

# CHB AND HCC: FACTS AND STATS

THE MOST COMMON CAUSE OF HEPATOCELLULAR CARCINOMA (HCC) WORLDWIDE IS CHRONIC HEPATITIS B (CHB).<sup>2</sup>

RISK OF DEVELOPING HCC IS 20 TO 100-FOLD HIGHER IN THOSE WITH CHB RELATIVE TO THOSE WITHOUT INFECTION.<sup>1</sup>

EARLY DETECTION IS THE KEY TO IMPROVING SURVIVAL<sup>1</sup>

**SURVEILLANCE FOR HCC IS RECOMMENDED FOR HIGH RISK CHB PATIENTS<sup>1</sup>**

THIS INCLUDES SIX-MONTHLY ULTRASOUND (US) TESTS AND ALPHA FETOPROTEIN (AFP) LEVEL IN:



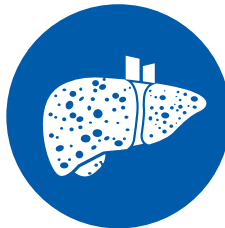
ASIAN MALES  $\geq$  40 YEARS



ASIAN FEMALES  $\geq$  50 YEARS



AFRICANS  $\geq$  20 YEARS



ALL PATIENTS WITH CIRRHOSIS



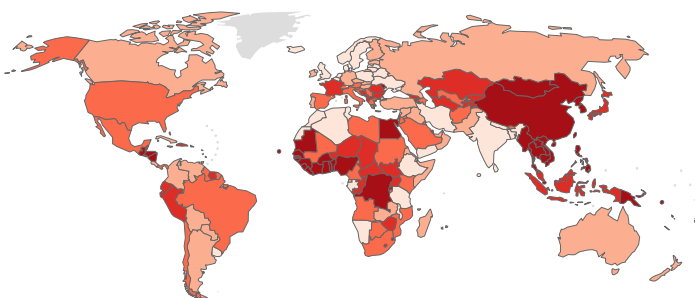
PATIENTS WITH A FAMILY HISTORY OF HCC



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE  $\geq$  50 YEARS

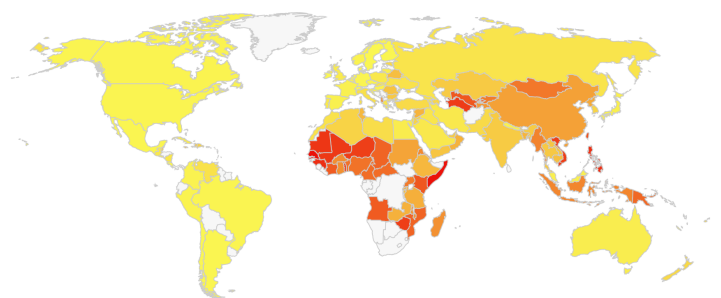
## CHB AND HCC WORLDWIDE

GLOBAL DISTRIBUTION OF LIVER CANCER<sup>4</sup>



NO DATA <3.0 3.0-4.2 4.2-5.4 5.4-9.2 9.2+

GLOBAL PREVALENCE OF HEPATITIS B<sup>5</sup>



0 5% 10% 15% 20%

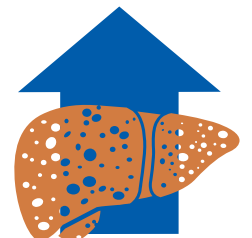
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## CHB AND HCC IN AUSTRALIA

