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## Background

The incidence of hepatocellular carcinoma (HCC) in the Northern Territory (NT) of Australia is six times greater in Indigenous compared to non-Indigenous Australians<sup>1,2</sup>. HCC is the third most common cause of cancer in Indigenous Australians<sup>3</sup>. With a rapid doubling time of 3 to 4 months and often asymptomatic nature, the median survival time of Indigenous patients following HCC diagnosis is only 64 days, 108 days less than non-Indigenous patients<sup>4</sup>. In 2010, a locally driven multidisciplinary meeting (MDT) for the management of HCC was implemented to address high incidence and poor outcomes for Indigenous Australians as part of 'Care on Country.' Our study reviewed the outcomes of this intervention on the uptake of treatment by Indigenous Australians.

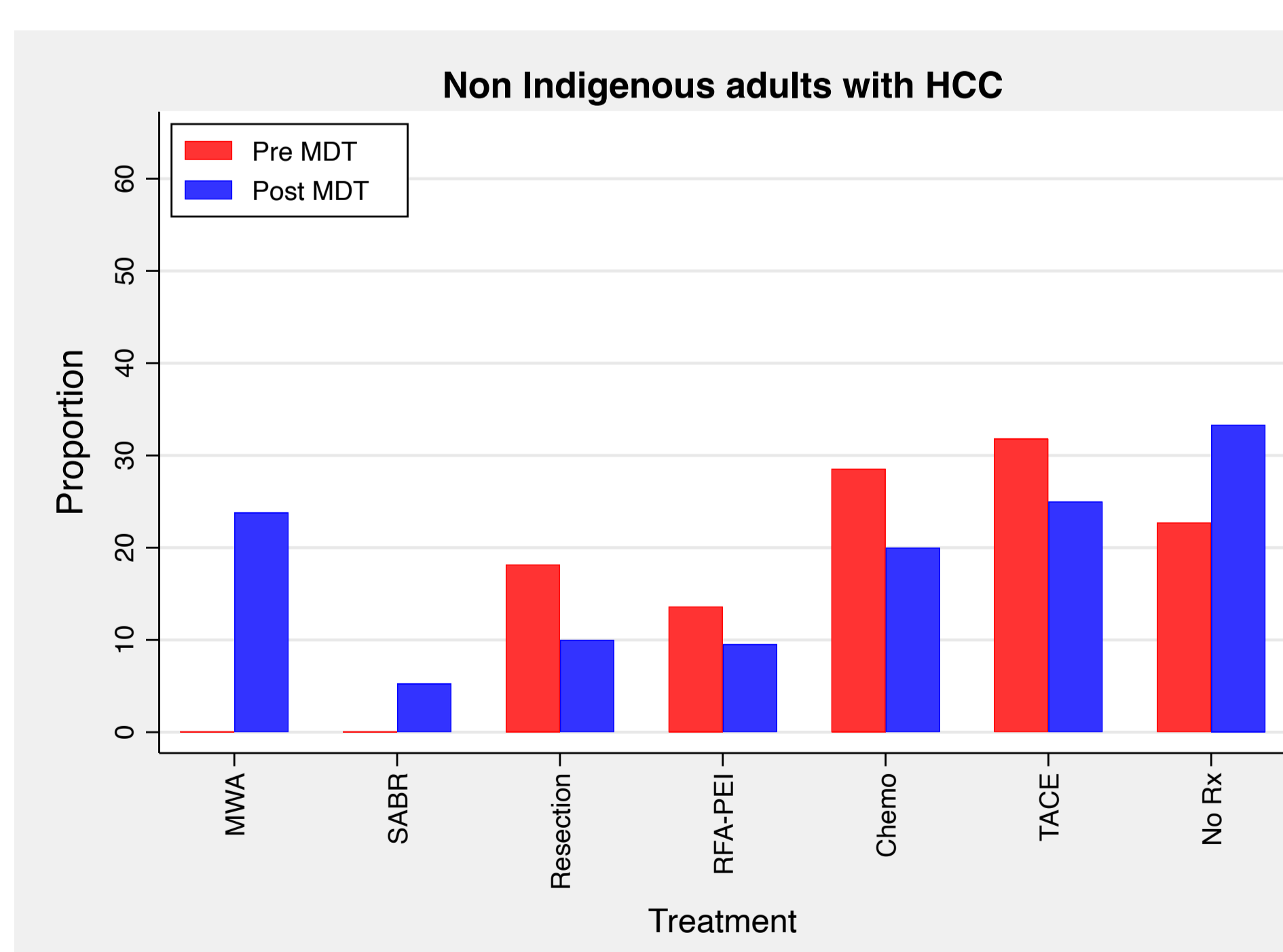
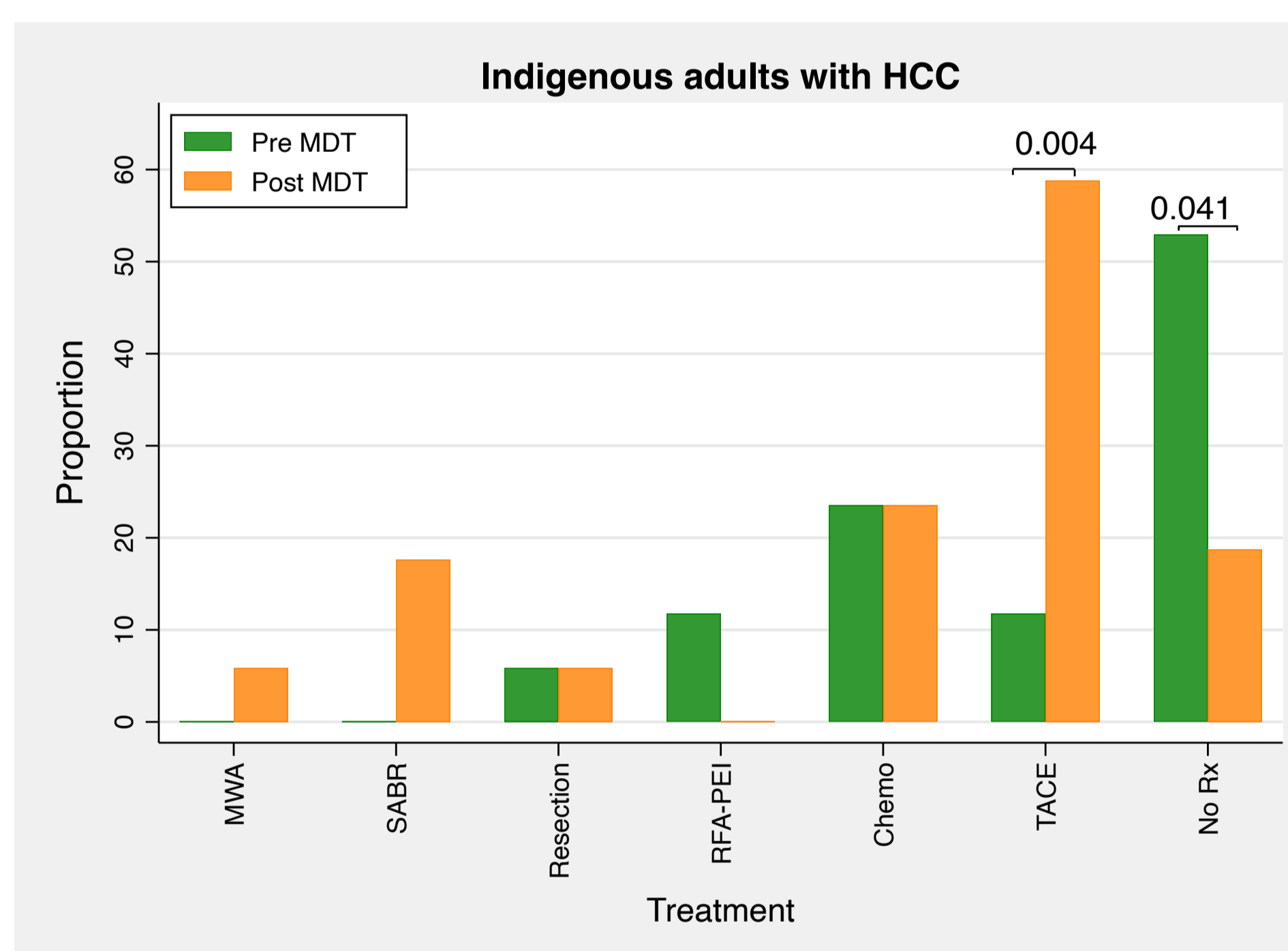
## Methods

We conducted a retrospective cohort study of data from the period 2009 – 2019. Participants with HCC were identified from several sources which included the Northern Territory cancer registry, electronic health records, Royal Darwin Hospital coding department and the HCC MDT patient list. Detailed medical file reviews were conducted, collecting information on patient demographics, aetiology of liver disease, outcomes of the MDT and treatment uptake. Proportional data were compared between two 24-month cohorts from this period using the Chi Square Test. P-values <0.05 were considered significant.



