



A joint venture between The University of Melbourne and The Royal Melbourne Hospital

Liver cancer prevention in primary care

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Conflicts of interest

None to declare

Background

The average (mean) length was 14 minutes the median was 12 minutes (50% were less than, and 50% more than 12 minutes)(1)

85% people saw their GP in previous year.(2)

The majority of cancer diagnosis (all) are made in primary care

Prevention of cancer is core business in general practice but cancer diagnosis has a low frequency. (3)

(1) Britt H, Valenti L, Miller G. Debunking the myth that general practice is '6 minute medicine'. Byte from BEACH No: 2014;2 Sydney. FMRC, University of Sydney, 2014. (<http://sydney.edu.au/medicine/fmrc/beach/bytes/>)

(2) <https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/how-do-we-use-health-care>
The challenges of early diagnosis of cancer in general practice, Jon D Emery Med J Aust 2015; 203 (10): 391-393. || doi: 10.5694/mja15.00527

Primary care

- Diverse settings
- Diverse people
- Different structures and levels of team work
- Generalism is the special skill
- 32,000 GPs across Australia, workforce in primary care practice nurses, nurse practitioners and community health workers

What are the components of liver cancer prevention

Primary prevention
aims to prevent disease or injury before it ever occurs
Vaccination for HBV, harm reduction, lifestyle modification

Secondary prevention
aims to reduce the impact of a disease or injury that has already occurred
Early/ timely diagnosis, cure hepatitis C, monitor hepatitis B and treat eligible, reduce harm caused by alcohol and tobacco, obesity and other causes liver disease.

Tertiary prevention
aims to reduce the impact of disease ongoing
HCC surveillance and early diagnosis, treatment and cure of HCC, HBV antiviral therapy and lifestyle.

Primary prevention of liver cancer

Majority of viral hepatitis diagnoses are made in primary care

Prevention activities are an add on

Viral hepatitis is not concentrated in a few clinics like HIV high case load clinics

A 45 year old woman from China comes to see you in primary care with a viral URTI

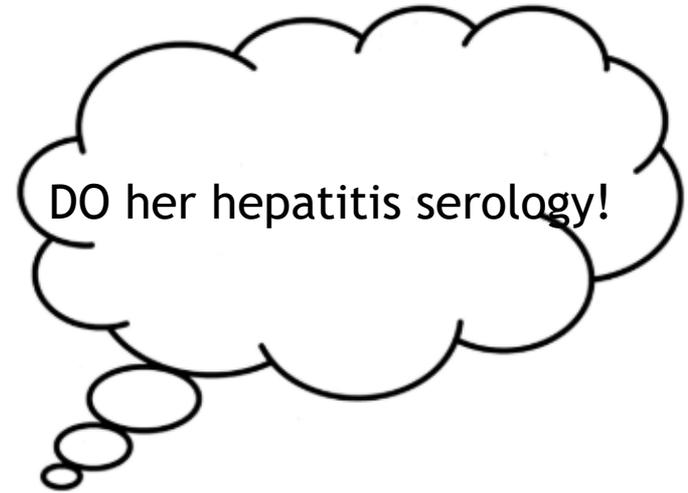
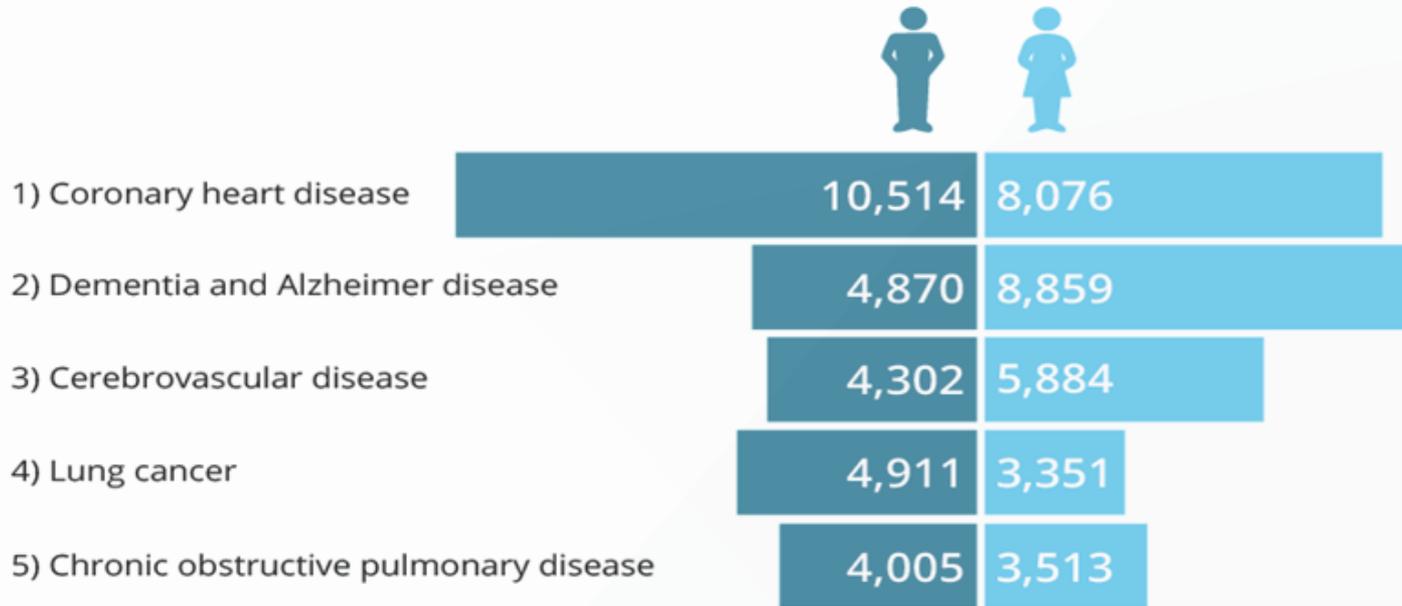


Figure 3.1: Leading underlying causes of death by sex, 2017



Note: Leading causes of death are based on underlying causes of death and classified using an AIHW-modified version of Becker et al. 2006.