IN AUSTRALIA LIVER CANCER IS THE FASTEST RISING CAUSE OF CANCER DEATH.<sup>2</sup>

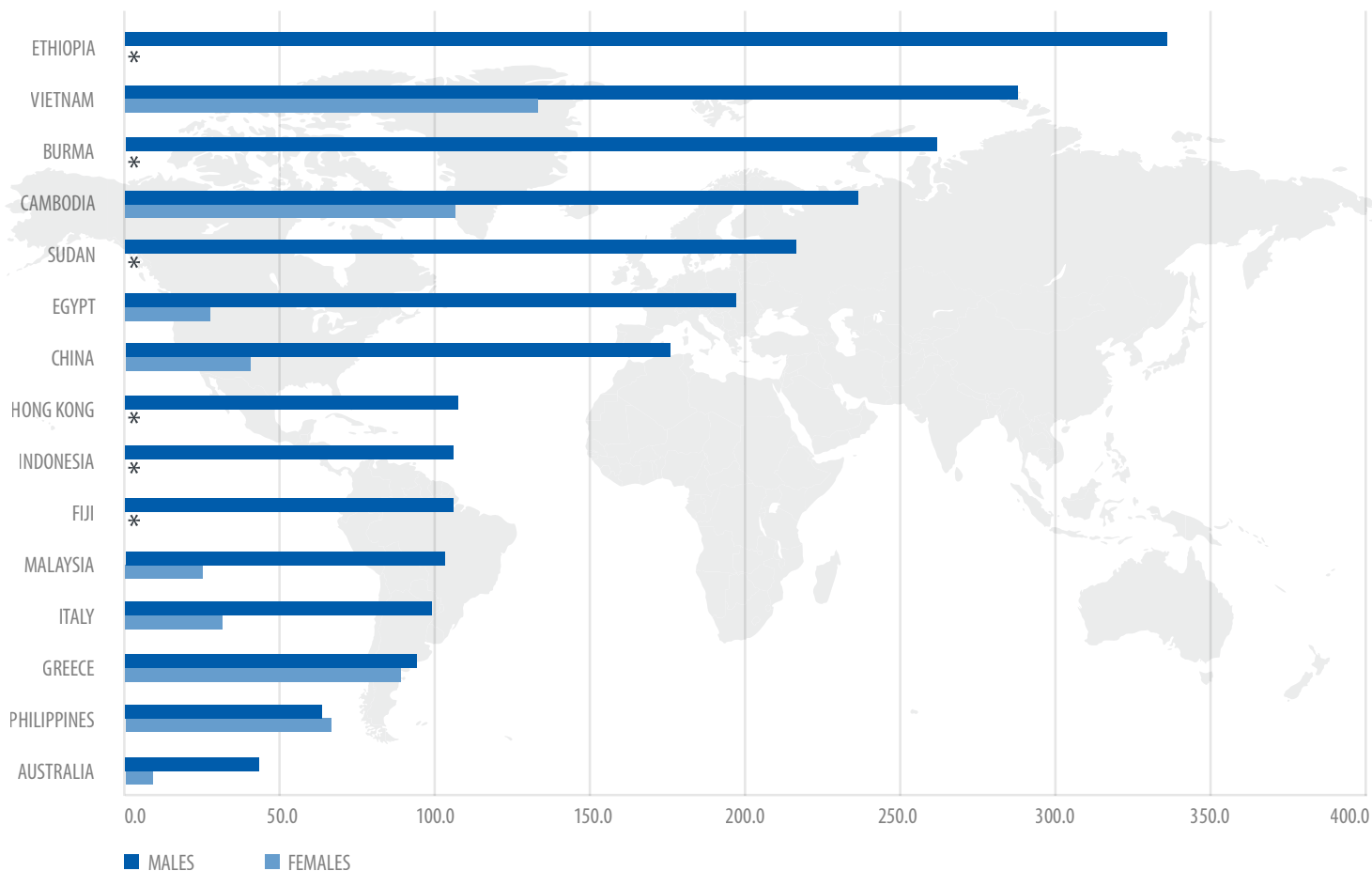


200% INCREASE IN LIVER CANCER MORTALITY BETWEEN 1982-2017.<sup>3</sup>



# HCC IS HIGH AMONG AUSTRALIANS BORN OVERSEAS

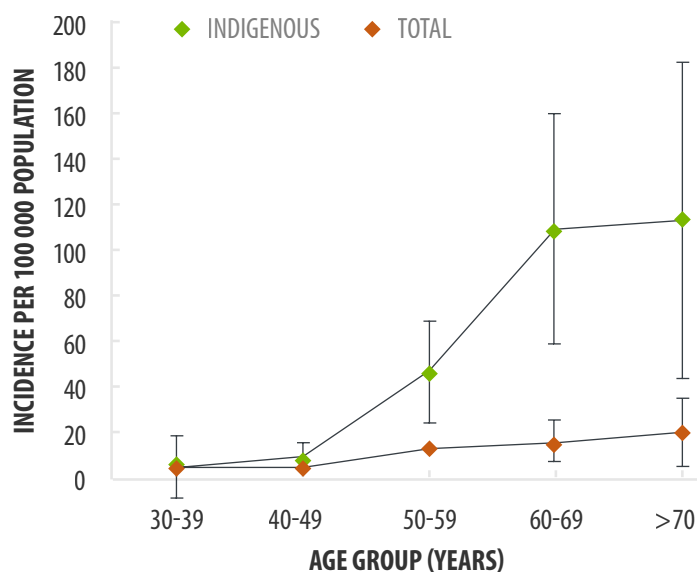
AGE-STANDARDIZED RATE OF HCC ACCORDING TO COUNTRY OF BIRTH AND SEX, VICTORIA, 2004-2013<sup>7</sup>