## Results

During the 24-month period between May 2009 to May 2011, 39 cases of HCC were identified (44% Indigenous Australians), compared to 39 cases (46% Indigenous Australians) in the same time period January 2018 to December 2019. The main aetiology of liver disease in Indigenous Australians was chronic hepatitis B and alcoholic liver disease. With the changes introduced, there was a significant increase in the uptake of any treatment for HCC by Indigenous Australians. The treatment modality with the highest uptake was transarterial chemoembolization (TACE), 12 vs 59%, P=0.004. For Indigenous Australians, palliative and supportive care measures (no treatments for HCC) have significantly reduced over the examined time (53% vs 19%, P=0.041).



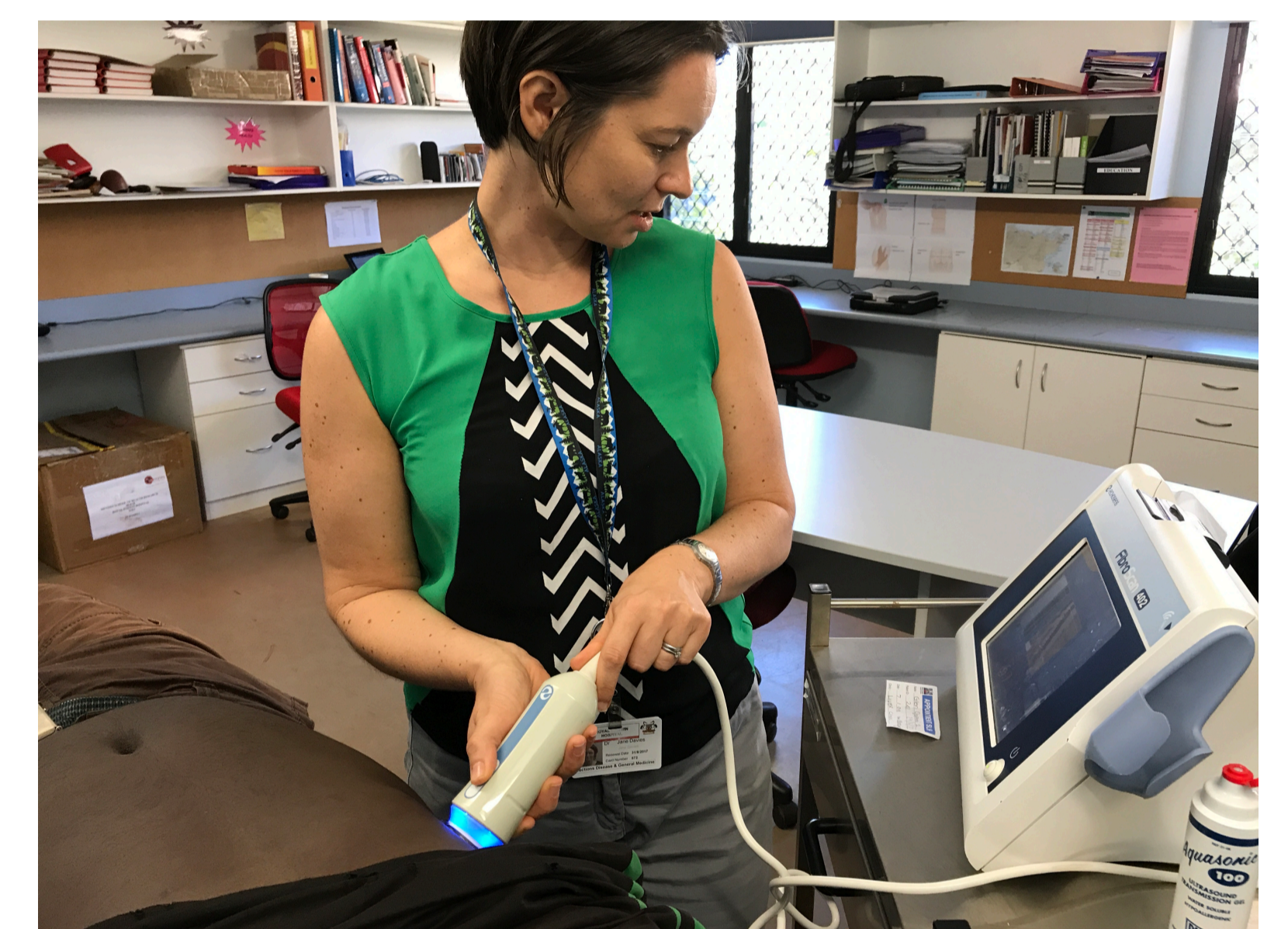
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## Conclusion

The availability of culturally safe, on country care, and the MDT, has improved early diagnosis of HCC for Indigenous Australians and therefore access to greater treatment options. Overall Indigenous Australians in the Top End of the Northern Territory are now receiving significantly more treatment for HCC rather than traditionally adopted supportive or palliative, end of life care.



## References:

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**Conflict of Interest:** Nil

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