

PHYSICIAN AND PATIENT SURVEY OF PRACTICES AND PERSPECTIVES IN THE SURVEILLANCE AND DIAGNOSIS OF HEPATOCELLULAR CARCINOMA (HCC) IN ASIA: UNMET NEEDS IN THE REAL WORLD

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INTRODUCTION



Liver cancer is the leading cause of cancer deaths in several Asian countries. **75–85%** of cases are HCC^{1,2}

Key risk factors for HCC in Asia^{3,4}

- Chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) infection
- Excessive alcohol intake
- Obesity
- Non-alcohol-related steatohepatitis (NASH)
- Aflatoxin exposure
- Type 2 diabetes
- Smoking

36 questions for patients diagnosed with HCC and ≥18 years old



AIM

To gain insight from physicians and patients into HCC screening and diagnosis strategies used in Indonesia, Korea, Malaysia, Singapore, Taiwan, Thailand, and Vietnam

METHODS

Two cross-sectional, anonymised, online surveys completed between July and December 2022



55 questions for physicians who diagnose and treat HCC

RESULTS

Most physicians were hepatologists working in large hospitals and making 6–9 HCC diagnoses per month

Key physician respondents' characteristics* (n=276)	Total %
Hepatologist or gastroenterologist	66
Oncologist	17
Interventional radiologist	7
Hepatobiliary surgeon	7
Large national hospital or medical center	59
Mid-sized or regional hospital	34
Private clinic	5
1–5 HCC patients per month	22
6–9 HCC patients per month	24
10–19 HCC patients per month	26
20–49 HCC patients per month	20
50–99 HCC patients per month	6
1–5 HCC diagnoses per month	6
6–9 HCC diagnoses per month	58
10–19 HCC diagnoses per month	20
20–49 HCC diagnoses per month	12

* Only characteristics ≥5% are shown.

Most patients were male with HCC ≥2 years and diagnosed at an early stage; most were satisfied with their HCC management

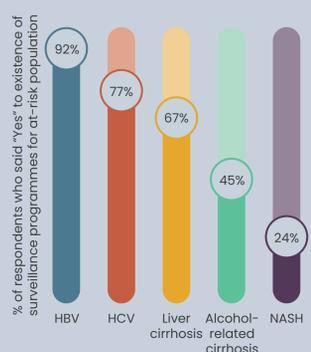
Key patient respondents' characteristics* (n=130)	Total %
40–49 years	18
50–59 years	26
60–69 years	27
70–79 years	16
≥79 years	7
Female	32
Male	68
1–3 months since diagnosis	15
4–5 months since diagnosis	13
6–9 months since diagnosis	8
≥2 years since diagnosis	51
Early HCC stage (at diagnosis)	53
Intermediate HCC stage (at diagnosis)	26
Advanced HCC stage (at diagnosis)	5
Unknown HCC stage (at diagnosis)	12
Early HCC stage (current)	34
Intermediate HCC stage (current)	27
Advanced HCC stage (current)	10
Unknown HCC stage (current)	17
HCC management satisfaction score: 5 (extremely satisfied)	55
HCC management satisfaction score: 4	27
HCC management satisfaction score: 3	17

* Only characteristics ≥5% are shown.

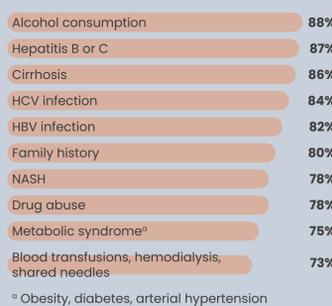
CONCLUSIONS

- Awareness should be raised in both primary care and the general population about the risk factors for HCC
- Surveillance should be improved to identify HCC at an early stage
- A lack of patient associations means that patients rely on their doctors for support; physicians need to better understand their patients' needs
- Use of trained nurses or case managers would improve patient education and support

Risk factors for HCC are widely screened except for NASH



Change since diagnosis in patients' knowledge of risk factors for HCC

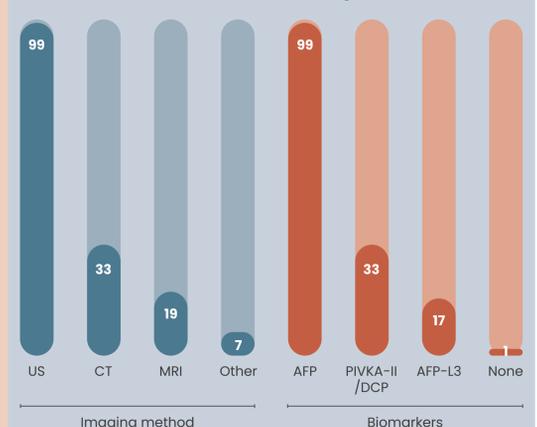


* Obesity, diabetes, arterial hypertension

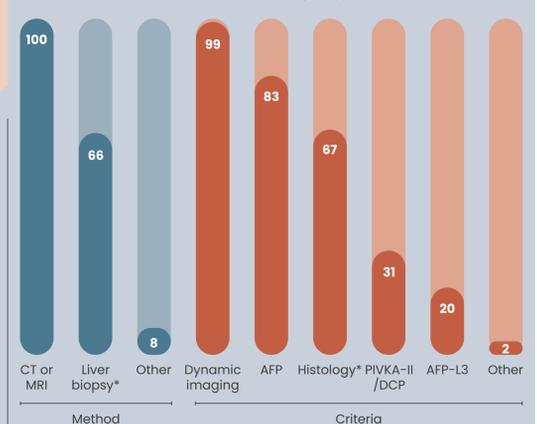
Patients understand symptoms of HCC



Primary screening method is ultrasound; biomarkers are widely used



HCC is most commonly diagnosed by multiphasic CT or MR imaging and serum AFP



* Used on only 10% of patients.

- Confirmed HCC diagnosis within 3 months of first suspicion for 68% of patients; 31% would prefer a speedier diagnosis
- Most patients find communication with their doctor "excellent" (42%) or "good" (44%); 33% believed diagnosis could be improved by better communication
- Only 6% of patients sought support from a patient association or support group during the diagnosis period

References:

- Zhang CH, et al. Liver Int. 2022;42:2029–41.
- Sung H, et al. CA Cancer J Clin 2021;71:209–49.
- Li J, et al. Lancet Gastroenterol Hepatol 2019;4:389–98.
- Goh GB, et al. Best Pract Res Clin Gastroenterol 2015;29:919–28.

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