Liver Cancer UK Part of the British Liver Trust

BRITISH LIVER TRUST

Liver Cancer

A Call to Action

Liver Cancer UK is part of the British Liver Trust, the leading liver health charity in the UK. We work to improve liver health for all and support those affected by liver cancer and liver disease.

This report has been developed by Liver Cancer UK, in partnership with senior liver cancer clinicians from HCC UK and the British Liver Trust's multidisciplinary Clinical Advisory Group.

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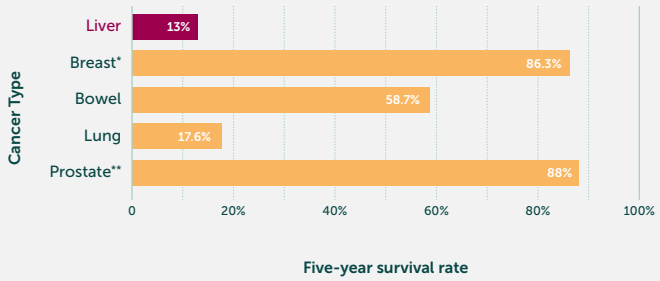
Liver Cancer – A Call to Action

Outcomes for many types of cancer have seen huge breakthroughs and improvements over recent decades but sadly, the same progress has not been seen in liver cancer. There is an urgent need to reverse these trends and to improve outcomes for people living with liver cancer across the UK.

Liver cancer has one of the lowest survival rates of any cancer in the UK. It is also the fastest rising cause of cancer death in the UK.

Cancer Survival[1]



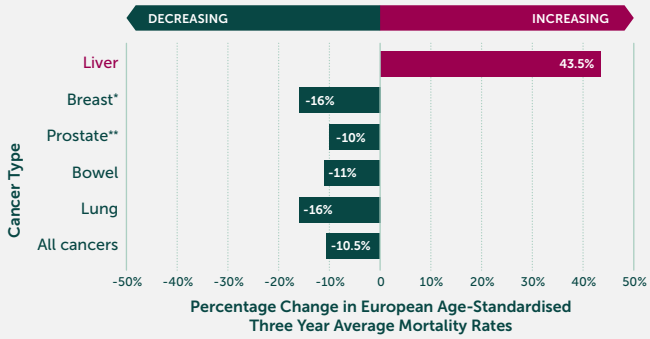
*Women only **Men only

Only 13% of people will survive five years or more following a liver cancer diagnosis and only 40% will survive for one year or more.[2]

This is in stark contrast to more common cancers. For comparison, breast cancer survival rates have doubled in the past 40 years[3] and 86%[4] of breast cancer patients will survive for five years or more following diagnosis. Similarly, prostate cancer survival rates have tripled over the last 40 years in the UK.[5]

Over the past decade, the number of people dying from liver cancer has risen the fastest out of all the 20 most common types of cancer in the UK.[6] This means there are now over 40% more deaths from liver cancer in the UK in both men and women than there were a decade ago.[6] The number of average annual deaths from liver cancer are projected to rise 30% in females and 40% in males between 2023-2040.[7]

Cancer Mortality[6]



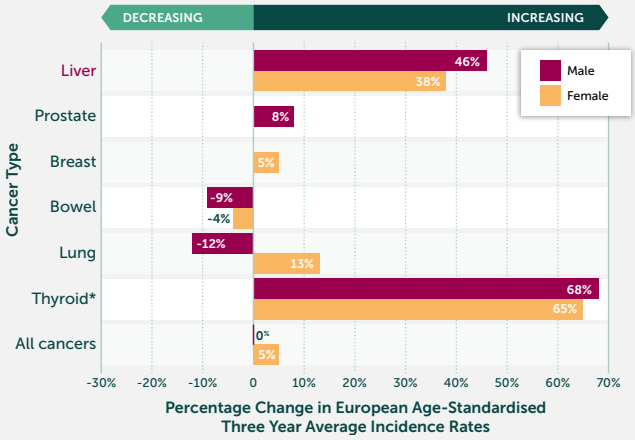
NB: Data has been combined for males and females.
**Women only **Men only*

