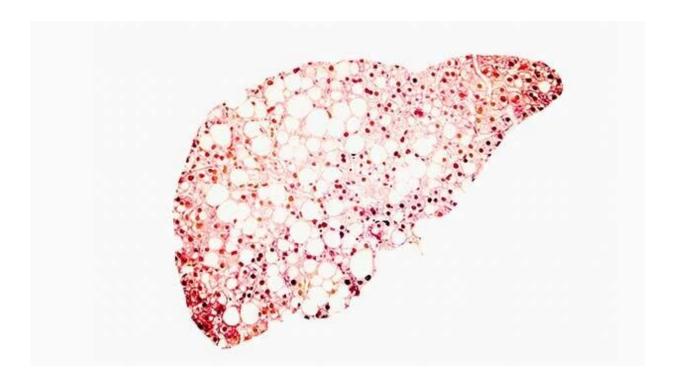


Liver cancer rates in the UK are highest amongst men in Scotland

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Credit: Cancer Research UK

A paper, published last week in *JHEP Reports*, has detailed the variation in the number of people being diagnosed with liver cancer across the UK.

Liver <u>cancer</u> rates have doubled across the UK over the last two decades—increasing from 4.4 per 100,000 in 1997 to 9.6 in 2017—with



the highest incidence rates in 2017 seen in men in Scotland, compared to men and women in the other UK nations.

Dr. Tom Bird, an honorary consultant hepatologist at Edinburgh Royal Infirmary and co-author of the paper, said, "Our analysis of this data is showing that liver cancer has become a much more common type of cancer in the UK. Whilst there are signs that liver cancer survival is improving, it still claims far too many lives each year."

Bird added that a major factor driving this long-term rise in cancer cases could be fat within the liver related to obesity.

What did the study find?

Between 2015-2017 there were around 6,100 new liver cancer cases in the UK every year, the equivalent of 17 new cases every day.

Over the 1997 to 2017 study period, 82,024 people were diagnosed with primary liver cancer and 58, 348 people died from their confirmed liver cancer across the UK. Age-standardized (AS) incidence and death rates of liver cancer were more than twice as high in men than in women.

Although incidence and <u>mortality rates</u> have increased in the last 20 years in the UK, survival has also increased. The proportion of people surviving their liver cancer for one, two and five years increased by around two times over the study period.

While the AS incidence rates of different subtypes of liver cancer varied across the nations, Scotland had the highest incidence rate of primary liver cancer between 1997 and 2017, and Northern Ireland had the lowest.

Although liver cancer only accounted for around 2% of all cancer cases



in Scotland in 2017r, rates are increasing more rapidly than almost any other cancer type in the UK.

The latest study, funded by the British Association for the Study of the Liver and including work by Cancer Research UK funded researchers, revealed that the rate of people dying from confirmed liver cancer in Scotland doubled between 1999 and 2017. Additionally, the rate of people being diagnosed with the disease between also doubled, from 5.83 cases per 100,000 people in 1997 to 11.71 per 100,000 by 2017.

Professor Linda Bauld, a Cancer Research UK prevention expert based at the University of Edinburgh, said: "It's shocking that so many people in Scotland are being diagnosed and dying of liver cancer.

"It should worry us all that liver cancer rates have risen over the last few decades in Scotland. Sadly, it is preventable factors like being overweight or obese, smoking and excessive alcohol consumption that increase the risk."

What action is needed?

Liver cancer is caused by factors such as overweight and obesity, smoking, and viruses such as chronic viral hepatitis. "It's important to remember that obesity, and the <u>liver</u> diseases related to it, are both preventable and reversible," says Bird.

"It's clear from this study that action is still urgently needed to help us all lead healthier lives," says Bauld. "This is why the next Scottish Government must bring forward legislation to ban supermarket price promotions on junk food at the earliest opportunity."

Cancer Research UK is calling on the next Scottish Government to introduce bans on junk food advertising and price promotions to tackle



the nation's weight problem, which is a risk factor for 13 types of cancer, including <u>liver cancer</u>.

In 2019 the Scottish Government announced plans to introduce legislation to restrict price promotion, but was paused in 2020 due to limits on parliamentary time as a result of the coronavirus pandemic.

More information: Anya Burton et al. Primary liver cancer in the UK: Incidence, incidence-based mortality, and survival by subtype, sex, and nation, *JHEP Reports* (2021). DOI: 10.1016/j.jhepr.2021.100232

Provided by Cancer Research UK

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