

Liver Cancer among First Nations in Alberta

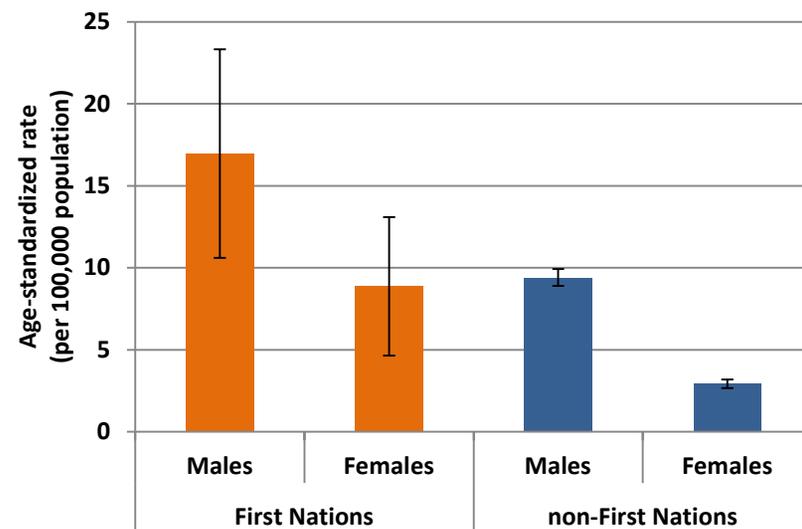
Age-standardized liver cancer incidence rates by First Nations status and sex; 2006-2015

In a previous *First Nations – Health Trends Alberta*¹ we observed that First Nations people were disproportionately impacted by cancers linked to infectious disease agents. Liver cancer ranked among the top 10 cancers observed among First Nations, but not among non-First Nations. Globally, most liver cancer cases are diagnosed in low resourced countries (83 percent of the estimated 782,000 cases worldwide).² To further describe the extent of this burden in Alberta, here³ we estimate liver cancer age-standardized incidence rates for 2006-2015 by sex for First Nations and non-First Nations people in Alberta separately.

Liver cancer incidence rate 2.1 times higher among First Nations compared to non-First Nations people

Between 2006 and 2015, there was an annual average of 187 cases of liver cancer diagnosed in Alberta (7 among First Nations; 180 among non-First Nations). Over this time period, the average age-standardized incidence rate for both sexes combined was 2.1 times higher among First Nations compared to their non-First Nations counterparts (12.6 and 6.1 per 100,000 population, respectively).

Among both populations, males had higher rates than females: among First Nations, the rate among men was 1.9 times higher than the rate among women (17.0 per 100,000 men compared to 8.9 per 100,000 women). However, the disparity in rates between First Nations and non-First Nations women was higher than the disparity between men across populations: the rate for First Nations women was 3.0 times higher than for non-First Nations women (compared to 1.8 times higher for men).



A major risk factor for liver cancer is infection with Hepatitis C virus. Hepatitis C is treatable: antiviral medication can cure more than 95% of people infected, reducing risk of cirrhosis and liver cancer.⁴ Current treatment is primarily oral, short duration, with minimal side effects. While treatment is an option, reducing risk of exposure to the virus through prevention practices such as harm reduction strategies is ideal.

1 <http://afnigc.ca/main/includes/media/pdf/fnhta/HTAFN-2017-10-31-TopCancerSites.pdf>

2 <http://globocan.iarc.fr/old/FactSheets/cancers/liver-new.asp>

3 This is the 27th in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC (communications@afnigc.ca; 403-539-5775).

4 World Health Organization. Hepatitis C. (<http://www.who.int/mediacentre/factsheets/fs164/en/>).