

The Liver Foundation – 2022–23 Pre-Budget Submission

Summary of Recommendations

Opportunity	Consolidate and expand the initial work of the Federal Government in responding to national health risks posed by liver disease, by embracing a preventative approach to liver health and disease by increasing GP and community awareness and improving accessibility of community support.
Solution	<p>Recommendation 1 – Public education campaign, <i>Love Your Liver</i>.</p> <p>Recommendation 2 – Liver Screening Bus.</p> <p>Recommendation 3 – Peak body funding.</p>
Investment	<p>Recommendation 1 - \$600,000 over four years.</p> <p>Recommendation 2 - \$2,800,000 over four years.</p> <p>Recommendation 3 - \$250,000 per annum ongoing funding.</p>

Introduction

Liver cancer is the fastest growing cause of cancer-related deaths in Australia, costing Australians a staggering \$4.8 billion in 2019–20 alone¹.

Liver disease affects adults and children and can develop from many reasons including chronic viral infections, autoimmune disease, and genetic, alcohol and metabolic causes (metabolic-associated fatty liver disease (MAFLD)), previously known as non-alcohol associated fatty liver disease.

In the midst of a national obesity epidemic, 5.6 million Australians had MAFLD in 2019, a number projected to increase 25% to 7 million cases by 2030—when 3,500 people are expected to die of MAFLD alone. Metabolic associated steatohepatitis (MASH, the precursor injury to the liver) is anticipated to increase by 40%, while incident cases of advanced liver disease and deaths from MAFLD will both increase by 85% by 2030.² This is a silent but deadly national emergency, which if not dealt with now will be a staggering toll on all Australians and our economy.

Liver disease is a silent killer. Frequently liver disease only becomes apparent in its advanced stages when patients display symptoms. Earlier recognition of disease risk provides the opportunity for prevention. There is substantial harm to affected individuals, their loved ones, and the cost to the economy, yet much is preventable or treatable. In the general community, liver disease is poorly

¹ The Liver Foundation, Deloitte Access Economics ‘The social and economic costs of primary liver cancer hepatocellular carcinoma (HCC) in Australia’, <https://www.liver.org.au/deloittereport>

² Adams LA, Roberts SK, Strasser SI, Mahady SE, Powell E, Estes C, Razavi H, George J, 2020. “Nonalcoholic fatty liver disease burden: Australia, 2019–2030” *Journal of Gastroenterology and Hepatology*,35:9.



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understood and its consequences are not well appreciated. Many people suffer stigma from widespread ignorance of liver disease in medical settings and the wider community.

Liver disease meets the WHO criteria for screening—a widely prevalent disease for which sensitive and specific screening tools are available, and for which early intervention and prevention can help to reduce morbidity, mortality and cost to the community. The high prevalence and minimal symptoms until the disease is well advanced underscore the need for and value of greater community awareness, screening and early intervention.

Thankfully, the Australian Government is working to improve the status quo in collaboration with The Liver Foundation through its commitment to fund a GP Liver Health Education Program.

This has been the first crucial step in turning around community understanding of liver disease in Australia. More needs to be done to improve community awareness in Australia, and ensure that community health providers are equipped with the knowledge and skills to assess liver disease, support affected individuals and families, and address stigma surrounding liver disease.

This Pre-Budget Submission outlines the opportunities before the Australian Government to build on its initial good work in responding to liver disease and the policy initiatives needed to reduce the incidence of liver disease in the future.

About Liver Disease

Liver disease is common but under-recognised, as frequently there are no symptoms until liver failure or liver cancer emerge.

Liver disease may be due to viral infections (such as Hepatitis B or C), injury related to excessive fat deposition and inflammation (due to obesity/diabetes or harmful alcohol intake), and autoimmune processes or inherited diseases, with both adults and children impacted by various conditions.

Liver cancer is the fastest growing cause of cancer death in Australia and usually arises in patients with underlying liver disease. Meanwhile, Metabolic Associated Fatty Liver Disease (MAFLD) which is strongly associated with obesity and sedentary lifestyle, is the new and emerging driver of Cirrhosis, which is the gateway to serious liver disease.

