Relaunch of the MEP Friends of the Liver Group

15 March 2022

REPORT

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MEP Friends of the Liver Group relaunches to highlight the liver in the European Union parliamentary setting

The Members of Parliament (MEP) Friends of the Liver Group (hereafter "the Group"), coordinated by the European Association for the Study of the Liver (EASL) was launched on 15 March 2022. To mark the occasion, a webinar was held to discuss the increasing burden of liver diseases in Europe and promoting much needed prevention, care, and targeted screening for higher-risk groups for liver cancer.

The Group, initiated in 2015, was recently relaunched with new MEPs, currently at the European Parliament. Although only MEPs may serve on this structure, the Group looks forward to collaborating with diverse stakeholders. The five core priorities of the group are: prevention, early detection, and care of liver cancer; alcohol consumption and healthy diet; non-alcoholic fatty liver disease (NAFLD); viral hepatitis; and the fight against stigma.

EASL's role in fighting stigma and inequality, leveraging policy to trigger change

In his opening statement, **Prof. Thomas Berg, EASL Secretary General**, introduced EASL, describing the association's leading role in science and education for liver disorders, notably in policy, public health, and patient care.

He underlined that one of the working areas of the Group launched by EASL is to fight stigma around liver diseases and inequalities in Europe. **He stated that liver health is a window on the general health challenges of Europe in the 21st century**. The liver is the power station in our body, reflecting our metabolic health, thus taking care of the liver can prevent a range of other diseases.

Risk factors and the potential of policy

MEP Cyrus Engerer, Co-Chair of the Group, spoke on health inequities at EU level. He mentioned that the management of risk factors for liver diseases, such as alcohol consumption, obesity, and intravenous drug use, reflect behaviours and conditions that are the consequences of unhealthy environments and social inequities.

He said: "Several key policy actions for marketing, pricing, and taxation of alcohol and unhealthy food could reduce liver diseases and save the lives of almost 300,000 people per year across Europe. Many recommended measures would not only decrease the burden of liver diseases, but also [of] cardiovascular diseases and diabetes, among others. I would like to insist on the need to tackle social inequities. Policy measures, such as subsidising healthy food, could help reverse the rising curve of cases in liver diseases."

Reaching underserved and stigmatised communities

MEP Engerer underlined that a **considerable focus should be placed on underserved and marginalised communities, who are at high risk of developing chronic liver diseases**.

He stated: "These high-risk groups include people who inject drugs, migrants, and refugees, among others. We need strategies to put in place early diagnosis for these groups. Not only that, but we also need to run targeted health-promotion interventions to overcome the current barriers."

He further declared that **one way to tackle inequities is to address stigma**. Stigma has a major impact on liver diseases in Europe, as it leads to discrimination, reduction in healthcare-seeking behaviour, and reduced allocation of resources. All of these result in poor clinical outcomes.

The EASL–*Lancet* Liver Commission as a foundation for the future of liver care

Prof. Tom Hemming Karlsen, Co-Chair of the EASL–*Lancet* Commission, introduced the prestigious Commission report, the result of three years of in-depth investigation and analysis. The report, titled *Protecting the next generation of Europeans against liver disease complications and premature mortality*, was published in December 2021. Prof. Hemming Karlsen explained that the work of the Commission was carried out by a truly multidisciplinary team, involving liver doctors, diabetologists, infectious diseases specialists, nutritionists, and patients.

Key milestones and metrics for the liver

The work of the EASL–*Lancet* Liver Commission is a result of changes that have taken place regarding research into liver diseases. A milestone was the year 2014 when a cure for hepatitis C infection was being developed, followed by the Nobel Prize in Physiology or Medicine being awarded in 2020 for the discovery of the hepatitis C virus. Subsequently, other important liver disorders have moved centre-stage in hepatology, notably those related to alcohol consumption and metabolic disorders.

Prof. Hemming Karlsen said: "One critical point of the EASL–*Lancet* Liver Commission analysis is that **deaths related to liver disease typically occur at younger ages**, making liver disease now the **second most important cause of working years lost in Europe,** after ischaemic heart disease. One example is alcohol-related liver disease, **where deaths occur approximately 20 years earlier when compared to other lifestyle-related diseases** such as type 2 diabetes or lung cancer."

