# IS IT CIRRHOSIS? IS IT CANCER? A PRACTICAL GUIDE TO PREVENT IT. 

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## Background:

Infection with Hepatitis C virus (HCV) is generally a chronic condition with a high risk of evolution to liver cirrhosis ( $30-40 \%$ ). HCV is almost epidemic in PWIDs, in some countries around $60-70 \%$. HCV is an oncogenic virus according WHO. Liver disease is an important case of morbidity and mortality in HCV infected persons. The frequent comorbidities can worsen the risk of evolution to cirrhosis, like alcohol, tobacco, diabetes, obesity. HCV in this setting is a major cause of early deaths, before 65 years-old. Cirrhosis is per se an oncogenic situation leading to hepatocellular carcinoma in $10-40 \%$ at 10 years. When cirrhosis enter the phase of decompensation, e.g. ascites, the average life expectancy is around 2 years. Variceal bleeding has a risk of mortality of $20-25 \%$ per episode HCC is one the worst cancer in terms of prognosis.
All these situations are now preventable and possible of harm reduction of liver complications. Not only with DAAs but also with general measure of healthy life. HCV, without cirrhosis, is a curable disease.
Early detection of cirrhosis and portal hypertension is now possible using simple noninvasive methods. Individualized risk stratification in clinical practice and effective removal of etiologic cause can prevent its progression and decompensations.

## Purpose:

Our learning objectives are:
To Increase baseline knowledge of liver cirrhosis in an illustrative way and based on real clinical cases and several pictures.
Deliver information in a simple about recognizing bad liver function, assessment of cirrhosis, screening of HCC, indications for liver transplantation.
Target audience: community, non-medical health professionals.
Simple measures, saving lives.

## Outcome:

Flowcharts about diagnosis, Ten Tips about harm reduction of liver damage in PWIDs (treatment simplification, alcohol consumption, lab tests, scores, etc)

