Call for actions to address hepatocellular carcinoma in sub-Saharan Africa

The International Hepato-Pancreato-Biliary Association, African Viral Hepatitis Convention, and African Palliative Care Association have collectively expressed concern about the management of hepatocellular carcinoma in sub-Saharan Africa (SSA).

In a joint legacy declaration and white paper launched at the African Viral Hepatitis Convention in Cape Town, South Africa (May 14–18, 2024), members of the three associations decried SSA's globally significant high hepatocellular carcinoma incidence rates, the advanced stages at which patients in the region present for diagnosis and treatment, the low percentage of patients receiving curative treatment compared with high-income countries, and the paucity of appropriate palliative care.

They attributed these issues to several factors including poor management of chronic viral hepatitis, lack of timely hepatitis B vaccination, the financial burden of diagnosis and treatment, inadequate screening and surveillance programmes, and the limited availability of hepatocellular carcinoma treatment resources. They enjoined stakeholders to prioritise the elimination of viral hepatitis as a public health threat, including through the introduction of hepatitis B vaccination at birth and the strengthening of national immunisation programmes; establish screening and surveillance programmes for high-risk populations; and expand capacity for curative treatment and palliative care. They also expressed commitment to ensuring sustainable access to affordable diagnostics and therapeutic options for viral hepatitis and hepatocellular carcinoma.

With nearly 31 cases per 100 000 people diagnosed annually, SSA accounts for the world's highest age-standardised hepatocellular carcinoma incidence rate. 95% of patients in the region present with advanced disease that cannot be cured, with a median survival after diagnosis of less than 3 months.

Eduard Jonas (University of Cape Town, Cape Town, South Africa) co-author of the white paper, told *The Lancet Oncology* that while the region's "in-your-face" hepatocellular carcinoma indices present it as a major hotbed for liver cancer, the disease on the continent is mostly driven by chronic hepatitis infection and is therefore addressable.

While accounting for 66% of new hepatitis B virus infections, Africa has wide diagnosis and treatment gaps with only 4·2% of cases diagnosed and only 0·2% of people with the disease being treated. Hepatitis B is the leading cause of hepatocellular carcinoma in SSA but only 18% of countries in the region have introduced a timely hepatitis B birth dose vaccination. "For a large proportion of patients on the continent, hepatocellular carcinoma is an infectious disease that if we treat the infection, we can get rid of the cancer," Jonas said.

Claudia A Hawkins (Northwestern University Feinberg School of Medicine, Chicago, IL, USA), told *The Lancet Oncology* that hepatocellular carcinoma awareness in SSA is very low despite its high mortality rate. "My colleagues in Nigeria see four-to-five new cases of liver cancer every week, and most of those [patients] go on to die. The incidence is the same as the mortality rate because most of the patients present with very advanced disease that is not eligible for treatment."

Hawkins, who co-authored a 2023 paper on the characteristics of Nigerian adults with hepatocellular carcinoma, with and without HIV, added that leveraging the high level of awareness of HIV in SSA to drive attention to hepatocellular carcinoma would require longitudinal studies to ascertain the incidence of hepatocellular carcinoma among Africans living with HIV. "We've not yet been able to establish conclusively whether liver cancer is more common in persons with HIV on the African continent, compared to those without, although we have data suggesting that, in the USA and Europe," Hawkins said.

While agreeing with Jonas about the potential impacts of hepatitis treatment on Africa's hepatocellular carcinoma outlook, Hawkins noted that the detection of liver cancer itself needs updating. "Even with ultrasound, hepatocellular carcinoma might be developing very aggressively, and earlier detection might require additional biomarkers alongside ultrasound," she told *The Lancet Oncology*.

Jonas called for a comprehensive approach to addressing hepatocellular carcinoma incidence and mortality in Africa—one that includes primary prevention, screening, palliative care, and expanding access to surgical care in Africa for patients with the disease.

He argues that liver cancer in Africa has a different story than the global perception. While unhealthy lifestyle habits continue to be a cause, many cases in Africa involve children infected at birth from mothers with chronic hepatitis infection.

"I formulated that hepatocellular carcinoma is the only cancer in the world that has a mortality of 200% because both (mother and child) will most likely die due to the disease. I may be overemphasising the problem but that's the kind of advocacy we need—that in Africa, hepatocellular carcinoma is a disease of young people, due to an infection acquired at birth, that [doesn't] get diagnosed. And if they get diagnosed, there's no viral suppression widely available," Jonas told *The Lancet Oncology*.

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For more on the **2024 legacy announcement** see https://groundup.org.za/article/urgent-need-to-eliminate-the-silent-disease-declares-african-hepatitis-convention/

For more **data on viral hepatitis in Africa** see https://www.who.int/publications/i/item/9789240091672

For the **2023 paper by Hawkins and colleagues** see *PLoS One* 2023; **18:** e0282539