Key strategies and a paradigm shift outlined in the EASL-*Lancet* Commission report

Liver disease cases are rising in Europe because of two major problems occurring simultaneously: a very high rate of alcohol consumption and an obesity epidemic. There is a correlation between these two problems and liver health.

The EASL-*Lancet* Liver Commission calls for a paradigm shift in tackling liver diseases: from costly end-stage management of liver diseases to prevention, early detection, and treatment. To achieve this paradigm shift, two types of recommendations must be implemented: one targeting primary healthcare providers and another targeting policymakers. The latter needs to promote: harmonised pricing of medicines for viral hepatitis in Europe; an EU-wide harmonised policy to reduce harmful alcohol consumption; the banning of marketing of alcohol and processed, high-fat, and high-sugar food to children; industry-led food reformulation; and minimising social inequalities by subsidising healthy food. Implementing such measures would not only save lives, but also ensure economic benefits and savings.

The EASL-*Lancet* Liver Commission warns that Europe's fragmented health policies and health systems urgently need to become more integrated, coordinated, and effective to enable earlier detection of liver diseases and liver cancer.

At the launch of the report, **Ursula von der Leyen, President of the European Commission,** highlighted that almost 300,000 people in Europe die per year prematurely, due to problems of the liver. Many of them could have lived longer and healthier lives, because today, in most European countries, there is good access to secondary care.

The liver in the context of non-communicable diseases

One key area of action is the surveillance of non-communicable diseases (NCDs) in Europe. **MEP Radan Kanev, ENVI Committee, and EPP shadow reporter** on the legislative proposal to extend the mandate of the European Centre for Disease Prevention and Control (ECDC), brought up the surveillance of NCDs at EU level. This initiative is urging the EU to put in place systems to monitor NCDs and consolidate scientific knowledge. Such a monitoring system could be achieved by extending the ECDC's mandate, to have it include NCDs.

For NCDs, because EU-level public health actions rely largely on soft coordination, related efforts are fairly fragmented. Extending the ECDC mandate to cover surveillance of NCDs would facilitate the sharing and consolidation of scientific knowledge about disease prevalence and causes. This would, in turn, aid in measuring and monitoring health inequalities, both identified as major EU challenges.

MEP Radan Kanev commented on the link to the *Regulation (EC) No 851/2004 establishing a European Centre for disease prevention and control*: "The linkage between communicable and non-communicable diseases has been, of course, even more apparent with the effects of COVID and the final version of the Regulation acknowledge this interconnection. In the adopted Regulation, there is a clause for the re-evaluation of the ECDC mandate in five years and this can allow the extension of the mandate to NCDs to be considered. Thus, the most important now is to unite efforts at the preparation of this revision and support the ECDC to build a strong database on this interconnection for Europeans living with chronic disease including those with liver conditions."

Promoting prevention, care, and targeted screening for liver cancer in high-risk groups

The second part of the discussion touched upon the promotion, care, and targeted screening for high-risk groups for liver cancer. **Prof. Peter Jepsen, member of the EASL Liver Cancer Task Force,** noted that 50,000 Europeans are diagnosed with liver cancer every year. In 1990, the number was half, around 25,000.

"The number of Europeans who die from liver cancer is almost the same. Almost everybody who is diagnosed with liver cancer, dies from liver cancer," he said.

This is due to a population that is both ageing and living with a high (and increasing) prevalence of chronic liver diseases. As much as 80–90% of people diagnosed with liver cancer, already have an underlying chronic liver disease. Preventing liver cancer means preventing chronic liver diseases and vice versa.

Calling for primary, secondary, and tertiary prevention

Prof. Jepsen mentioned that prevention can be primary, secondary, and tertiary. Primary prevention consists of preventing chronic liver diseases from occurring. Secondary prevention is about screening high-risk groups for liver cancer (unlike, for example, breast, cervical, or colorectal cancers, for which the general population is screened). This is the fundamental difference from screening for other cancers. For liver cancer, a well-defined risk group exists: those who already have a chronic liver disease. Finally, tertiary prevention involves treating those who already have liver cancer.

The most effective action is to prevent liver cancer from developing, which essentially translates into preventing chronic liver diseases from occurring.

Drawing from France's approach to screening at-risk groups

Prof. Pierre Nahon, EASL liver cancer expert, presented France's approach to screening specific at-risks groups for liver cancer. These at-risks groups include migrants, people who inject drugs, and people with excessive alcohol consumption. The French strategy is all about reducing inequities in access to health, and the key challenge for doctors is to bring these groups of people into the healthcare system to treat and prevent chronic liver diseases.