In addition, the number of new cases of liver cancer has risen the second fastest amongst the 20 most common types of cancer over the past decade in the UK.[8] This amounts to 17 new liver cancer diagnoses each day.[10] There are now over 35% more cases of liver cancer in women, and over 45% more cases in men, than there were ten years ago.[8]

Alongside the Health and Social Care Select Committee, and as part of the Less Survivable Cancer Taskforce, Liver Cancer UK is calling for Government action to improve outcomes for rare, less common and less survivable cancers.[11]

The six less survivable cancers (liver, lung, stomach, pancreatic, oesophageal and brain cancers) account for a quarter of diagnoses in the UK but almost half of all cancer deaths.[12]

Cancer Incidence[8]



** Thyroid cancer trends are likely to be partly driven by overdiagnosis of cancers with no symptoms found during medical imaging tests for other diseases.[9]*

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Calls to Action

The following calls to action have been developed by Liver Cancer UK, in partnership with senior liver cancer clinicians from HCC UK (the leading UK multi-disciplinary organisation that aims to promote professional collaboration for hepatocellular carcinoma), and the British Liver Trust's multidisciplinary Clinical Advisory Group.

A joined-up approach

Specific actions and targets are needed in England, Scotland, Wales and Northern Ireland to drive improvements in outcomes and experiences for all people diagnosed with liver cancer.

If the Government wishes to deliver on the cancer targets set out in the NHS Long Term Plan, it will need to address less common cancers, including liver cancer. Such targets in the Plan include having 75% of cancer diagnosed at stage 1 or 2 and 55,000 more people surviving cancer for five years or more by 2028.[13]

We are calling for:

- **Cancer strategies for NHS England and the devolved nations to include a specific action plan for liver cancer and timebound metrics to drive improvements in liver cancer patient outcomes.**

Prevention

90% of liver disease (the biggest risk factor for liver cancer) is preventable and can be reversible through lifestyle changes, including reduced consumption of alcohol, weight loss (reducing intake of fatty, salty and sugary foods and increasing exercise) and protecting against viral hepatitis.[14] At least 400 cases of liver cancer each year are caused by harmful levels of alcohol consumption.[15] Alcohol is categorised as a group 1 carcinogen (alongside tobacco and asbestos) linked to 7 types of cancer and cardiovascular disease. Obesity is also a significiant cause of liver cancer and levels of obesity and overweight have increased in the UK since the 1970s.

Liver Cancer UK therefore calls upon Governments and devolved administrations across the UK to prioritise cross-departmental measures combatting alcohol harm and obesity to reduce the risk of liver cancer. We are calling for upstream interventions to reduce the carcinogenic effects of the unhealthy food and drink environment.

We are calling for:

- **An independent review of alcohol harm to inform a comprehensive alcohol strategy, including measures to address the affordability, promotion and availability of alcohol to help reduce the harm alcohol causes.**
- **Government to bring forward upstream interventions to regulate the unhealthy food and drink environment including through advertising restrictions and reformulation of products high in fat, salt or sugar.[16]**

Surveillance

Outcomes and survival from liver cancer are significantly better when the disease is caught at an early stage. The biggest risk factor for liver cancer is having pre-existing liver disease so early diagnosis of liver disease is needed to prevent progression to liver cancer. We then need regular surveillance of higher risk individuals so that we can save and extend lives.

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Liver cirrhosis is present in about 80-90% of people with the most common type of primary liver cancer, hepatocellular carcinoma (HCC).[17] According to NICE guidelines, adults with cirrhosis and chronic hepatitis B should be offered 6-monthly surveillance for HCC.[18] However, evidence suggests that only 24% of those with cirrhosis are accessing surveillance every six months.[19] Oversight mechanisms should be rigorously implemented including effective recall systems and quality assurance procedures.

