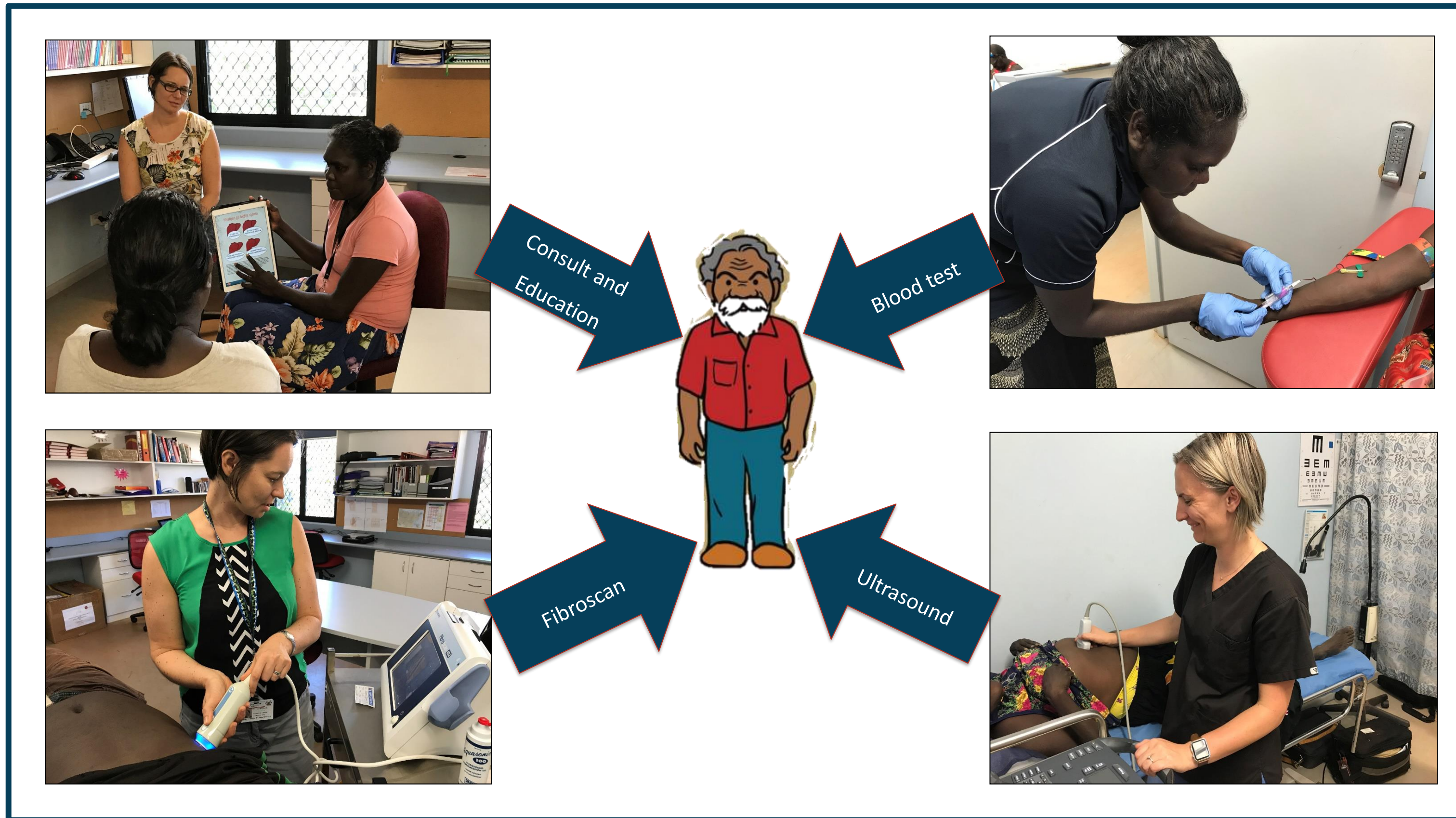
Background – Liver Cancer

- Aboriginal and Torres Strait Islander people of the NT are 6 times more likely to get liver cancer.
- Chronic Hepatitis B is one of the primary causes.
- Aggressive C4 genotype.
- Before 2010, only 1 in 10 cases in Aboriginal people were diagnosed by screening.
- The rest were found when they were symptomatic.
- Average survival time after diagnosis was 64 days for Aboriginal people compared to 173 days for others.
- The most at-risk population lives in very remote communities where access is difficult.



Heat map showing liver cancer incidence in Australia (Australian Cancer Atlas)

Viral hepatitis outreach clinic: the “liver one-stop shop”



Hep B PAST partnership

GOAL – Elimination of Chronic Hepatitis B from Aboriginal and Torres Strait Islander people in the NT

Hep B Story

A visual, interactive app which is designed for patients living with chronic hepatitis B and their families

11 Aboriginal languages available now

Yolŋu Anindilyakwa Arrernte Burarra
Kriol Pitjantjatjara Tiwi Warlpiri Kunwinjku
NEW Murrinh Patha Wubuy

