

From Isolation to Integration: A National Model for Liver Cancer and Cirrhosis Support

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Background/Approach: Australia's ambitious viral hepatitis elimination targets have engaged a broad cross-sector workforce spanning drug and alcohol, sexual health and primary care. Extensive consultation, including with people with lived experience, has identified limited referral pathways and a lack of coordinated, wraparound care for people who go on to develop cirrhosis or primary liver cancer (PLC), regardless of underlying cause.

Analysis/Argument: PLC is one of the fastest rising cancers in Australia, with up to 90% of cases occurring in the setting of chronic liver disease. The burden of both PLC and advanced liver disease (ALD) is disproportionately experienced in regional and remote communities, and among Aboriginal and Torres Strait Islander peoples.

This complex dual diagnosis means that care is often delivered outside traditional oncology pathways. Consequently, many people miss out on multidisciplinary care, including psychosocial support and care navigation.

Health professionals and peer workers frequently practise in professional isolation, with limited access to specialist networks, peer support, and continuing education. These systemic gaps further compound inequities in access, care experience and outcomes.

Outcome/Results: Liver Foundation has established a national nurse-led support line for people affected by PLC and ALD. Delivered by specialist hepatology nurses, the service provides information, care navigation and support to individuals and to the health and peer workers assisting them, regardless of disease aetiology.

A suite of free, culturally safe easy-read and translated resources complements the service. A warm-referral partnership with Heplink enables people living with viral hepatitis to access expert information across services according to their needs.

A National Community of Practice (CoP) and a collaborative ALD course to be delivered in 7 regional locations across Australia will strengthen peer connection and specialist capability.

Conclusions/Applications: Integrating nurse-led support, a National CoP and collaborative partnerships addresses gaps across client, community and workforce levels, improving care for people living with ALD and liver cancer.

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