

Towards a Healthier Vietnam: Strategies to Address Liver Cancer

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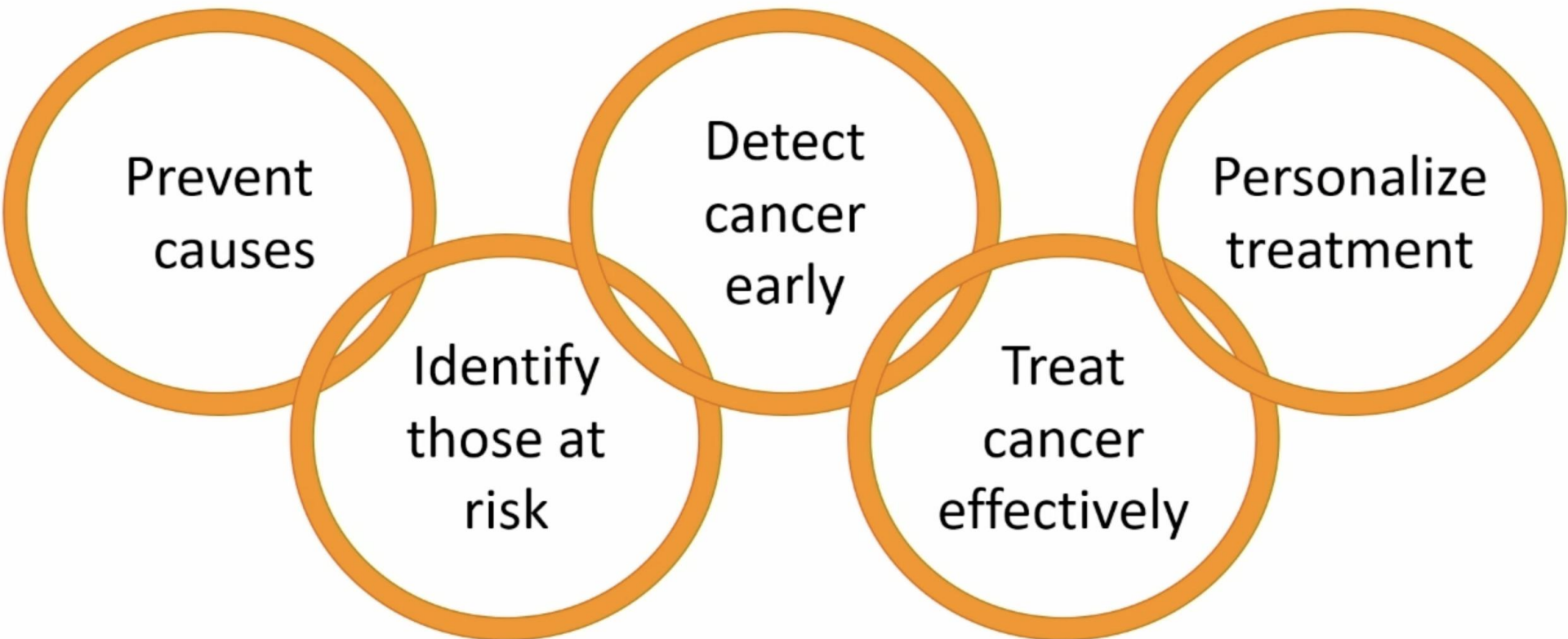
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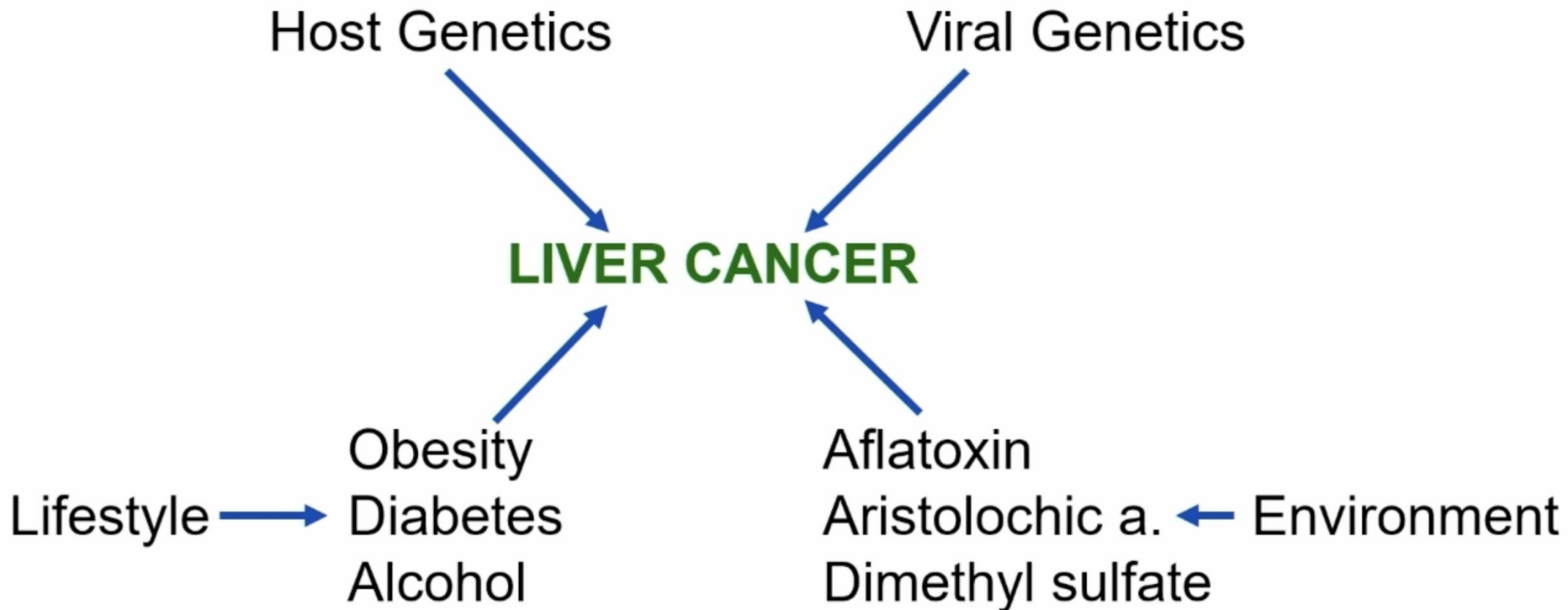
JOHNS HOPKINS
M E D I C I N E