GET IT ON Google Play Download on the App Store

Web app also available now hepbstory.menzies.edu.au

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AIM 1

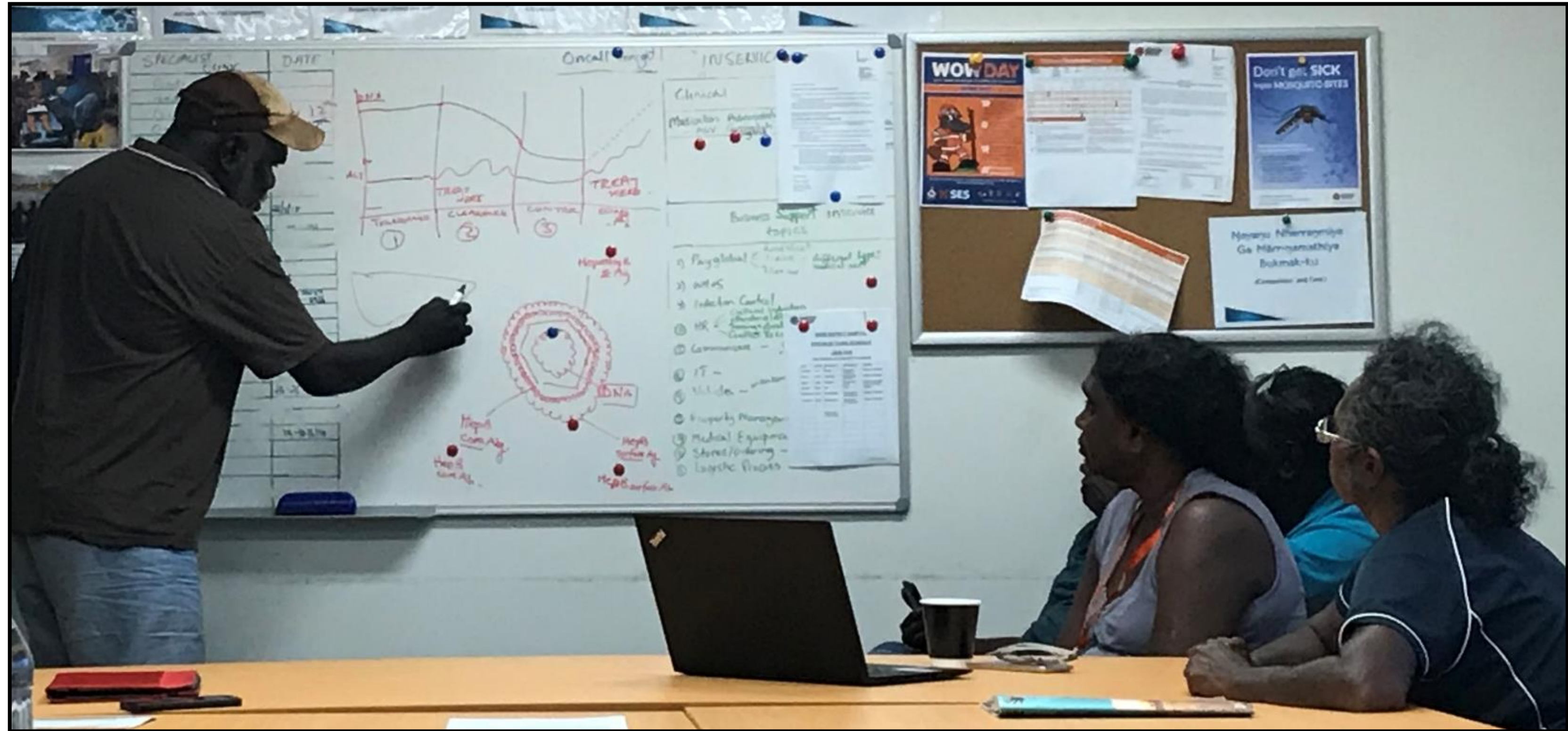
To improve health literacy around HBV



AIM 2

Improve the cascade of care for people living with CHB in the NT

