Liver cancer and viral hepatitis in Queensland – a new report

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Background: Although preventable, liver cancer is one of the fastest growing causes of cancer death. HQ and CCQ partnered on the first Queensland report presenting epidemiological data on liver cancer and key risk factors (hepatitis B, hepatitis C, behavioural and metabolic determinants).

Methods: Descriptive population-level analyses examined liver cancer incidence, mortality and survival, alongside hepatitis B and C data. Behavioural and metabolic risks were analysed by geography and population group. Outcomes were stratified by age, sex, First Nations status, culturally and linguistically diverse (CALD) status, socioeconomic-disadvantage, and geographic location.

Results: 2,360 liver cancer cases were diagnosed (2018–2022) – age-standardised incidence rate of 7.5 per 100,000 population. Incidence was higher among males and increased with age. First Nations peoples experienced more than twice the incidence (18.0 vs 7.2 per 100,000) and lower relative survival than non-Indigenous Queenslanders (14.3 vs 24.0%). Higher burden was also seen among CALD communities, regional/remote residents, and in socioeconomically disadvantaged areas. Five-year relative survival improved from 8.6% (1982–1989) to 24.1% (2018–2022).

In 2023, there were 920 hepatitis B notifications (3% newly-acquired), and around 35,000 Queenslanders were living with chronic hepatitis B (70% overseas-born, 7% First Nations peoples). Prevalence was highest in Brisbane South PHN compared with the Queensland average (0.72 vs 0.64%). There were 2,093 hepatitis C notifications (76% male, 26% First Nations peoples). Correctional settings accounted for 39% of total notifications. There were 13,260 Queenslanders living with hepatitis C, with highest %-prevalence in Western Queensland PHN compared with the Qld average (1.28% vs 0.90%).

Tobacco use, overweight/obesity and harmful alcohol consumption were more prevalent in regional/remote Queensland, mirroring liver cancer burden.

Conclusion: Coordinated, equity focused strategies are needed to strengthen hepatitis prevention and care, improve surveillance in priority populations, and address behavioural, metabolic, and structural determinants to reduce preventable liver cancer deaths in Queensland.

Disclosure of Interest Statement: There are no conflicts of interest to disclose.