According to a recent report from Deloitte Access Economics, commissioned by the Liver Foundation³:

- Liver cancer is the fastest growing cause of cancer-related deaths in Australia, costing Australians a staggering \$4.8 billion in 2019–20 alone.
- 2,599 people were diagnosed with liver cancer in Australia in 2019.
- The health system cost per person of hepatocellular carcinoma (HCC) is one of the highest of all cancers. It is significantly more expensive per person than breast cancer and about the same as bowel cancer.
- In 2019–20, a total of \$139.5 million in health system expenditure was attributed to HCC, or \$31,775 per person.
- HCC is overrepresented in Aboriginal and Torres Strait Islander people where it is the third most common cause of cancer-related death, compared with seventh in the general Australian population.
- HCC remains the fourth most common cause of cancer-related mortality worldwide.

Opportunities for the Australian Government

While the Australian Government has responded to the need for a stronger focus on screening for liver disease within the GP network, through its commitment to fund a GP Liver Health Education Program, more needs to be done to complement this initiative among the broader Australian community.

Central to this is the need to raise awareness in the Australian community of liver disease, including what it means to have and to maintain a healthy liver, along with the early warning signs of liver disease, whilst addressing the stigma surrounding liver disease. To prevent the most advanced liver disease, we need a “back to basics” approach to address liver harms, empowering both patients and their GPs to negotiate pathways for liver health, preventing the morbidity, mortality and cost to the community of advanced liver disease.

Many of the interventions to address liver disease are available with existing models of care and funding arrangements, (e.g., Chronic Disease Management Plans including allied health services such as dietitians), but need improved recognition in the GP consultation and a sense of strategy in care planning. As we raise the profile of liver disease among the Australian population, it is also vital that we integrate care pathways that are accessible to Australians to ensure the right preventative strategies can be implemented.

³ The Liver Foundation, Deloitte Access Economics ‘The social and economic costs of primary liver cancer hepatocellular carcinoma (HCC) in Australia’, <https://www.liver.org.au/deloittereport>

Raising awareness and addressing stigma

There is a fundamental lack of community awareness about liver disease and who it affects. Due to the nature of liver disease and pre-conceived notions people may have about who is likely to develop it, there is a fundamental lack of community awareness about the disease and misunderstanding about who it can affect.

A recent study⁴ into the public awareness and knowledge of liver health and diseases in Singapore, concluded that:

“The levels of understanding of liver diseases, risk factors, and potential complications are suboptimal among the Singapore public. More public education efforts aligned with respondents’ information seeking preferences could facilitate addressing misperceptions and increase knowledge about liver diseases.”

While a similar study has not been undertaken in Australia, we are of the view that similar conclusions could be drawn in the Australian context. Evidence for this is that, although an estimated 227,000 Australians have Hepatitis B, only 68% are diagnosed⁵. Moreover around 130,000 have haemochromatosis, yet most are unaware they do, according to [Queensland Health](#).

Adding to a lack of community awareness and the “hidden” nature of symptoms, is the very real stigma that exists. As noted in the Lancet⁶:

“One area highlighted is stigma, a key issue for many living with liver disease. Often, those with liver disease are from marginalised and under-represented communities, including people who inject drugs, people who are incarcerated, people with alcohol use disorder, and migrants or refugees. A perception of blame or worth might still be implicit in decision making around liver disease treatment.”

There is also a tendency for the discussion around liver disease to focus on the fatalistic, end of life end of the spectrum, as opposed to the very real opportunity for prevention and early intervention.⁷

As a community, we cannot address liver disease without addressing lack of community awareness and stigma surrounding liver disease. These factors pose a significant barrier to health seeking behaviours of patients and responses by GPs—inhibiting efforts at early intervention and prevention, which are necessary to optimise outcomes for Australians.

Prevention focus – Providing accessible, community-based services at an early stage

Many common forms of liver disease are preventable. For patients, understanding risk factors is critical to enabling healthier lifestyle decision making. This submission provides two solutions that build on the Federal Government’s commitment to the National Preventative Health Strategy – 2021–2030.