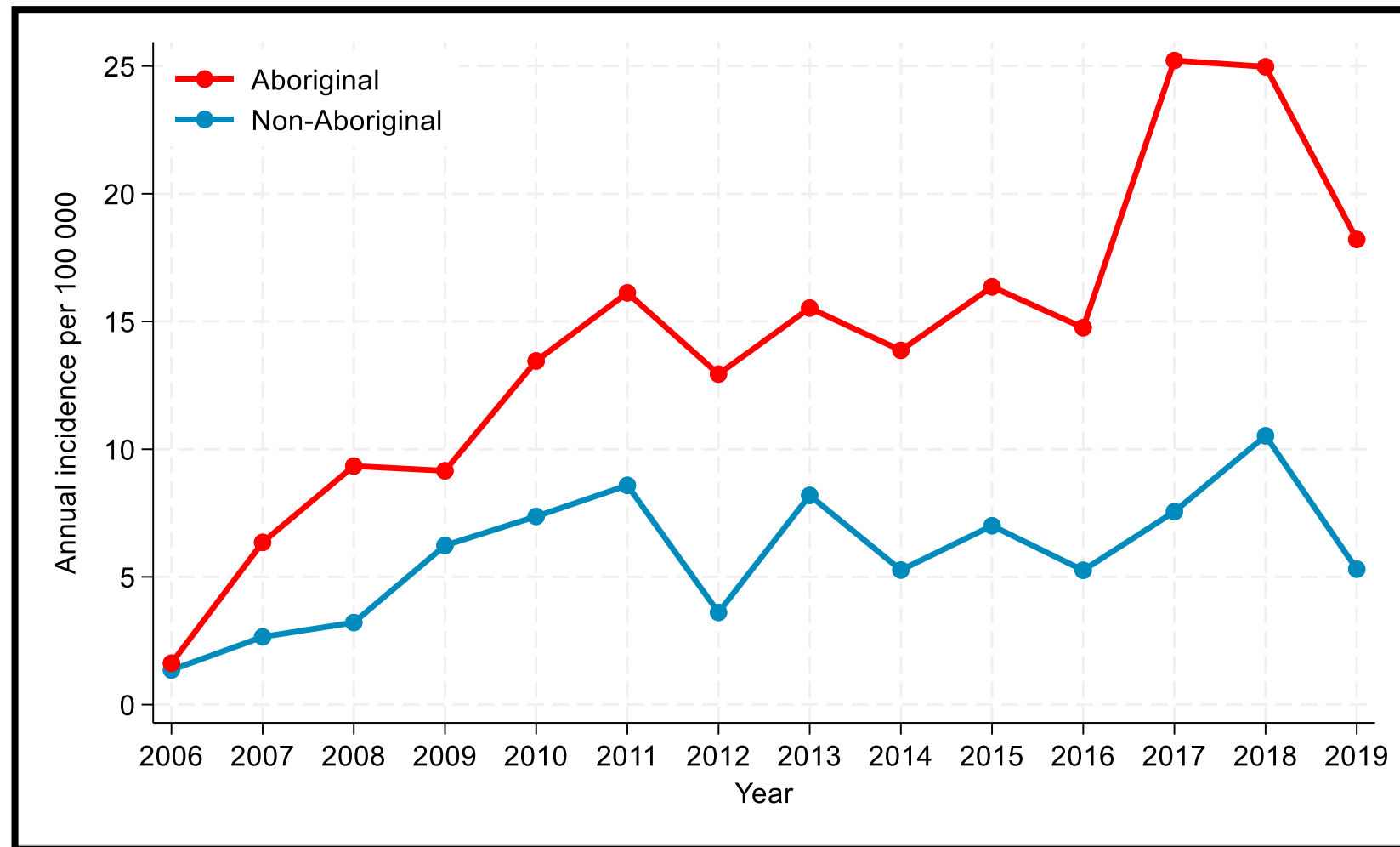
Community Champions



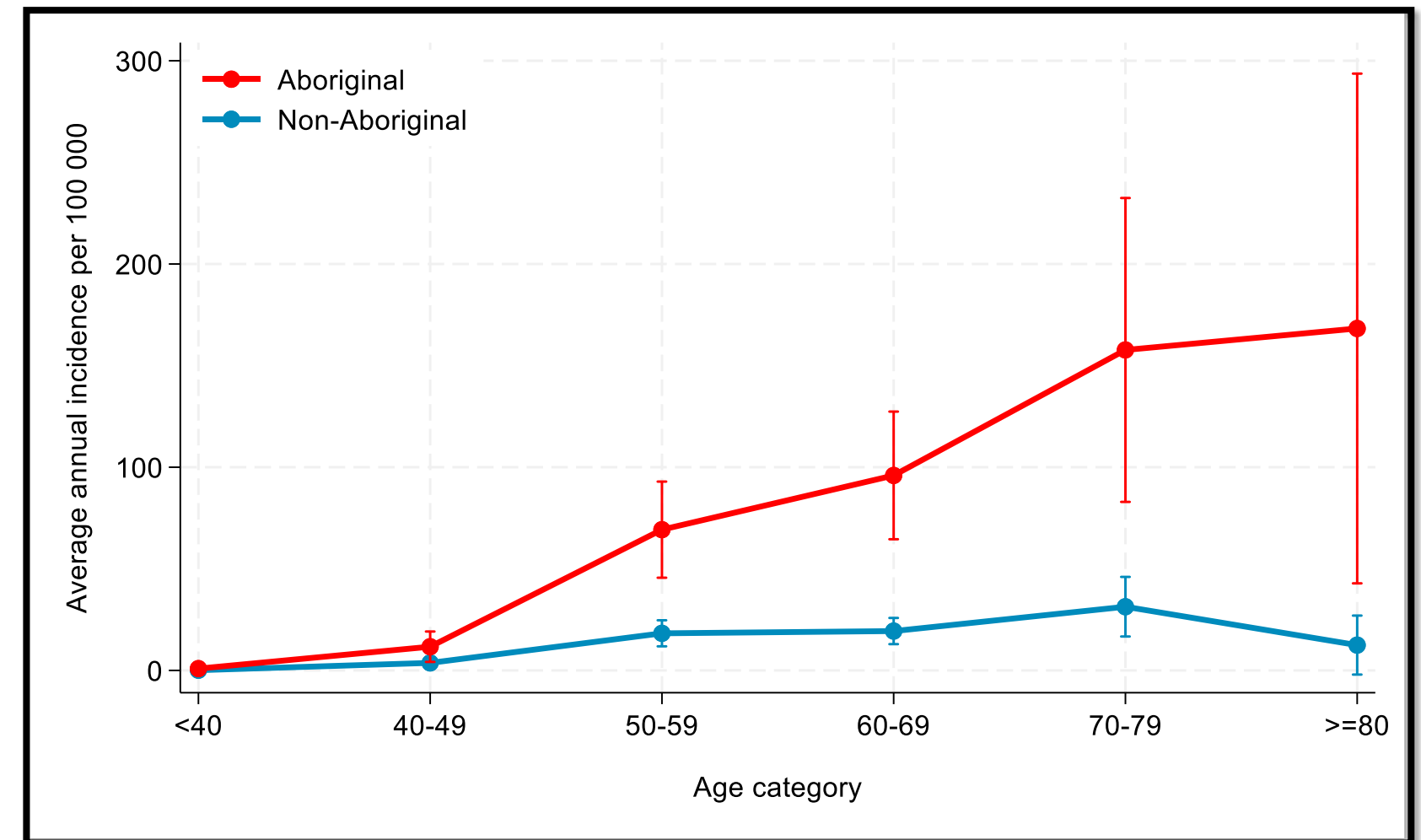


Liver cancer incidence in the NT 2006-2019

