



**DIGESTIVE CANCERS**  
EUROPE



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

**Executive summary**



**Liver cancer** is a significant **global health concern**. It is the fifth most frequent cancer and the third most common cancer-related cause of death worldwide.<sup>1</sup> In 2020, **87,000** Europeans were diagnosed with liver cancer; sadly, **78,000** died from it in the same year.<sup>2</sup> To improve the chances of survival for liver cancer patients, we need to ensure that high-quality healthcare services are available locally. One way to do this is by understanding **the availability of liver cancer treatment** in each **European country** and using the gathered data to address any obstacle that may limit access to the best care.

Our project aimed to scope the **availability of liver cancer treatment** with a focus on **Hepatocellular carcinoma (HCC)**,<sup>3</sup> the most common type of primary liver cancer, across the European Union (EU) and create a map highlighting currently available treatments in each country.

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)** and the **International Liver Cancer Movement (ILCM)** to create an online mapping survey composed of 33 questions. We have then distributed it among clinicians, patient organisations and public health experts and collected responses from 13.04.2023 until 31.07.2023.

A total of **223 people**, spanning **24 European Union Member States**, participated in the survey. Our results reflect significant disparities in liver cancer treatment and care across the EU, several major aspects where the Member States do not meet evidence-based treatment recommendations. The following report summarises the key points from our research project that must be addressed and further investigated. Please see [the Liver Cancer Index Map](#) for an outline of the country-by-country data.



# KEY FINDINGS

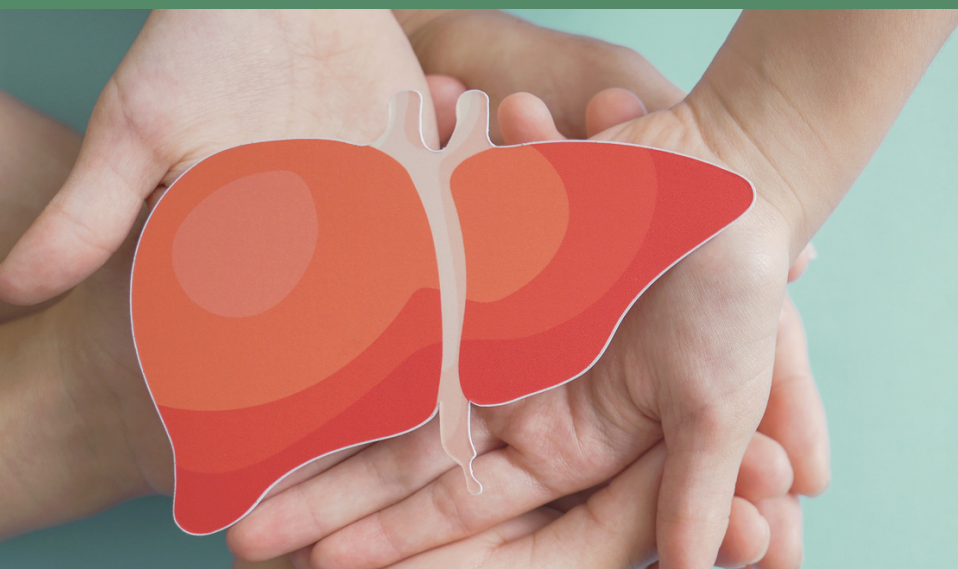
Although there is no agreement on a single treatment strategy for patients with liver cancer, **The Clinical Practice Guidelines** from The European Society for Medical Oncology (ESMO) and The European Association for the Study of the Liver (EASL) provide clear recommendations on best practice care defined based on **the Barcelona Clinic Liver Cancer (BCLC) staging system**. Our results show that not all Member States are familiar with these guidelines. In fact, 19 of the countries we surveyed have their own specific guidelines that participants were not aware of. **On average, adherence to these guidelines falls in the range of 50-75%**. It's essential to increase awareness of these guidelines and ensure they are adequately followed. In line with EASL's recommendation, we also advise all relevant experts and their societies and organisations to develop unified clinical guidelines collaboratively and that the EU and Member States support this effort.

