



## Position Statement on Liver Cancer Screening (Hepatitis)

**Position: We recommend the urgent development of a Māori designed and led, national Liver Ora Programme, which includes hepatitis and liver cancer screening, treatment and surveillance.**

### Ngā take matua - main points

- Liver cancer incidence and mortality is higher for Māori than non-Māori
- Hepatitis B and C are the most common causes of liver cancer for Māori
- Hepatitis B is preventable through immunisation and hepatitis C is curable
- Liver damage from hepatitis can be monitored so that liver cancer is found early when it can be curable
- A national Liver Ora Programme that includes hepatitis B and C screening, treatment and surveillance for Māori will reduce liver cancer mortality
- This programme should be Māori led and Māori governed

*Ko te aha te ate? He mea tapu nā Hineahuone, nā Tane.*

*I tō te tīnana hanganga mai, i whakanohoia te ate ki tō puku taha, he teina mōna. Ko tana mahi hei tuku waiate e nakunaku ai i te kai. Ki ētehi tirohanga Māori, ko ia te whare tiaki kare-ā-roto, te whare mō te aroha, te pōuri, mō te katoa. He tino whakahirahira te ate. He nui ake tana mana. Nā reira, e pakari ai, e kaha ai te tū o te whare kare-a-roto kia ora ai te tinana, te hinengaro me te wairua.*

*What is the role of the liver? The liver has an important role in our oranga. It is a sibling to the intestinal tract and has a role in breaking down kai. According to some, the liver also has a wairua and hinengaro relationship to emotions. It's sometimes called the house of emotions and helps us to digest, filter and feel our worldly experiences. Ensuring our liver is well is important for the oranga of our tinana, hinengaro and wairua.*

## **Background**

**Incidence:** Liver cancer is among the top ten most commonly diagnosed cancers for Māori, with more than 60 Māori diagnosed each year. Liver cancer is more common among Māori at a rate of 7 cases for every 100,000 Māori, compared to 2 cases per 100,000 non-Māori.<sup>1</sup>

**Survival:** Māori who are diagnosed with liver cancer have poor survival rates. Only 20% of Māori patients survive to 5 years.<sup>2</sup> Māori are 30% more likely to die following a diagnosis of liver cancer when compared to non-Māori patients.<sup>2</sup>

**Mortality:** Every year, more than 40 Māori die of liver cancer in Aotearoa. Death rates for liver cancer are higher among Māori, with 5 deaths per 100,000 people, compared to 2 deaths per 100,000 for non-Māori people.<sup>1</sup>

## **Liver cancer, hepatitis and Māori**

Hepatitis B and C are caused by viruses that infect the liver and are a major cause of primary liver cancers. Not all people infected with hepatitis B and C will develop liver cancer; however, hepatitis damages liver cells which increases the risk of liver cancer developing. Over half of Māori who get liver cancer will have had a hepatitis infection, compared to only around a quarter of non-Māori.<sup>5</sup>

## **Hepatitis B**

Hepatitis B is spread through contact with blood or any body fluids (like saliva) from a person already infected with hepatitis B and can be transmitted through simple household contact.<sup>6</sup> Hepatitis B is not yet curable, although there is a vaccine (see below). People can get hepatitis B when they are children and not know they have it. Approximately 6% of Māori have hepatitis B.<sup>4</sup> Up to 40% of people infected with hepatitis B will develop long term hepatitis B infection, which can be diagnosed using specific blood tests and (if required) controlled with targeted anti-viral therapy. Chronic hepatitis can lead to scarring of the liver (cirrhosis), increasing the risk of liver cancer developing.<sup>4, 10, 11</sup>

In Aotearoa New Zealand, a study found that 77% of Māori with liver cancer who had chronic hepatitis B were not on a surveillance programme.<sup>5</sup> People with chronic hepatitis B should be monitored with blood tests every 6 months, and those with additional risk factors should have 6-monthly liver ultrasound scans to watch for early signs of cancer. A formal surveillance programme can monitor those with chronic hepatitis B and diagnose liver cancers early while it is still potentially curable. Aotearoa New Zealand has a national monitoring programme for some people with chronic hepatitis B, however there is currently no monitoring of who is accessing this programme.