Annual Incidence 2006-2019



Age-standardised Incidence 2006-2019

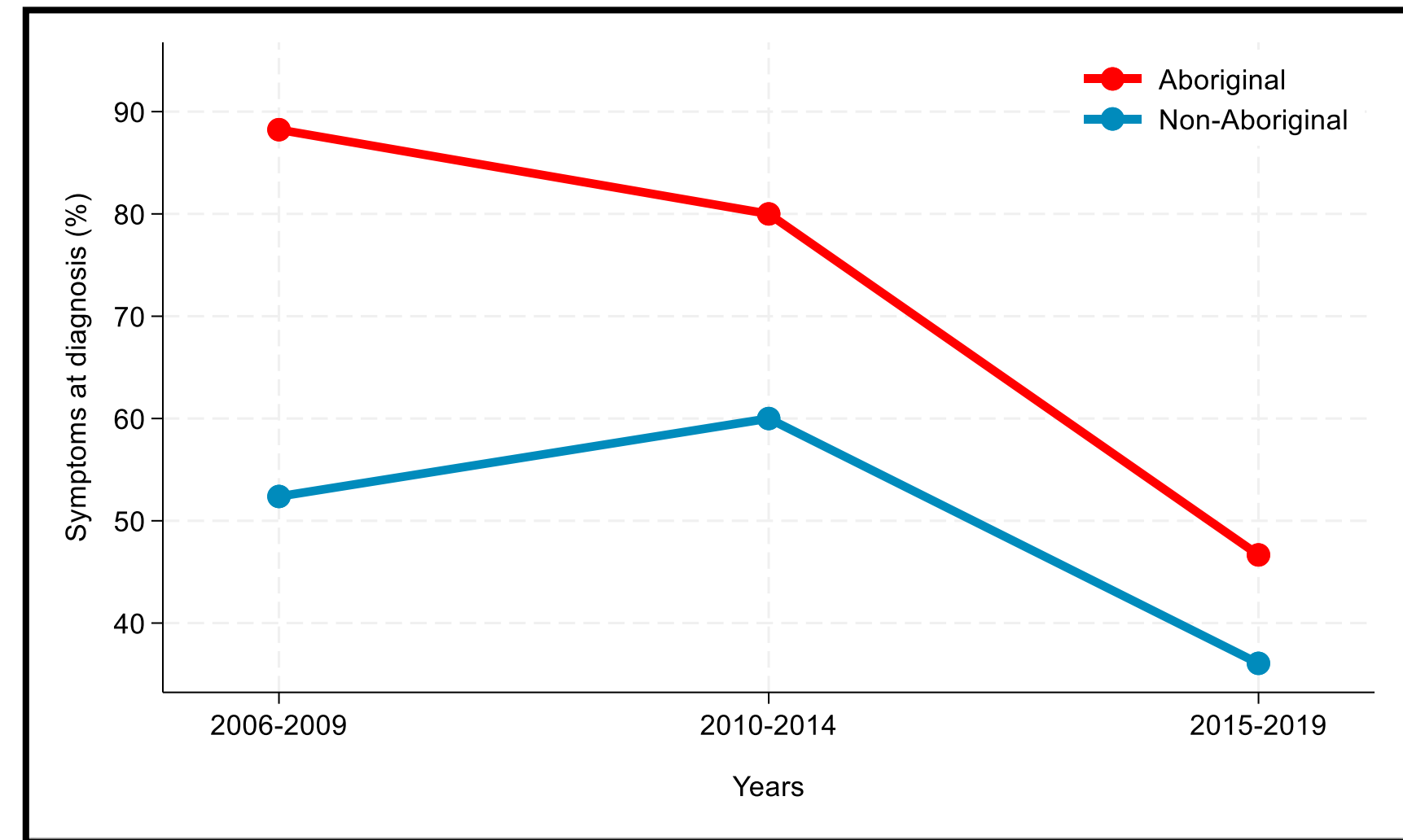
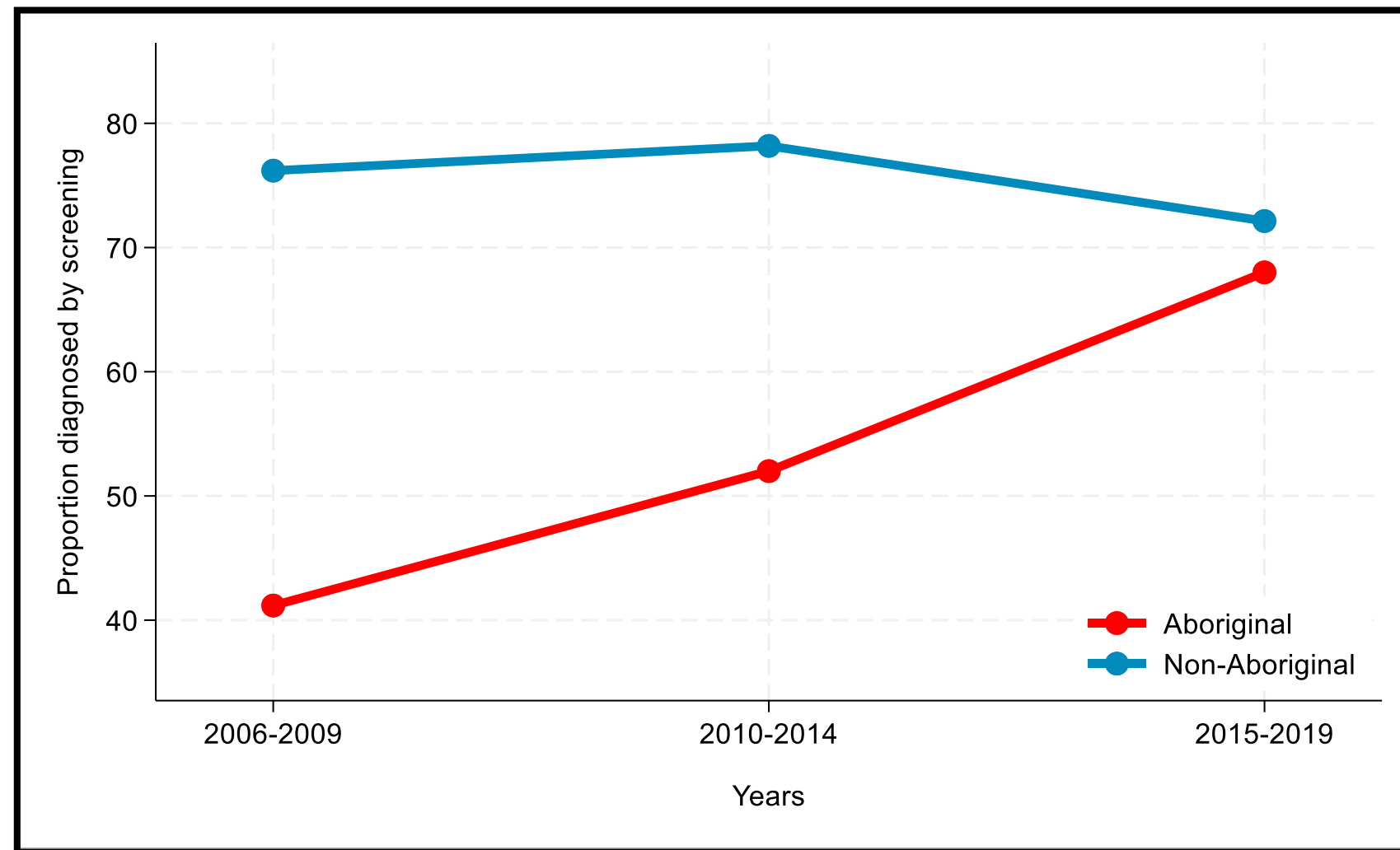