The Cascade of Care to Control Liver Cancer



Courtesy of Dr. Roberts Lewis

Molecular Epidemiology of Liver Cancer



The Cancer Control Cascade

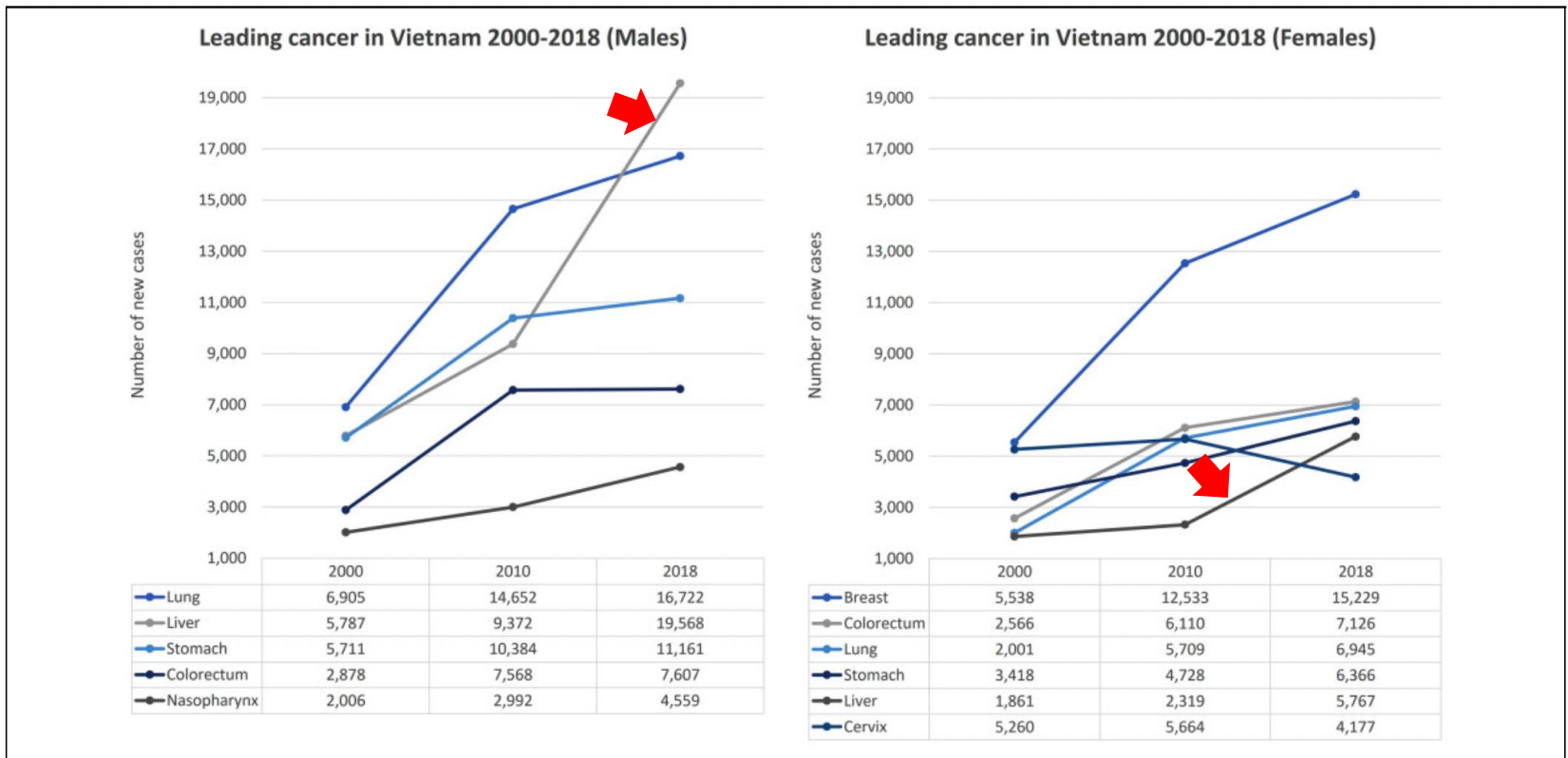
The Impact of Not Identifying Those at Risk