One of the best ways to avoid getting hepatitis B is to get the hepatitis B vaccine. The vaccine is highly effective and is part of the free childhood immunisation schedule.<sup>6</sup> Since 2018 there has been a gradual decline in the number of Māori infants who have been immunised.<sup>9</sup> The national immunisation programme must ensure that the Māori hepatitis B vaccination coverage is equitable with that of non-Māori.<sup>6</sup>

## **Hepatitis C**

The hepatitis C virus is carried in blood and can only be passed to someone through blood-to-blood contact.<sup>7</sup> There is no vaccine to prevent hepatitis C, so avoiding blood-to-blood contact is the best way of preventing infection.<sup>7</sup>

Hepatitis C is curable. Most people with chronic hepatitis C can be cured with a medicine called Maviret that is taken for 8 weeks. Maviret has a cure rate of more than 90%.<sup>7</sup>

### **Hepatitis B & C Screening Programme**

Liver cancer due to hepatitis B or C is detectable at an early stage if those infected with these viruses are actively monitored on a surveillance program. The surveillance program monitors liver function and hepatitis B or C blood tests (known as serology) for evidence of chronic hepatitis B and hepatitis C, as well as markers of possible progression to liver cancer. Patients who test positive for chronic hepatitis B or C can be treated with anti-viral therapy, and if there is evidence of liver cancer, treatment can be initiated.

Not all people with hepatitis B or C will progress to liver cancer, but regular monitoring or surveillance can detect liver cancer early, when there is still the possibility of curing the cancer.

It was found in an audit of Māori and non-Māori liver cancer patients in Aotearoa that most of the Māori patients with liver cancer were hepatitis B-positive (56%), compared to only 27% of non-Māori patients.<sup>9</sup> It was also found that little more than a third of these Māori patients (37%) were on surveillance for their hepatitis, prior to their cancer diagnosis.<sup>9</sup> Crucially, more than three-quarters (77%) of those not on surveillance were diagnosed with stage III or later disease, compared to only 33% of those who were on surveillance.<sup>9</sup> This highlights an urgent unmet need to screen and identify Māori with hepatitis B or C, and provide surveillance so they can get early detection of liver cancer if it develops. This early detection may substantially improve the chances of survival from liver cancer for Māori patients.

### **Hepatitis in Aotearoa prison populations**

We have limited understanding of the prevalence of hepatitis in the Aotearoa prison population, however international evidence suggests that hepatitis could affect 40 to 50% of inmates.<sup>8</sup>

With this in mind, we recommend a screen and treat programme for Aotearoa prison populations, guided by further research on the prevalence of hepatitis B and C within our Aotearoa prison populations.

### **Priority Actions**

We should not underestimate the impact of liver cancer for Māori. Liver cancer is increasing in Aotearoa and Māori have a higher incidence and mortality rate than non-Māori. A national Liver Ora Programme that is holistically designed will reduce the incidence and impact of liver cancer on whānau Māori. Priority actions within a national Liver Ora Programme should include:

1. Targeted investment in increasing Māori participation in hepatitis B vaccination programme.
2. A national, sustainable program to detect and treat hepatitis B and C that is designed to ensure equitable (if not preferential) access for Māori.
3. A national, sustainable liver cancer surveillance programme for those who test positive for hepatitis B or C, with the above equity considerations.

All those who enrolled in primary care and over 18 years of age should be tested. Positive results should undergo further testing including hepatitis B/C viral load, liver function and platelet count. HBsAg positive patients should be additionally tested for hepatitis B e antigen and  $\alpha$ -fetoprotein. Patients can then be started on appropriate antiviral therapy and those with a higher risk of HCC based on the screening tests or those with an initial positive serum  $\alpha$ -fetoprotein will be referred for

specialist assessment at regional public hospitals and considered for HCC surveillance screening with 6 monthly liver ultrasound scans and serum  $\alpha$ -fetoprotein.

In summary, all of these approaches need to be Māori-led, mana enhancing, equitable and coordinated with affected communities including prison populations. Hei Āhuru Mōwai are available to support these recommended initiatives where capacity allows.

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**Disclaimer:** Individual views may vary. This position statement has been endorsed by Hei Āhuru Mōwai Māori Cancer Leadership Aotearoa.

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