\*INSUFFICIENT DATA TO CALCULATE FEMALE RATE

# HCC IS HIGH AMONG ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE

ANNUAL INCIDENCE OF HCC IN TOP END, NT, BY AGE GROUP AND INDIGENOUS STATUS<sup>6</sup>



**INDIGENOUS INCIDENCE RATES OF HCC ARE 5-10 TIMES GREATER THAN IN NON-INDIGENOUS AUSTRALIANS.<sup>1</sup>**

**INDIGENOUS MORTALITY RATES DUE TO HCC ARE 2.5 TIMES GREATER THAN IN NON-INDIGENOUS AUSTRALIANS.<sup>3</sup>**

1. AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE (ASHM). B POSITIVE, ALL YOU WANTED TO KNOW ABOUT HEPATITIS B. AVAILABLE FROM: [HTTP://WWW.HEPATITISB.ORG.AU/](http://www.hepatitisb.org.au/) (ACCESSED [23 MAY 2018])

2. MACLACHLAN JH, COWIE BC. LIVER CANCER IS THE FASTEST INCREASING CAUSE OF CANCER DEATH IN AUSTRALIANS. MED J AUSTRALIA 2012; 197:492-493.

3. AUSTRALASIAN ASSOCIATION OF CANCER REGISTRIES. CANCER IN AUSTRALIA 2017. AVAILABLE FROM: [HTTPS://WWW.AIHW.GOV.AU/GETMEDIA/3DA1F3C2-30F0-4475-8AED-1F19F8E16D48/20066-CANCER-2017.PDF.ASPX?INLINE=TRUE](https://www.aihw.gov.au/getmedia/3da1f3c2-30f0-4475-8aed-1f19f8e16d48/20066-cancer-2017.pdf.aspx?inline=true)

4. ADAPTED FROM: FERLAY J, SOERIJOMATARAM I, ERVIK M, DIKSHIT R, ESER S, MATHERS C, ET AL. GLOBOCAN 2012 V1.0, CANCER INCIDENCE AND MORTALITY WORLDWIDE: IARC CANCERBASE NO. 11 [INTERNET]. LYON, FRANCE: INTERNATIONAL AGENCY FOR RESEARCH ON CANCER; 2013. AVAILABLE FROM: [HTTP://GLOBOCAN.IARC.FR](http://globocan.iarc.fr). ACCESSED ON 01/07/2014.

5. MAP: THE CDA FOUNDATION, POLARIS OBSERVATORY LAFAYETTE, CO: CDA FOUNDATION, 2017. HBSAG WORLDWIDE PREVALENCE. AVAILABLE AT: [HTTP://POLARISOBSERVATORY.ORG/](http://polarisobservatory.org/) (ACCESSED [22 MAY 2018])

6. PARKER, TONG ET AL. HEPATOCELLULAR CARCINOMA IN AUSTRALIA'S NORTHERN TERRITORY: HIGH INCIDENCE AND POOR OUTCOME. THE MEDICAL JOURNAL OF AUSTRALIA. 2014 OCT 20; 201 (8): 470-474. AVAILABLE FROM: [HTTPS://WWW.MJA.COM.AU/JOURNAL/2014/201/8/HEPATOCELLULAR-CARCINOMA-AUSTRALIAS-NORTHERN-TERRITORY-HIGH-INCIDENCE-AND-POOR](https://www.mja.com.au/journal/2014/201/8/hepatocellular-carcinoma-australias-northern-territory-high-incidence-and-poor)

7. UNPUBLISHED DATA; SEE CARVILLE KS, MACLACHLAN J, THURSFIELD V, COWIE B. HEPATOCELLULAR CARCINOMA OVER THREE DECADES IN VICTORIA, AUSTRALIA: EPIDEMIOLOGY, DIAGNOSIS, AND TRENDS, 1984-2013. INTERN MED J. 2018 FOR SOURCE INFORMATION