Population	At Risk	Early Detection	Effective Treatment	=	Control
1	0.9	0.7	0.8	=	0.50
1	0.3	0.7	0.8	=	0.17
1	0.3	0.95	0.8	=	0.23
1	0.3	0.95	0.95	=	0.27

Near perfect early detection and effectiveness of treatment cannot make up for not identifying those at risk!

In Vietnam, the “at risk” is people living with hep B

Liver Cancer in Vietnam: Burden and Trend

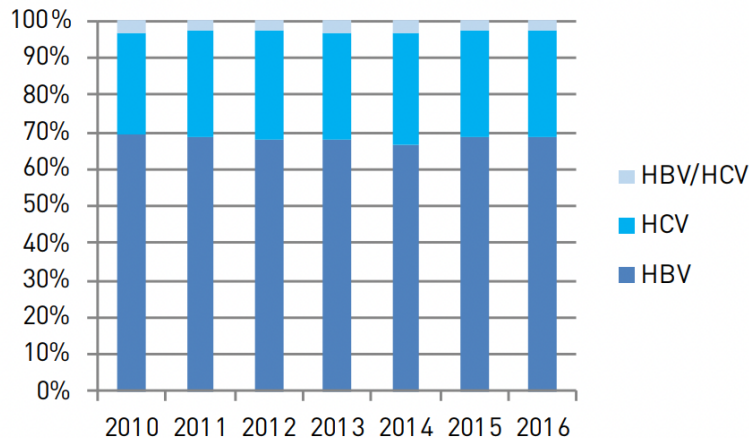


Pham T *et al.* Cancers in Vietnam—Burden and Control Efforts: A Narrative Scoping Review. *Cancer Control*. Volume 26: 1-14. 2019

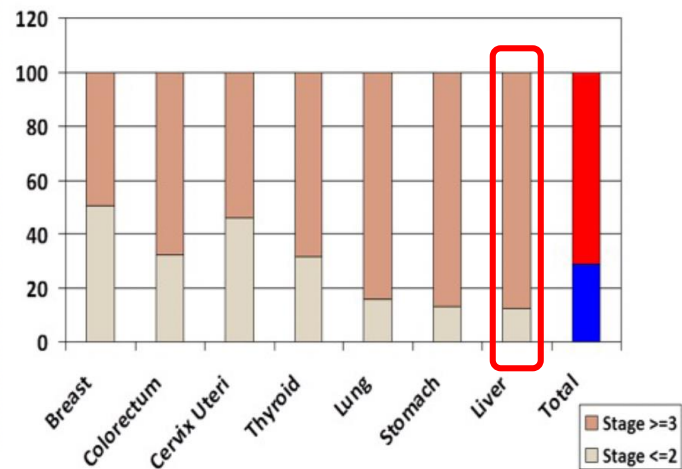
Liver Cancer in Vietnam: Major Gaps

Hep B, Late Stage at Diagnosis, & Lack of Accessible & Affordable Methods for Treatment Monitoring