Source: AIHW National Mortality Database ([Table S3.1](#)).



Ref: <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>



Guidelines for preventive activities in general practice

9th edition



racgp.org.au

Healthy Profession,
Healthy Australia.

Preventative activities for a 45 year old woman from the red bookabridged

Smoking, nutrition, alcohol and physical activity (SNAP), and readiness to change possible depression
early signs of skin cancer -

Measure

weight, height (to calculate body mass index [BMI]) and waist circumference
blood pressure (BP) fasting lipids

Perform

Human papillomavirus (HPV) test every five years
mammogram for women dependent on her individual degree of risk
Vaccination as required catch up or depending on risk group

Calculate

risk of diabetes using the Australian type 2 diabetes risk assessment tool (AUSDRISK) -
review fracture risk factors for osteoporosis for women aged ≥ 45 years of age
Calculate absolute cardiovascular risk

Testing in primary care

Identify patients at risk of viral hepatitis

Order the tests and get the request correct

Bring the patient back and do further testing

.....How could this be simplified

Treatment and monitoring

- Start hepatitis C treatment- multiple choices
- Refer the hepatitis B patient to a specialist provider or a S100 GP for treatment
- Monitor your patient but you cant prescribe ongoing treatment
- Organise liver cancer surveillance every 6 months for risk group.

.....How could this be simplified or streamlined

Coverage of the response in primary care

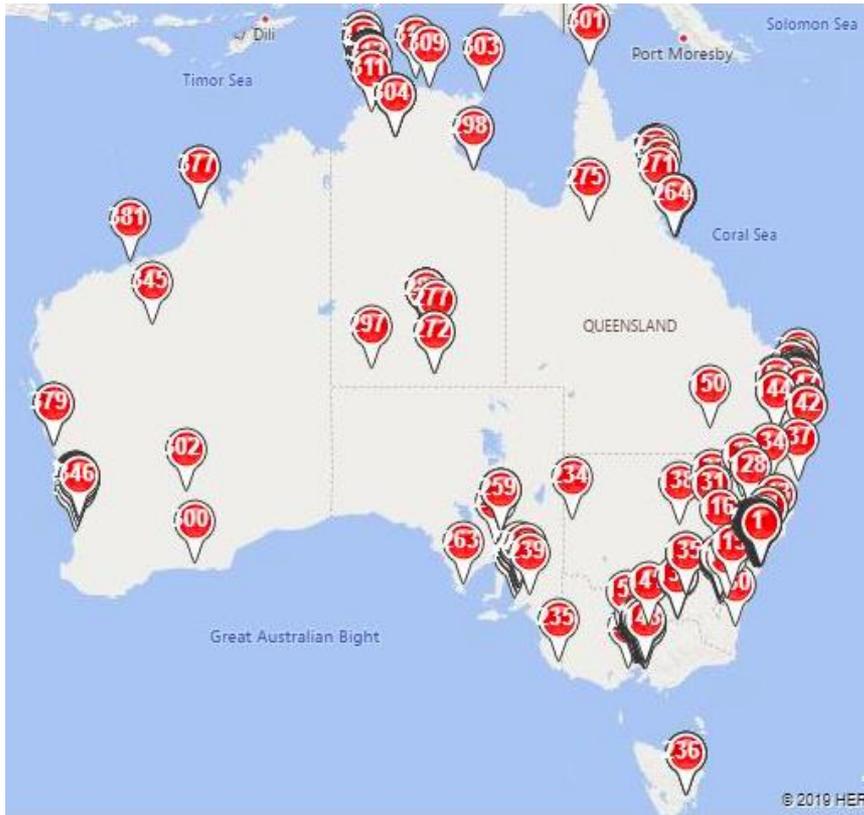
Educate the interested GP and nurse practitioner

Create champions to lead the response

Target services both testing and treatment

- Hepatitis C (prisons and NSPs)
- Hepatitis B (higher prevalence PHNs)

But is the coverage of the response adequate...



1% of all GPs are prescribers

Fifty eight per cent (58%) of SA3s had no S100 prescriber.

SA3s with one or greater number of prescriber covered only 60% of the estimated population living with CHB.

10% antiviral prescriptions were done by GPs

Inform consumers.....



.....our coverage remains inadequate

What are the options going forward

- Present prevention of liver cancer with other cancer or non cancer prevention activities
- How can we mainstream our response beyond the champions to every GP and nurse in the community and increase utilization of prescribers
- Active follow up of notifications to improve cascade for people already diagnosed.
- Widespread awareness campaign on the scale of other cancer prevention with a double message of testing (+/-) vaccination, and treatment/ cure



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+ our Research Advisory Group

Thank you

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