Ultimately, once the diagnosis of advanced chronic liver disease is confirmed, patients are included in liver cancer surveillance programmes by means of regular liver ultrasound. This approach enables early detection of liver cancer, allocation of curative procedures and prolonged survival.

Prof. Nahon underlined that when countries, such as in the case of France, provide social security, they tend to also lower the burden of inequity of access to care. Some French hospitals collaborate with associations to help get these patients to the doctor and into early detection programmes.

By comparison, Asian countries offer a very different approach: carrying out intensive screening for liver cancer. For instance, in Japan, some companies ask their employees who are infected with hepatitis C to have an ultrasound every six months.

Exploring hepatocellular carcinoma (HCC) versus other types of liver cancer

Although hepatocellular carcinoma (HCC) is the most widely known primary liver cancer, cholangiocarcinoma (CCA) is also a primary liver cancer. CCA is growing in incidence and with a matching mortality, but it is a neglected type of cancer.

Prof. Nahon commented that these are the two most prevalent types of liver cancer. However, proportionally, there are ten times more cases of HCC than CCA. Both HCC and CCA usually develop from chronic liver disease. When patients are screened for liver cancer, they are screened for both cancers, HCC and CCA. Prof. Jepsen added that 90% of primary liver cancer is HCC.

Grassroots and capacity-building strategies to promote care for all, including those afflicted by conflict in Ukraine

Roberto Pérez Gayo, Policy Officer of Correlation European Harm Reduction Network (C-EHRN), shared some activities by C-EHRN on monitoring and data collection to assess the use and impact of national strategies and of guidelines for access to testing and treatments. C-EHRN has put in place capacity-building activities to improve the continuum of care, and to implement community-based and community-led programmes for access to treatments and screening.

Drug use is generally both stigmatised and criminalised. C-EHRN has put in place activities to build evidence on what is happening on the ground, from the lenses of the civil society and communities themselves. In 40% of countries in Europe, there are some restrictions of access to antiviral drugs that are normally related to active drug use. For example, antiviral medication is only accessible to those involved in treatment and drug user programmes. These programmes are often managed by infectious disease or specialised clinics and become very exclusive of marginalised communities. Considerable efforts are required to coordinate, communicate, and share information among healthcare providers and social care providers. There is a need to develop multidisciplinary networks, from the local level to the national level.

As regards the situation in Ukraine, Mx Gayo mentioned that efforts are being made through an emergency system of harm reduction response. Both individuals in Ukraine and those fleeing conflict are being helped by members of the Network. Because Ukraine has the second highest prevalence of hepatitis in Europe, with a 70% of prevalence among the 340,000 estimated people who use drugs in the country, the war is a threat to progresses made.

Europe’s Beating Cancer Plan, alcohol, the liver, and gender

MEP Frances Fitzgerald underlined the timely and great interest in the European Parliament for health issues and expressed her disappointment and concern as regards the Europe’s Beating Cancer Plan and alcohol-related issues.
She said: “I was very disappointed when we launched the cancer plan regarding the discussion on alcohol. [...] I was stumped at the level of discussion in relation to alcohol and how uninformed it was and how predominant the alcohol industry and lobbying was.”

She added: “I found that the economic issues on the alcohol lobbying industry predominated in much of the discussion. This really highlighted how much work we have to do in relation to this issue at European level and in parliament.”

Furthermore, MEP Fitzgerald highlighted the issue of gender as women are more vulnerable for some alcohol-related issues and there is much more we can do about women.

Prof. Hemming Karlsen commented that the polemics of discrimination and gender are strongly integrated across the entire Commission. Focus, however, should remain not only on gender inequalities, but on

inequalities based on age, as the elderly are subject to discrimination. Such an approach needs to be sustained, going forward.

Conclusion, liver care in the context of conflict

Prof. Maria Buti, EASL's Policy Councillor, thanked the MEPs, the hepatology communities, and patients supporting this initiative for attending the event.

She highlighted EASL´s European mission: in terms of population health, measures being implemented to support hepatology communities in Ukraine, and efforts underway to support colleagues in countries bordering Ukraine in their responsibilities towards refugees with liver diseases.

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