- 282 incident cases in the NT over the 14-year period
- Incidence rose steadily from 1.4 per 100,000 in 2006 to 9.3 per 100,000 in 2019.
- Age-standardised incidence for Aboriginal people was 46.1 per 100,000 (95% CI 26.6-69.9).
- Age-standardised incidence for non-Aboriginal people was 9.5 per 100,000 (95% CI 6.3-14.5)

Liver Cancer in the NT 2006-2019

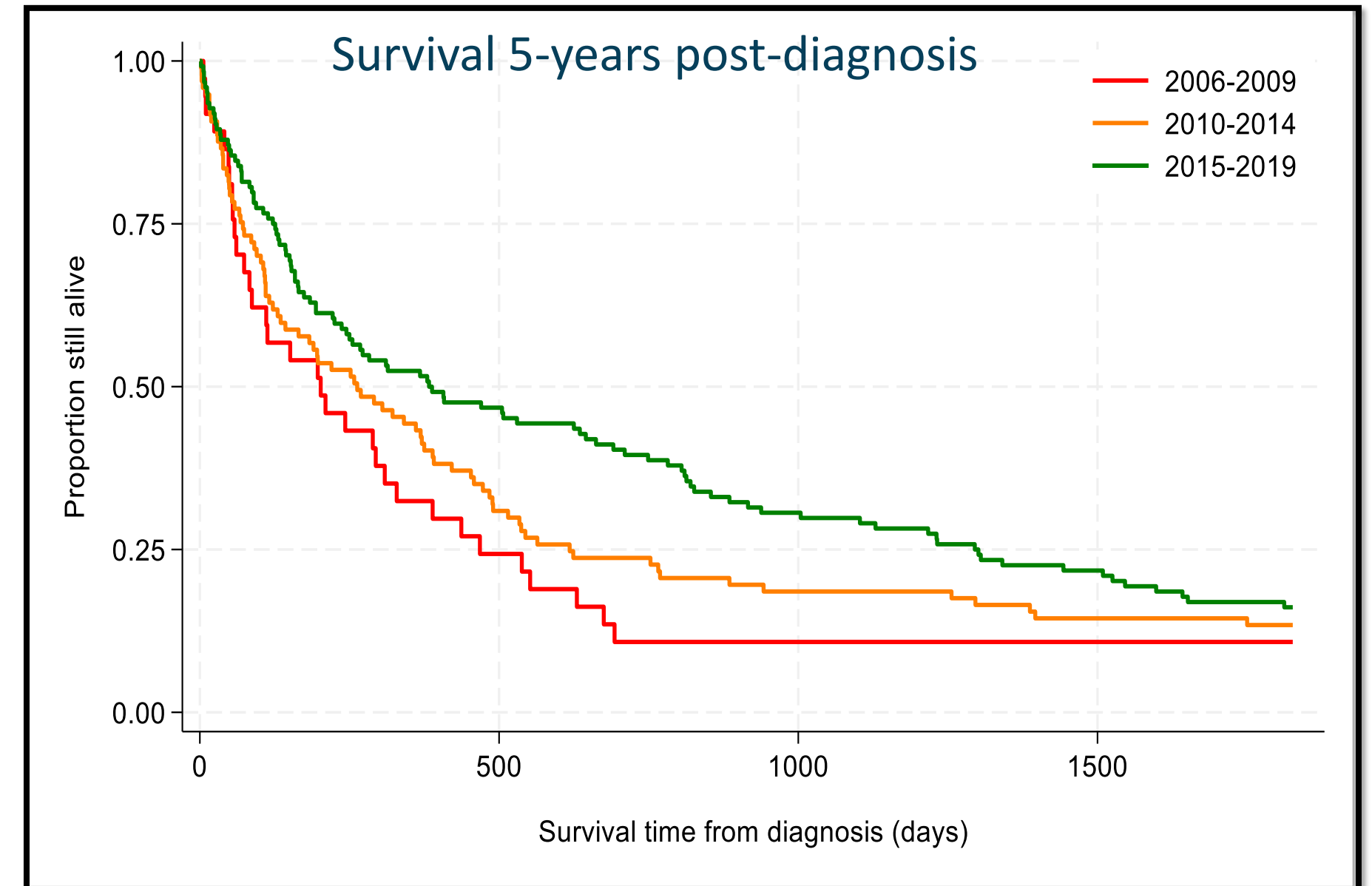
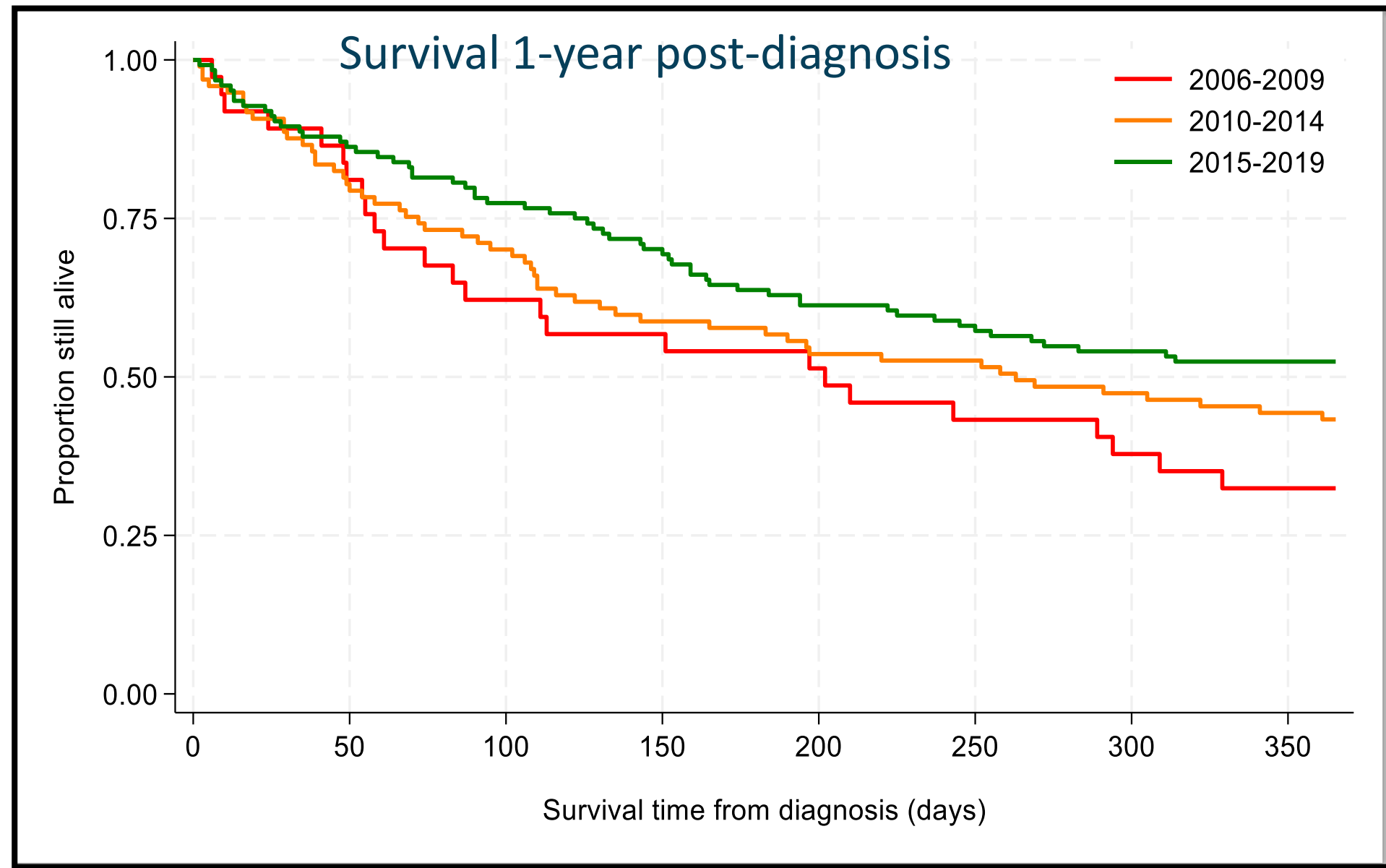
- Aboriginal people made up half of the cases.
- 81% were male.
- Median age at diagnosis – 59 yrs (21 - 101 yrs)
- A substantial number of cases were from remote areas.
- Majority were from Top End (204/282)
- A history of HBV infection was more likely in Aboriginal people.
- A history of HCV infection in non-Aboriginal people.
- Strongly associated with a history of smoking.
- Aboriginal people had more comorbidities.