Hepatitis B and C status of HCC patients at Cho Ray Hospital, Ho Chi Minh City, 2010–2016

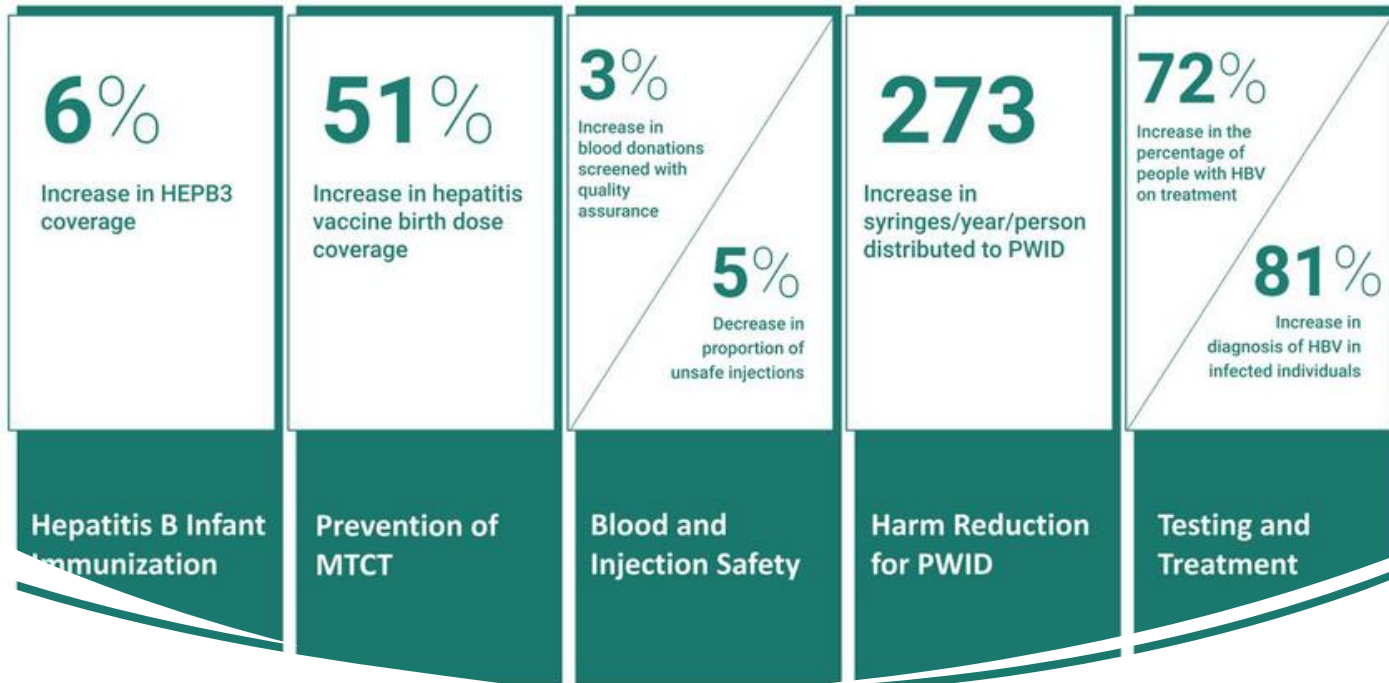


Distribution of cancer cases by stage of diagnosis in five hospitals in Viet Nam, 2009a



1-World J of Hepatology. 2018 Jan 27; 10(1): 116–123.