People diagnosed with liver cirrhosis and chronic hepatitis B should have access to effective liver cancer surveillance, where it is clinically appropriate in line with NICE guidance.[18] This should be delivered through Community Diagnostic Centres or local hospitals.

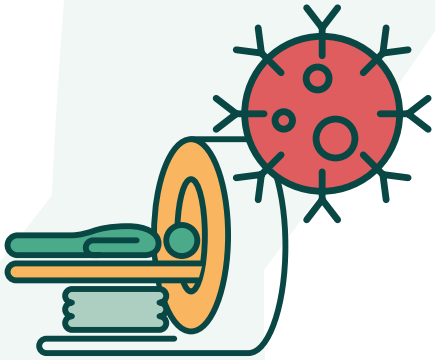
We are calling for:

- **Earlier detection of liver disease so that people with cirrhosis and hepatitis B can be entered into surveillance.**
- **Effective surveillance to be rigorously implemented including effective recall systems and quality assurance processes.**
- **A dedicated cirrhosis registry to address data gaps and improve recall for surveillance.**

"I was diagnosed late. It wasn't until I went to A&E in extreme pain and an ultrasound discovered a liver tumour the size of a pineapple and I was told I had just weeks to live. Thanks to a complex surgery and chemotherapy I defied the odds and have been cancer-free for six years."

Andrea, Sandbach

Diagnosis



Liver cancer has one of the lowest survival rates of any cancer in the UK. A major reason for this is that only 3 in 10 liver cancer cases are diagnosed early at stages 1 or 2.[20] Liver cancer is a silent killer as it is often asymptomatic in the early stages.

Liver cancer survival rates are drastically improved through earlier diagnosis: almost 80% of people with liver cancer will survive for one year or more if diagnosed at an earlier stage, compared with only 20% of people diagnosed at the latest stage.[2] Steps must therefore be taken to raise awareness of liver cancer and its potential causes so that people are diagnosed sooner.

There is a need to develop tests which can detect early-stage liver cancer more effectively. The UK has potential to be a world leading global hub for innovation in biomarkers that are reliable signs of early-stage liver cancer.[21]

Given the importance of early diagnosis in improving outcomes, there is an urgent need to ensure those who have symptoms of liver cancer can access diagnostic testing much faster than they do currently. Initiatives such as Community Diagnostic Centres must continue to help tackle the backlog in diagnosis caused by the COVID-19 pandemic. It is imperative these are in place and operating effectively throughout the UK, to ensure that everyone has equitable access to their services.

The biggest risk factor for developing liver cancer is cirrhosis, which is present in about 80-90% of people with the most common type of primary liver cancer, HCC.[17] Detecting liver disease earlier will therefore in turn mean liver cancer is caught earlier. Only 26% of areas in the UK have a full patient care pathway in place for the early detection and management of liver disease.[22] These regional disparities are having a direct effect on the ability of the health service to detect individuals in every part of the country who need to enter a surveillance programme for liver cancer.

We are calling for:

- **Pathways for the early detection of liver disease in primary and secondary care to be implemented in health systems across all four UK nations, to identify at-risk individuals who should be entered into liver cancer surveillance programmes.**
- **GPs to be educated about liver disease and liver cancer and incentivised to assess and refer.**
- **Funding for more research to find biomarkers that can accurately diagnose liver cancer at an early stage.**

“

When I was diagnosed with liver cancer in 2014, I feared it was a death sentence and my family were devastated.

The tumour was aggressive and extremely large and chemotherapy wasn’t an option for me. Without ground- breaking Selective Internal Radiation Therapy (SIRT) I wouldn’t be alive today.”

Martyn, Darlington

Treatment

Currently the only curative treatments for primary liver cancer are liver transplantation and surgical resection. There needs to be standardisation and more equitable access across the country to treatment and care. This should include innovative and minimally invasive liver cancer treatments, such as interventional radiology (eg ablation, selective internal radiation therapy), which treat cancers in the liver that cannot be removed with surgery.

