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**Embargoed until Tuesday, 28 July 2015, 10:00am Singapore time**

## **New data shows 600,000 people a year diagnosed with liver cancer in Asia Pacific, two thirds more than in 1990**

*Lack of national policy limits access to hepatitis care and treatment, which is crucial to liver cancer prevention*

Singapore (Tuesday, 28 July 2015) – The latest Global Burden of Cancer Study shows that close to 600,000 people are diagnosed with liver cancer in Asia Pacific each year, an increase of at least two thirds compared with the 1990 level.<sup>1</sup> Chronic hepatitis B and C infection is the main cause of liver cancer, accounting for 78% of all liver cancer cases globally.<sup>2</sup>

The Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP) urges governments in the region to act now to address the absence of national hepatitis action plans that contributes to rising hepatitis mortality and liver cancer incidence. These plans will help reduce the burden of both hepatitis and liver cancer, and save lives.

Last week, in advance of World Hepatitis Day, observed on 28 July annually, CEVHAP also released the *Needs Assessment of People with Viral Hepatitis – China*, a report that highlights gaps in China's healthcare response to viral hepatitis. The report shows that these systematic gaps explain why the individual and social burden of hepatitis and the incidence of liver cancer in China continue to grow, despite medical advances in hepatitis treatment, which are now effective and can prevent liver cancer.

Asia is fundamental to reducing the impact of liver cancer. The Global Burden of Cancer Study shows that 792,000 cases of liver cancer were diagnosed globally in 2013, of which 597,000 (75%) were diagnosed in Asia Pacific.<sup>1</sup> Compared to 1990, incidence in Asia Pacific has increased by over 65%, and in some parts of the region, the increase was much higher: 213% in the Pacific Islands (Oceania); 183% in Australia and New Zealand combined (Australasia); 145.41% in Southeast Asia; and 99% in South Asia.

CEVHAP calls upon governments in Asia Pacific to work with the WHO in developing coordinated national policies and allocate resources to hepatitis prevention, care, treatment, education and research.

The World Health Organization (WHO) has been taking steps to guide national governments in the development of national hepatitis policy. In March 2015, the WHO released the draft Global Health Sector Strategy for Viral Hepatitis 2016-2021, in which hepatitis elimination targets were proposed. The final version will be submitted to the next World Health Assembly

# PRESS RELEASE

for consideration. WHO Regional Offices are also developing Regional Action Plans to guide the establishment of national hepatitis programmes.

“While a comprehensive approach is important, successful implementation will hinge upon strong linkage between effective hepatitis screening and accessible treatment,” says Professor Stephen Locarnini, Co-Chair of CEVHAP and Director of WHO Collaborating Centre for Virus Reference and Research at the Victorian Infectious Diseases Reference Laboratory.

“People have been diagnosed of hepatitis but are not followed up with adequate care, because of gaps in the system for hepatitis management. Stigma and misinformation about hepatitis abounds. In many countries, even healthcare professionals do not fully understand how hepatitis should be managed,” says Professor Ding-Shinn Chen, Co-Chair of CEVHAP and Immediate Past Dean of the College of Medicine, National Taiwan University.

To link hepatitis screening to treatment, effective case referrals, monitoring and follow-up should be built into healthcare systems. Primary and specialist healthcare professionals also need professional training on appropriate courses of action to manage hepatitis cases. As hepatitis treatment remains prohibitively expensive to people in low and middle-income countries, governments also need to find sustainable ways to fund hepatitis programmes, working in collaboration with the WHO and donors.

Professor Locarnini added that: “Momentum has picked up significantly as the WHO assists governments in establishing concerted, broad-based national hepatitis policies. Now is the time to set hepatitis policies on the right course, and adequate funding is critical. We urge governments as well as donors to invest in hepatitis programmes, so that lives are no longer lost just because hepatitis is not diagnosed in time and managed properly.”