Diagnosed by screening or presenting with symptoms



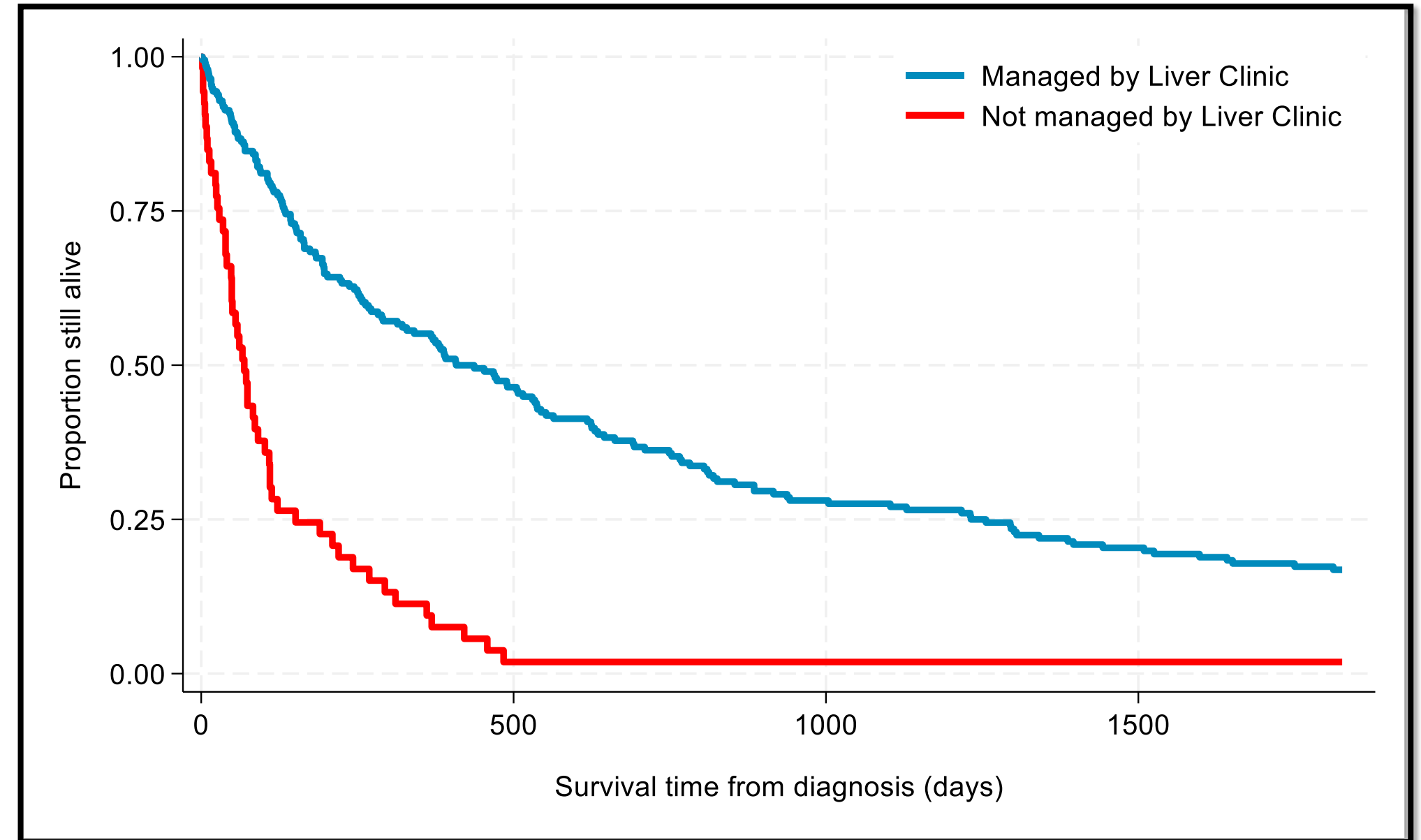
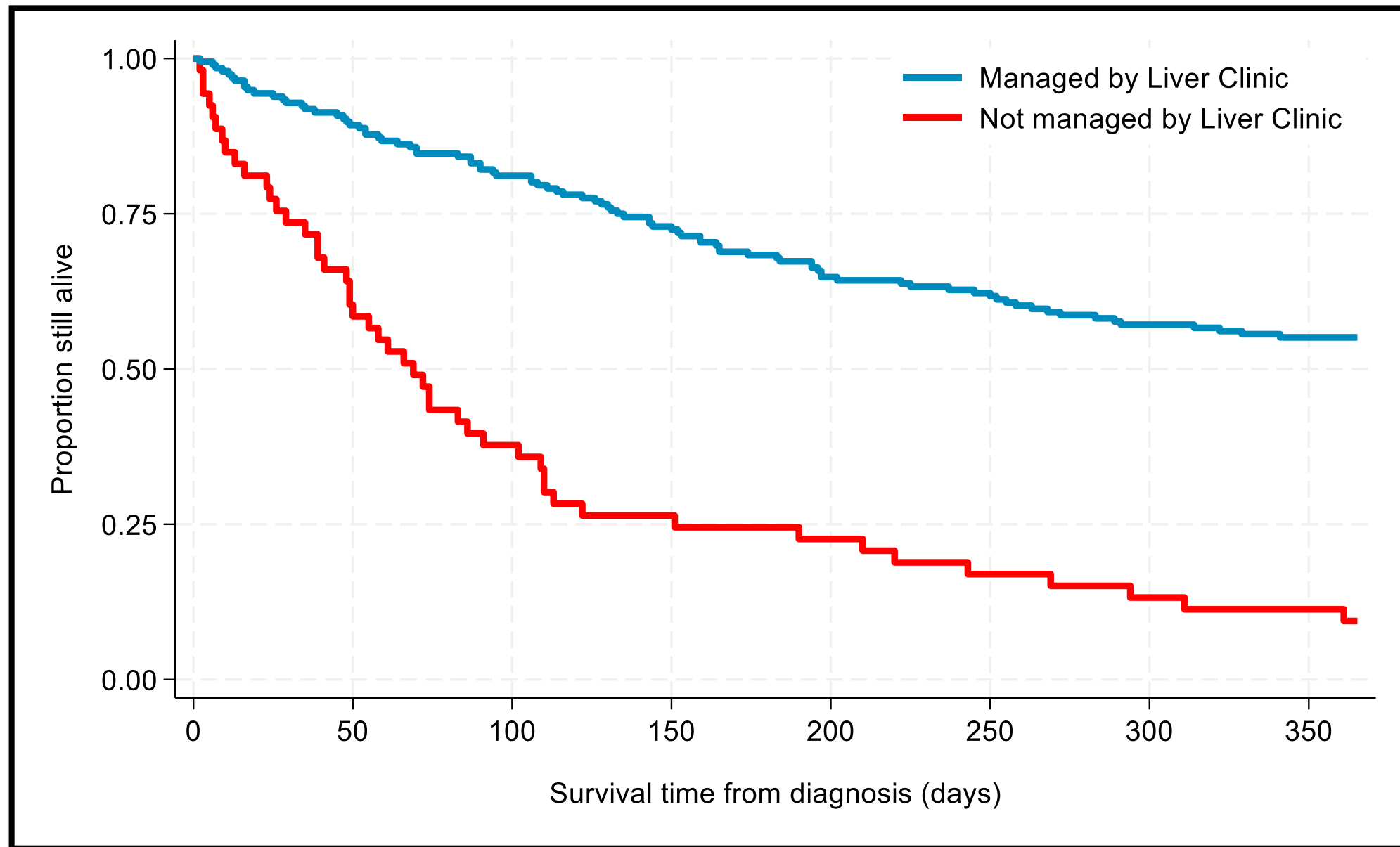
- Three eras, before, during the development of and post “liver one-stop shop”.
- Distinct improvements observed for Aboriginal people (40-67%).
- The number of people presenting with symptoms decreased over the three eras.
- Tumour size and number had decreased.

