



**EMBARGO: 00:01 CET, FRIDAY, 5 FEBRUARY 2021**

EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL)

## Global survey reveals heavy toll of COVID-19 first wave on liver cancer care

***Digital Liver Cancer Summit 2021: A global survey assessing the impact of COVID-19 on liver cancer has revealed delays in the screening, diagnosis, and treatment of the disease, with experts issuing stark warnings on liver cancer survival rates.***

**5 February:** The delays of screening programmes, diagnostic imaging and biopsies, cuts in the numbers of physicians available to treat liver cancer patients, cancellations of surgery, and a drop in the number of patients entered on clinical trials, were just some of the issues reported in the poll.

The global Liver Cancer Outcomes in Covid-19 (CERO-19) Survey led by the Barcelona Clinic Liver Cancer (BCLC) group from Hospital Clinic of Barcelona, CIBEREH, and the Ospedale Maggiore Policlinico of Milan included 76 high-volume cancer treatment centres which participated during the first wave of the COVID-19 pandemic between March and June 2020, finding that 87% of centres modified clinical practice for liver cancer patients. These centres spanned Europe, North America, South America, Africa, and Asia.

Globally, around 800,000 people are diagnosed with liver cancer every year, accounting for 700,000 deaths.<sup>1</sup>

The findings, presented today at the European Association for the Study of the Liver (EASL)'s Digital Liver Cancer Summit 2021, revealed a catalogue of interruptions to diagnosis and care. A total of 40.8% of centres said they had changed diagnostic procedures, 80.9% had altered screening programmes, and 39.5% had modified imaging studies for staging or treatment response evaluation.

Out of the 76 centres surveyed, just ten said they had made no modifications to clinical practice, and even amongst those centres, three said patients had been reluctant to come to hospital for fear of catching COVID-19, despite services being available.

Dr Sergio Muñoz-Martínez, lead study author, explains, "Our results reflect the impact of COVID-19 on the screening, diagnosis, and treatment of liver cancer patients around the world during the first wave of the pandemic. The modifications in liver cancer management due to this crisis raise the possibility of more patients being diagnosed with a later stage of cancer.

These delays impact the diagnosis, identification of tumour progression, treatment allocation, and ultimately prognosis.”

Previous studies<sup>ii, iii</sup> have shown that poorer outcomes are associated with waiting or delaying treatment by two months.

Liver oncology nurses were shown to have taken on a more central role in providing telephone consultations with patients and in the digital transformation of services. “The COVID-19 crisis has promoted investment in liver oncology nurses to reflect their growing role, as well as in education and counselling of patients and their families,” adds Dr Muñoz-Martínez.

Dr Muñoz-Martínez explained that ongoing research into the effects of COVID-19 in patients with a history of liver cancer, as well in patients where liver cancer was diagnosed during SARS-CoV-2 infection, is essential to identify the real impact of COVID-19 to best inform the most appropriate measures to be adopted in the future, either while this pandemic persists or should another public health crisis emerge.

“Future analyses will provide invaluable information around the clinical effectiveness of the strategies that have been implemented during this devastating health crisis,” commented Dr Muñoz-Martínez.

###

### **About Digital Liver Cancer Summit 2021**

The two-day Digital Liver Cancer Summit 2021, building on EASL’s success of Digital International Liver Congress™ 2020, puts delegates at the forefront of research, development, and strategies for treating patients. In a dynamic, exciting, interactive, digital environment.

Join Digital Liver Cancer Summit 2021 to get the absolute latest on basic, translational, and clinical data – including on hepatocellular carcinoma, cholangiocarcinoma, and rare primary liver cancers. The comprehensive updates offered at the summit will directly impact future clinical practice worldwide, because all the new data related to clinical trials will be presented to participants and discussed intensely. Digital Liver Cancer Summit 2021 is taking place 5–6 February 2021.

For more information on attendance and registration, please visit <https://easl.eu/event/digital-liver-cancer-summit-2021/>

### **About the European Association for the Study of the Liver (EASL)**

EASL, the European Association for the Study of the Liver, founded in 1966, is a medical association dedicated to pursuing excellence in liver research, to the clinical practice of liver disorders, and to providing education to all those interested in hepatology. As of 2021, EASL serves more than 4,200 members.

EASL engages globally with all stakeholders in the field of hepatology, worldwide. Our aim is to spread knowledge and expertise in best practices and the latest scientific breakthroughs in this field. We advocate for the benefit of patients and advise European and national health authorities. EASL runs topical conferences, schools, and related educational meetings. Our journals, the *Journal of Hepatology* and *JHEP Reports*, provide an international forum for the publication of original articles, reviews, and letters to the Editor, describing the latest science in hepatology. Our eLearning hub, EASL Campus, offers more than 4,100 resources on

hepatology and liver research. For more information, visit <https://easl.eu/>

EASL's flagship event, the International Liver Congress™ is taking place over four days, 23–26 June 2021. Members of the press are invited to make contact. For more information visit <https://easl.eu/ilc2021>

## Contact

For more information, please contact the EASL Press Office at:

- Email: [press@easloffice.eu](mailto:press@easloffice.eu)
- Telephone: +44 (0) 208 154 6396

## References

<sup>i</sup> <https://www.cancer.org/cancer/liver-cancer/about/what-is-key-statistics.html#:~:text=More%20than%20800%2C000%20people%20are%20diagnosed%20with%20this,Society%E2%80%99s%20Cancer%20Statistics%20Center%20for%20more%20key%20statistics.>

<sup>ii</sup> Chen WT, Fernandes ML, Lin CC, Lin SM. Delay in treatment of early-stage hepatocellular carcinoma using radiofrequency ablation may impact survival of cirrhotic patients in a surveillance program. *J Surg Oncol* 2011;103:133–9. <https://doi.org/10.1002/jso.21797>

<sup>iii</sup> Hanna TP, King WD, Thibodeau S, Jalink M, Paulin GA, Harvey-Jones E, et al. Mortality due to cancer treatment delay: systematic review and meta-analysis. *BMJ* 2020;371:m4087. <https://doi.org/10.1136/bmj.m4087>.