Raising awareness and addressing stigma, coupled with the technologies and approaches that already exist to detect disease early are key. There are many factors limiting uptake, including lack of

⁴ Tan CK, Goh GB, Youn J, Yu JC, Singh S. Public awareness and knowledge of liver health and diseases in Singapore. *J Gastroenterol Hepatol*. 2021 Aug;36(8):2292-2302. doi: 10.1111/jgh.15496. Epub 2021 Mar 30. PMID: 33735936.

⁵ <https://www.hepatitisaustralia.com/hepatitis-statistics> Around 130k have Hepatitis C, but this is better monitored.

⁶ Kleinert S, Horton R, 2022. “An urgent challenge for Europe: from tackling liver diseases to protecting liver health” *Lancet* 399, 1 January. Unprotected sexual transmission is also potentially stigmatising.

⁷ Kleinert and Horton (2022), *ibid*.

awareness, stigma, and access to and cost of specific services. Solutions need to be local and effective. Failure to provide community solutions in recognising and managing early disease merely defers care to more advanced and more expensive disease stages, when impacts from intervention may be more limited and much more costly (Jarvis and Hanratty, Institute of Health and Society, Newcastle University in the United Kingdom).⁸

Race, remoteness and socio-economic disadvantage all impact health literacy and engagement in health services. Many of our most disadvantaged Australians are also the most at-risk for liver disease. This is particularly the case in communities of high-need and restricted access to services, including rural, regional and remote communities, culturally and linguistically diverse (CALD) communities and Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander people are at greater risk of liver disease, particularly hepatitis B. Indigenous male and female mortality rates were around 3 and 5 times the rates for non-Indigenous males and females.⁹

We also note that regional South Australia and Western NSW have the highest rates of overweight and obesity in the country (73.3% and 71.1%). With obesity an increasingly major driver of liver disease and disproportionately higher in regional primary health networks (PHNs), such as Western PHN and Country SA PHN, these should be target areas for intervention.

Central to this is the availability of liver stiffness testing through elastography, which is non-invasive, painless test, similar to an ultrasound. It allows the trained health care worker (nurse, doctor or gastroenterologist) performing the procedure to assess if there is any scarring or stiffness in your liver.

Solution – Key Recommendations

To seize the above opportunities, The Liver Foundation recommends that the Australian Government invest in two key recommendations in the 2022–23 Budget.

These recommendations focus on prevention of liver disease and preservation of liver health through increased awareness and more accessible community-based services.

Recommendation 1 – Public education campaign, *Love Your Liver*

\$500,000 in funding for a *Love Your Liver* public education campaign which will target at-risk populations across Australia with a particular focus on regional, rural and remote Australia, urban areas of significant need, CALD communities and Aboriginal and Torres Strait Islander communities.

This campaign will be targeted, utilise tailored and culturally appropriate messages and address the following key issues:

- How to keep your liver healthy.
- What are the warning signs for early liver disease.
- What you should do if you are experiencing those warning signs.
- Misconceptions about liver disease and who it impacts.
- Promotion of the Liver Screening Bus.

The Liver Foundation would work with Government, target communities and health professionals on the development of the campaign, which would use both traditional media and social media channels.

⁸ Jarvis H, Hanratty B, 2017. "Detecting liver disease in primary care: are we ready for change?" *British Journal of General Practice* 67(658):202-203.

⁹ <https://www.aihw.gov.au/getmedia/a088f80f-fcdb-4c5d-aa00-ca776bd7f792/phe199-liver.pdf.aspx>

Recommendation 2 – Love Your Liver Screening Bus

Investment of \$2 million to fund the establishment of a Liver Screening Bus, which under the banner of the *Love Your Liver* education program will take liver stiffness testing to target populations. The Love Your Liver Bus would visit key communities at risk or underserved, providing education to local GPs, health services as well as directly to patients.

Transient elastography is a non-invasive technique that assesses the ‘hardness’ (or stiffness) of the liver.

The test uses an ultrasound-like probe placed on the skin over the liver area, typically in the right mid-axillary line. The patient feels a gentle ‘flick’ each time a vibration wave is generated by the probe. Typically, the test takes around 10 minutes to perform and causes no patient discomfort.

The *Love Your Liver* Screening Bus would operate in a similar way to mobile screening services for breast cancer, hearing health and eye checks. This model takes the services to those in need, also providing vital linkages to referral networks and information to patients, family and health care workers.