**Multidisciplinary teams (MDTs)** are widely recognised as **a best-practice approach in cancer care management**. Moreover, a multidisciplinary approach has been proven to be associated with improved survival of liver cancer patients.<sup>4</sup> Our results suggest that **multidisciplinary treatment is not accessible to all liver cancer patients across the Member States**.

While ensuring that all liver cancer patients have access to multidisciplinary care poses organisational challenges and cultural shifts,<sup>5</sup> such efforts have the potential to improve overall patient outcomes significantly.

**In 13 out of the 24 participating Member States, there is no certification system for accrediting hospitals/clinics as "expert centres for liver cancer"**. We encourage Member States to invest in and implement such certification systems. Moreover, all patients with liver cancer should be treated in centres that have obtained the "expert centre" certification. The concept of expert centre certification has been proven to contribute to better quality of care, consistent levels of scientific rigour and better outcomes.<sup>6</sup>

Our findings also suggest that **liver transplants in liver cancer patients are not regularly performed across all Member States**. In most Member States, the transplant waiting time is over six months. Accessibility to transplants for liver cancer patients should be improved. To achieve this, the EU should encourage, and support coordinated cross-country initiatives like Eurotransplant and ScandiTransplant.



Furthermore, living-donor liver transplants (a surgery in which a portion of the liver from a healthy living person is removed and replaces the patient's native liver) **are not performed in 10 out of the 24 participating Member States.** This option should be further explored as it could lead to increased transplant availability and better control over the waiting time for a transplant candidate.

**Transarterial chemoembolization (TACE) is a standard therapy for unresectable** (a tumour not removable via surgery) **intermediate-stage liver cancer.** Over **50% of respondents across the Member States indicated that TACE may not be performed in patients with this stage of liver cancer** or that it may be performed in patients whose liver cancer is at another stage. Under some circumstances, TACE can be associated with a high treatment failure rate, worsening liver function, and poor prognosis.<sup>7,8</sup> Therefore, it's crucial to carefully consider the conditions under which TACE should be chosen as a treatment option.

Liver cancer patients in advanced stages of the disease must also have access to all European Medicines Agency (EMA) approved systemic therapies. **Our survey revealed that in 11 out of the 24 Member States, only select EMA-approved systemic therapies are accessible and fully reimbursed** (i.e., without cost to the patient). Although sorafenib is available in most countries, newer therapies (for example, the monoclonal antibody combination of atezolizumab and bevacizumab) are less widely available. We strongly urge all Member States to strive towards making all EMA-approved systemic therapies readily available to patients free of charge.

Quality of life (QoL) is an often neglected but critical aspect of patient outcomes. **Our data shows that in 22 out of the 24 Member States, QoL questionnaires are not used, except in clinical trials.** Ideally, QoL questionnaires should be utilised during treatment and follow-up. Patient-reported outcomes, such as QoL, help clinicians in measuring treatment success beyond just survival.<sup>9,10</sup>



In conclusion, our findings show significant **disparities in liver cancer treatment and care across the EU**. These need to be addressed to provide access to best-practice care to all patients. We encourage the EU and all Member States 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. All stakeholders should raise awareness and share these guidelines as broadly as possible.

Acknowledging that the selection of liver cancer treatments is a complex and individualised process is crucial. This complexity arises from various factors, including the patient's underlying liver function, tumour location, size, and characteristics, as well as the patient's overall health.

While several treatments are associated with long-term survival,<sup>11</sup> the earlier the cancer is detected, the better the patient's prognosis. It is easy to infer who is at high risk of developing liver cancer. Cirrhosis (scarring of the liver), which can be caused by viral hepatitis B and C, alcohol-related and non-alcoholic fatty liver disease, is the most significant risk factor for liver cancer. **Up to 90% of liver cancer cases occur in patients with underlying cirrhosis.<sup>12</sup> 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.<sup>13</sup>** Hence, liver cancer surveillance needs to be implemented in high-risk groups.

Through the concerted and unyielding efforts of the EU and Member States, we can aim to effectively combat the devastating impact of liver cancer on individuals and communities.

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IN COLLABORATION WITH:



**ILCM**





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