CEVHAP’s latest report, *Needs Assessment of People with Viral Hepatitis – China*, can be downloaded from: <http://www.cevhap.org/index.php/en/news-footer-2/49-living-with-chronic-hepatitis-in-china-a-qualitative-assessment>

## **More about viral hepatitis**

Viral hepatitis is a disease of high prevalence and high mortality. Across the world, 400 million people are living with chronic hepatitis.<sup>3</sup> Asia Pacific is the epicentre of the epidemic, with one million people dying from hepatitis and its complications per year, a toll three times as high as HIV/AIDS.<sup>4</sup>

Viral hepatitis is preventable and its treatment is crucial to the prevention of chronic liver diseases, such as cirrhosis and liver cancer. Existing antiviral treatment can effectively

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suppress the hepatitis B virus, and new Direct Acting Antiviral (DAA) treatment can cure 95% of people with hepatitis C.<sup>5</sup>

Of the 818,000 liver cancer deaths worldwide in 2013, 300,000 (37%) result from hepatitis B infection and 343,000 (42%) from hepatitis C infection, both significantly higher than the 11% of liver cancer deaths caused by alcohol abuse.<sup>1</sup>

## About CEVHAP

The Coalition to Eradicate Viral Hepatitis in Asia Pacific (CEVHAP) is the first organisation of its kind in the region, established as an independent, multidisciplinary body to advocate for public policy reform to reduce the burden of and ultimately eliminate viral hepatitis in Asia Pacific.

Incorporated in October 2010, CEVHAP membership is comprised of many world-renowned hepatitis experts, including people living with the infections, utilizing the collective expertise of its members to assist the region through partnership with a broad range of stakeholders, including government bodies in public policy formation and health education.

CEVHAP is working closely with the World Health Organization (WHO), having assisted the WHO in launching its landmark Global Hepatitis Network in Singapore in June 2013, as well as having taken part in the WHO Global Partners' Meeting on Hepatitis in March 2014. More recently, CEVHAP has contributed to the development of the Western Pacific Regional Action Plan for Viral Hepatitis. For more information, please visit [www.cevhap.org](http://www.cevhap.org), or follow CEVHAP on [Facebook](#), [Twitter](#), [LinkedIn](#) and [Weibo](#).

## About Global Burden of Cancer Study 2013

“[The Global Burden of Cancer 2013](#)”, published in *JAMA Oncology* on 28 May 2015, is a study conducted by an international consortium of researchers, led by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. The geographic regions referred to by this study are defined as follows:

Region	Countries/ territories
East Asia	China, North Korea, Taiwan
Southeast Asia	Cambodia, Indonesia, Laos, Malaysia, Maldives, Myanmar, Philippines, Sri Lanka, Thailand, Timor-Leste, Vietnam
Oceania	Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Papua New Guinea, Samoa, Solomon Islands, Tonga, Vanuatu
High-income Asia Pacific	Brunei, Japan, South Korea, Singapore
Australasia	Australia, New Zealand

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## About World Hepatitis Day

World Hepatitis Day is one of the four health days officially recognised by the World Health Organization. The eighth annual World Hepatitis Day will take place on Tuesday, 28 July 2015, as part of an on-going campaign launched by the World Hepatitis Alliance in 2008. This is the fifth year that CEVHAP has supported World Hepatitis Day in Asia Pacific and also the fifth year that the WHO has endorsed World Hepatitis Day.

In Asia Pacific, CEVHAP's members across Asia Pacific will be coordinating a wide range of events and activities to mark World Hepatitis Day.

## References

1. Global Burden of Disease Cancer Collaboration. The global burden of cancer 2013. *JAMA Oncology*. 1(4):505-527. 2015.
2. Perz JF et al. The contributions of hepatitis B virus and hepatitis C virus infections to cirrhosis and primary liver cancer worldwide. *Journal of Hepatology*, 45(4):529-538. 2006.
3. World Health Organization. Draft Global Health Sector Strategy on Viral Hepatitis 2016-2021. 2015.
4. Institute for Health Metrics and Evaluation, University of Washington. Global Burden of Disease Study 2010. 2013. Available: <http://www.healthmetricsandevaluation.org/gbd> (data on file).
5. Western Pacific Region, World Health Organization. Hepatitis C treatment. Available: [http://www.wpro.who.int/hepatitis/hepatitis\\_hepatitis\\_c\\_treatment/en/](http://www.wpro.who.int/hepatitis/hepatitis_hepatitis_c_treatment/en/)

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