

Clinical Experiences And Resources for Treating Hepatocellular Carcinoma in Africa



V. SHAH¹, J. YANG², and L. ROBERTS³

¹Division of Preventive, Occupational and Aerospace Medicine, Mayo Clinic, Rochester, Minnesota, United States

²Comprehensive Transplant Center, Cedars-Sinai Mayo Clinic, Rochester, Minnesota, United States

³Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, Minnesota, United States

INTRODUCTION

Hepatocellular carcinoma (HCC) is a leading cause of cancer-related death in Africa, with Hepatitis B virus (HBV) being the leading cause of HCC, and a seroprevalence of 9%.

HCC is the second leading cause of expected life year loss from cancer as it often occurs at an early age, especially in highly endemic areas in Africa.

Investigators from the Africa Network for Gastrointestinal and Liver Diseases reported that excluding patients from Egypt, only 3% of HCC patients received cancer treatment.

The median survival of African HCC patients was only 2-5 months, with only a small subset of patients receiving care.

Elucidating frontline providers' perspectives on underlying reason why many patients present at an advanced/terminal stage HCC will be helpful to develop strategy to curve down the liver cancer burden in the African countries.

AIM

Examine the perspectives of GI providers in several African nations regarding HCC surveillance, care, as well resources for clinical care and research.

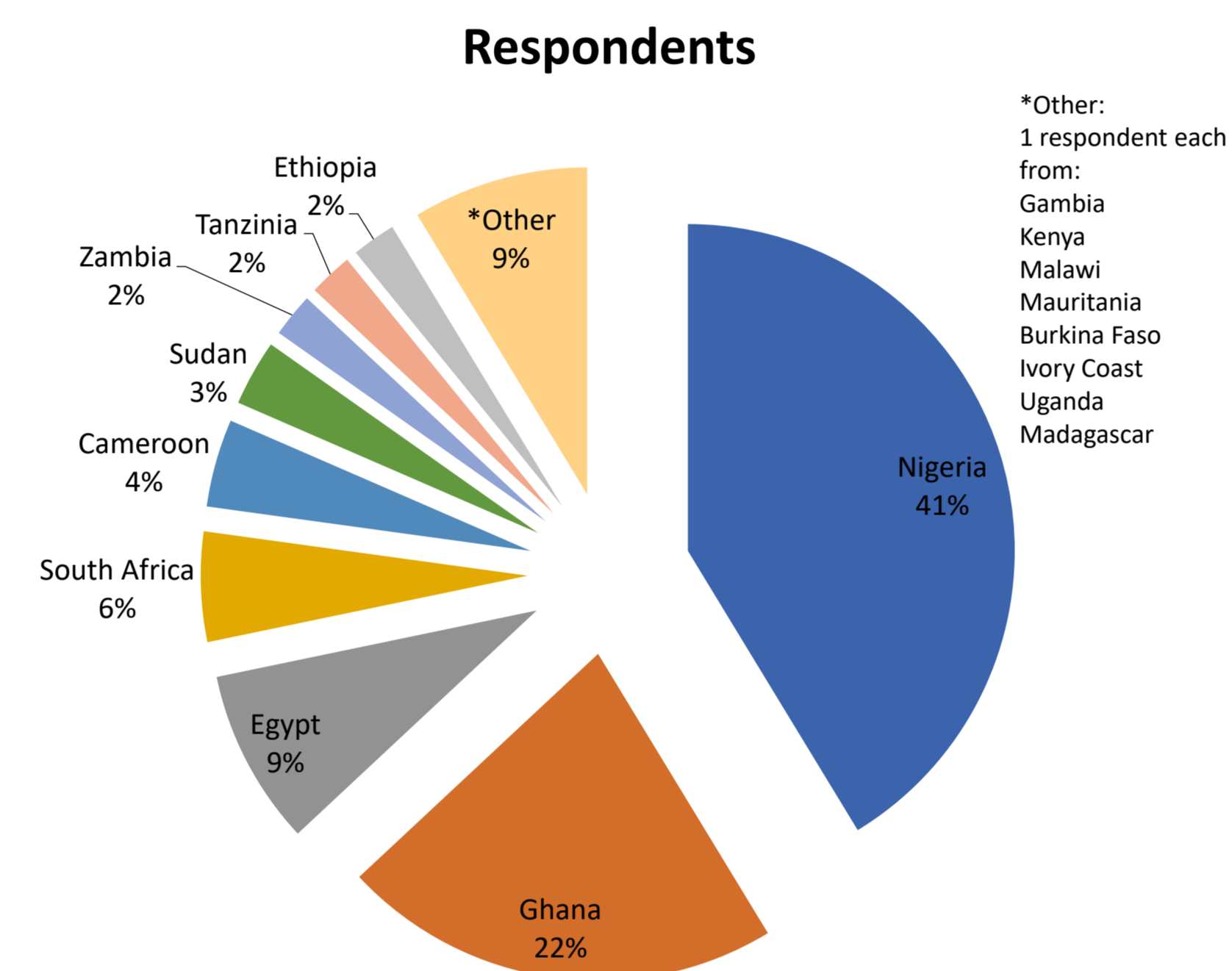
METHOD

A web-based survey was conducted to evaluate practices of GI providers treating HCC patients in Africa.

Investigators from the Africa Network for Gastrointestinal and Liver Diseases and their local practice partners and collaborators who currently practice in Africa were eligible and completed the survey between November 2016 and August 2017. Survey respondents were asked about available diagnostic, therapeutic and research resources and their willingness to participate in research projects.

RESULTS

92 participants practicing at 46 different tertiary referral centers in 17 African countries completed the survey:



HCC SURVEILLANCE

Survey Question	Median % (IQR)
What percent of HBV or cirrhosis patients who would be a candidate for HCC surveillance indeed undergo HCC surveillance	40 (10-80)
Among patients with HCC that you see, what percentage were diagnosed under while patients were surveillance without symptoms	5 (0-10)
What percent of HCC patients with underlying HBV liver disease are diagnosed with HBV before the diagnosis of HCC?	10 (5-40)

LACK OF TREATMENT FOR HCC

What is the main reason for patients not receiving HCC treatment?	Percentage
Presentation with advanced stage disease	99%
Inability to afford medical care	65%
Lack of clinical expertise to provide treatment	57%

MEDICAL CENTER CAPABILITIES

At your medical center, do you have:	Percentage of 'Yes' Respondents
A contrast CT or MRI scanning capability?	73%
Surgeons able to perform liver resection?	48%
Radiologists or other doctors that can perform local ablation (such as RFA or microwave ablation)?	31%
Radiologists or other doctors that can perform locoregional treatment (such as transarterial chemoembolization or transarterial radioembolization)?	25%

RESEARCH CAPACITY

Do you have at least 1ml of plasma samples store from patients with:	Percentage of 'Yes' Respondents
HBV	30%
Cirrhosis	23%
HCC	29%
Would you be able and willing to share biospecimens for collaborative studies	53%

CONCLUSIONS

A web-based survey suggested that lack of cancer surveillance resulting in presentation at advanced stage, rather than lack of diagnostic or therapeutic resources is thought to be the main reason for the poor outcomes of African HCC patients. Additionally, a minority of patients with HCC and HBV are diagnosed with HBV prior to their HCC diagnosis.

A significant proportion of respondents have collected plasma samples and express interest in research collaborations. Population based HBV and HCC screening and active collaborative research effort will be key initial steps to improve the outcomes of HCC patients in many countries in Africa.

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CONTACT INFORMATION

Vishal Shah, MD
shah.vishal1@mayo.edu
200 First Ave
Rochester, MN, USA 55902

