The Liver Cancer Index – Mapping the Liver Cancer Treatment Landscape Across the EU

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1 BACKGROUND, RATIONALE AND AIM

Liver cancer is a growing global health concern. It is the fifth most frequent cancer and the third most common cancer-related cause of death worldwide.[1] In Europe in 2020, 87,000 people were diagnosed with liver cancer and 78,000 died from the disease in the same year.[2] To improve the chances of survival for liver cancer patients, we need to ensure that high-quality healthcare services and best practice care are widely available. We can achieve this by scoping the availability of liver cancer treatment in each European country and using the gathered data to address any obstacles that may limit access to the best practice care. Hence, the aim of the project carried out by Digestive Cancers Europe (DiCE) in 2023 was to map the liver cancer treatment landscape across the EU with a focus on hepatocellular carcinoma (HCC), the most common form of liver cancer.[3]

2 METHODOLOGY

Using the LimeSurvey tool, an online mapping survey (33 questions) was designed. The questions focused on awareness of and adherence to HCC treatment guidelines, transplant and systemic treatment availability, treatment approaches and location (local hospitals vs. remote centres), and quality of life (QoL) data collection. We collaborated with the European Association for the Study of the Liver (EASL), the European Liver Patients' Association (ELPA), the International Liver Cancer Association (ILCA), the International Liver Cancer Movement (ILCM) and the United European Gastroenterology (UEG) among others to distribute the online survey to clinicians, patient organisations and public health experts across the EU. The survey was open from 13.04.2023 until 31.07.2023. The results were analysed manually by members of DiCE.

3 RESULTS

We collected a total of 223 responses from 24 EU Member States (MS). The distribution of participation among the 24 MS was relatively even, on average, 8-9 responses per country were collected. After data analysis, an online interactive map of country-by-country results was constructed (https://digestivecancers.eu/liver-cancer-map/), and a 2-page Executive Summary was published. Our results reflect significant disparities in liver cancer treatment and care across the EU, and there are several major aspects where the MS do not meet evidence-based treatment recommendations. Examples include:

- The Clinical Practice Guidelines from **The European Society for Medical Oncology (ESMO)**[4] and **The European Association for the Study of the Liver (EASL)**[5] provide **clear recommendations** on **best practice care** defined based on the **Barcelona Clinic Liver Cancer (BCLC)** staging system. However, not all participants were familiar with these guidelines. **19 of 24 MS** have their own specific guidelines that not all participants were aware of. On average, adherence to country-specific guidelines is **50-75%.** It's essential to increase awareness of guidelines and ensure they are adequately followed.

- **Multidisciplinary treatment (MDT)** is **not accessible** to **all liver cancer patients** across the MS. MDT is widely recognised as a best-practice approach in cancer care management and is associated with improved survival rates.

- In 1**3 out of the 24 participating MS**, there is **no certification system** for **accrediting hospitals/clinics** as "**expert centres for liver cancer**". We encourage MS to invest in and implement such certification systems, as the concept of expert centre certification has been proven to contribute to better quality of care and better treatment outcomes.

- Our findings also suggest that **liver transplants** in **liver cancer** patients are **not regularly performed across all MS**. In most MS, the transplant waiting time is **over 6 months**. Accessibility to transplants for liver cancer patients should be improved. Living-donor liver transplants are not performed in 10 out of the **24 participating Member States.** This option should be more widely available as it may lead to increased transplant availability and better control over the waiting time for a transplant candidate.

- In **11 out of the 24 MS,** only **some European Medicines Agency (EMA)-approved** systemic therapies **are accessible** and fully reimbursed (i.e., without cost to the patient). Liver cancer patients in the advanced stages of their disease should have access to all the EMA-approved systemic therapies.

- **Quality of life (QoL)** is an often neglected but critical aspect of patient outcomes. In **22 out of the 24 Member States**, **QoL** questionnaires **are not used**, except in clinical trials.

4 CONCLUSION

Disparities in liver cancer treatment and care across the EU need to be addressed to provide access to best-practice care to all patients. We encourage **the EU** and **all MS** to follow **ESMO** and **EASL guidelines**, as well as to, by building on ESMO and EASL guidelines, **co-create** unified, harmonised **guidelines** to provide a clear and concise set of recommendations and define **the standard** for **liver cancer care**. These guidelines should **also focus** on **QoL**, not just overall survival, as a significant aspect of defining treatment success.
Finally, while several treatments are associated with long-term survival, the earlier liver cancer is detected, the better the patient's prognosis. It is easy to infer who is at high risk of developing liver cancer, **approximately 90%** of **liver cancer cases** occur in **people with cirrhosis** (scarring of the liver)[3]. Screening groups of people for liver cancer who are at high risk of developing this disease is recommended as a robust method for reducing mortality. Hence, **liver cancer surveillance** needs to be implemented in **high-risk groups**.

5 REFERENCES

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