Liver cancer is complex and every patient should have access to specialist care. We are calling for every liver cancer patient to have their case discussed at one of the 23 hepatobiliary specialist centres who can advise on innovative treatments and clinical trials to reduce variation in care. The case should be discussed in a timely manner by a multidisciplinary team (MDT) comprising hepatology, gastroenterology, hepatobiliary surgery, radiology, oncology and palliative care professionals. Every person with liver cancer should have access to specialist care and a Clinical Nurse Specialist or Clinical Nursing Coordinator to help them navigate the pathway and ensure continuity of care.

Every person with advanced liver cancer should have access to palliative and end-of-life care to help them live longer and more comfortably.

People with a liver cancer diagnosis should be signposted to credible sources of information on their diagnosis and throughout their cancer journey so that they are empowered with the information they need. Improved access to psychological support when needed is imperative.

We are calling for:

- **National audits for liver cancer to be conducted to gain further insight into regional variations in care and treatment across the nation and inform patient service improvements.**
- **Every liver cancer patient to be referred to a specialist centre and to have their case discussed promptly by a multidisciplinary team (MDT) to help reduce variation in access to innovative treatment.**

Workforce

To ensure that patients are able to receive treatment for liver cancer, it is essential that there are enough staff available to deliver it. However, there are currently chronic shortages across the NHS workforce. According to The Royal College of Radiologists, the UK has a 17% shortfall of clinical oncologists and a 29% shortfall of consultant radiologists.[23] In gastroenterology specifically, a 7-9% yearly expansion is needed to overcome the current shortfall in workforce, predicted retirements and population growth.[24] These workforce shortages are delaying cancer services, preventing them from running as smoothly as possible across the UK, and are exacerbating ongoing backlogs caused by interruptions to cancer services during the COVID-19 pandemic.

Following the publication of the NHS Long Term Workforce Plan, dedicated action is urgently needed to map workforce needs across hepatology, gastroenterology, radiology, oncology, nursing and allied healthcare professionals in order to recruit, train and retain a resilient liver care workforce.

We are calling for:

- **Dedicated workforce plans to recruit, train and retain hepatologists and other members of the multidisciplinary team needed to provide optimal liver care.**

Research and data

Investment in liver cancer research is needed to improve quality of life and outcomes for those with a liver cancer diagnosis.

Research on liver cancer is severely under-funded. Investment is urgently needed to improve earlier detection and reduce inequalities in care and outcomes. By setting a strategic goal for tackling liver cancer, the Government may also encourage other funders and pharmaceutical companies to invest in this area of research. Research priorities for liver cancer include testing of new biomarkers (present in blood and urine) for liver cancer diagnosis and monitoring, innovative treatments, and the identification of predictors of treatment response.

Current liver cancer data is poorly coded. For example, 50% of hepatocellular carcinoma cases are classified as 'unknown' and do not capture the cancer 'stage' (i.e. stage 1, 2, 3 or 4) of the patient's diagnosis. In its current state, data does therefore not enable an assessment of liver cancer against

the Government's Long Term Plan target, which aims to diagnosed 75% of people with cancer at an early stage (i.e. stage 1 or 2) by 2028.[13] Cancer registries need to be adapted so that liver cancer staging can easily be recoded. Liver cancer is complex to stage due to the underlying cirrhosis. We are calling for staging to be included in liver cancer data recording (Barcelona Clinic Liver Cancer stage for hepatocellular carcinoma and Tumour Node Metastasis for bile duct cancer) and for this to be done in a way that allows assessment against the Government's cancer targets. Data also needs to be disaggregated for each of the liver cancer sub-types.

We are calling for:

- **A high-profile Government research call to encourage researchers to focus on liver cancer.**
- **Liver cancer diagnosis to be effectively staged and recorded. This will enable the effective assessment of liver cancer diagnosis against the Government's key cancer targets.**

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