Survival over three eras



- Survival improved for all patients in the 1- and 5-years post-diagnosis.

Managed by the liver clinic - survival



- Improved survival due to early diagnosis and treatment uptake.
- Aboriginal people were offered and received more curative treatments.

- Several people have received more than one treatment option
- Less people received palliative care only.

Improvements in survival

- Average survival time for Aboriginal people increased from 83 days in 2006-2009 to 252 days in 2015-2019.
- Average survival time for non-Aboriginal people increased from 248 days in 2006-2009 to 505 days in 2015-2019.
- While this is significant, we still need to make further improvements for Aboriginal people.

Recommendations

- Prioritise tailored models of care and relationship building – Hep B PAST.
- Recognise the crucial role of the Aboriginal and Torres Strait Islander Workforce - cultural safety, supportive, informative care, resources in language.
- Establishing a liver cancer register clinical facilitation tool would aid in planning service delivery and case management and improve outcomes. Help identify family clusters.
- Advise expansion of the “one-stop shop” liver cancer surveillance program to reach more Aboriginal and Torres Strait Islander communities.

Liver Cancer in the NT - Summary

- Liver cancer incidence is increasing in the NT
- More patients are now being diagnosed through screening and at an earlier stage.
- Cases managed through the liver clinic have significantly improved survival.
- Treatment uptake has increased; fewer people are having supportive or palliative care only.
- Aboriginal people are surviving 3x longer after diagnosis in the period 2015-2019 compared to 2006-2009.
- Non-Aboriginal people are surviving 2x longer after diagnosis in the period 2015-2019 compared to 2006-2009.

KEY ACTIONS & TAKEAWAYS

- Key Action 1: **TRUST** and **RESPECT**
- Key Action 2: Level the hierarchy, listen and learn, be flexible
- Key Action 3: Keep persisting, it's hard but worth it!!



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