The benefits of such an approach are that it encourages early screening in an accessible manner and can target communities with high-risk.

Recommendation 3 – Peak body funding

To support the ongoing functions of The Liver Foundation as the peak body for liver health in Australia, we request an investment of \$250,000 per annum.

This funding would support the ongoing work of the Foundation, and allow the Foundation to continue to diversify its funding streams and ultimately ensure its sustainability.

This will ensure the Government, the medical community and the broader community can continue to engage with one peak body with the expertise needed to address this growing problem.

It will also support the Foundation to carry out its business-as-usual functions and achieve future priorities, including:

- Partnering with Government as a trusted voice on all liver related diseases.
- Providing strategic advice and information to Government.
- Providing advocacy support and representation.
- Commissioning research.
- Forming strategic partnerships, including with Cancer Council Australia to increase the awareness and profile of this disease.
- Developing the material for clinicians to help them come to the decision to test for liver disease so we can engage in early intervention strategies.
- Co-branding with the Federal Government on certain consumer and clinician facing initiatives to drive down the severity of liver disease.

Cost and Implementation

Recommendation 1 – Public education campaign, *Love Your Liver*

	FY 2022–23	FY 2023–24	FY 2024–25	FY 2025–26	Total
<ul style="list-style-type: none"> Campaign development Market testing and engagement with health care professionals 	\$200,000	-	-	-	\$200,000
<ul style="list-style-type: none"> Messaging delivery including <i>Love your Liver Week</i> 	\$100,000	\$100,000	\$100,000	\$100,000	\$400,000
Total	\$300,000	\$100,000	\$100,000	\$100,000	\$600,000

Recommendation 2 – Liver Screening Bus

	FY 2022–23	FY 2023–24	FY 2024–25	FY 2025–26	Total
<ul style="list-style-type: none"> Establishment of Liver Screening Bus, including procurement of fibroscan machine 	\$2,000,000	-	-	-	\$2,000,000
<ul style="list-style-type: none"> Ongoing operational costs, including personnel costs, maintenance and on-road costs 	\$200,000	\$200,000	\$200,000	\$200,000	\$800,000
Total	\$2,200,000	\$200,000	\$200,000	\$200,000	\$2,800,000

Recommendation 3 – Ongoing peak body funding

	FY 2022–23	FY 2023–24	FY 2024–25	FY 2025–26	Total
<ul style="list-style-type: none"> Ongoing funding to ensure the sustainability of the peak body for liver health in Australia 	\$250,000	\$250,000	\$250,000	\$250,000	\$1,000,000
• Total	\$250,000	\$250,000	\$250,000	\$250,000	\$1,000,000



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About The Liver Foundation

The Liver Foundation has been in existence since 2018, established via the merger of the WA Liver Foundation (established in 1995) and the Australian Liver Foundation (established in 2001). The Liver Foundation is the peak national body for the spectrum of liver diseases including liver cancer (hepatocellular carcinoma), Hepatitis A, B and C, Non-alcoholic Fatty Liver Disease, Cirrhosis and inherited diseases such as Hemochromatosis and Wilson disease.

The Liver Foundation works to:

- raise awareness of liver disease in the community and encourage lifestyle modifications to maintain a healthy liver
- support people who have been diagnosed with liver disease
- educate GPs to identify people with liver disease by screening those at risk, managing risk factors and referring appropriate patients for specialist management
- support implementation of novel pathways for screening and referral of patients with liver disease to improve outcomes
- advocate for accelerated patient access to novel therapies (including combination therapies),
- encourage increased funding of medical research programs that fill knowledge gaps and could lead to new diagnostics and treatments for liver related diseases, and
- become a trusted partner with government, industry and other stakeholders on all liver related topics.

The Liver Foundation Board is made up of leading liver clinicians and researchers and accomplished business professionals from across Australia. One of our long-standing Board members, Professor Simone Strasser (New South Wales), is also the immediate past President of the Gastroenterological Society of Australia (GESA), which represents Australian healthcare professionals and researchers working in the fields of gastroenterology and hepatology.

All the clinicians and scientists on The Liver Foundation Board are members of GESA.

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