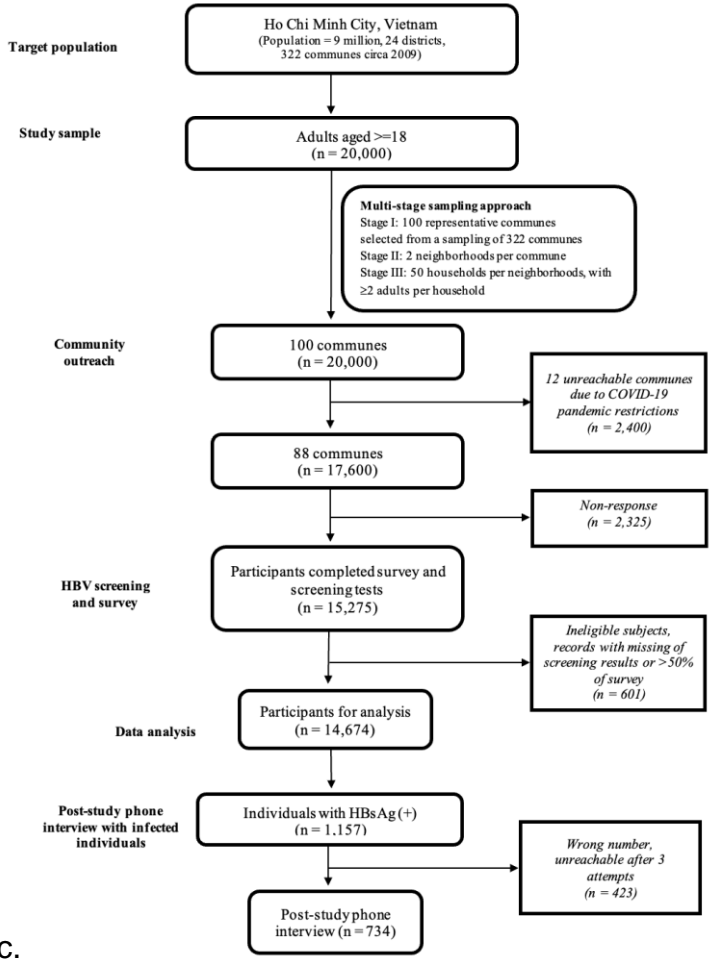
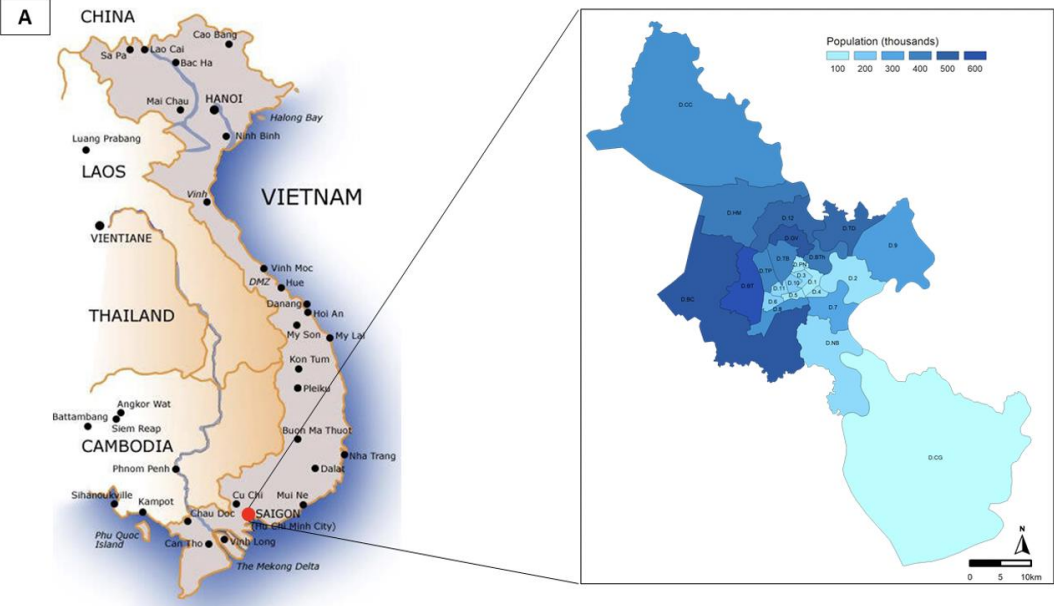
2-Source from 5 hospitals: K Hospital, Hanoi Oncology Hospital, Bach Mai, Viet Tiep Hai Phong and Hue (WHO-Viet Nam Office)



What are the Gaps in Hepatitis B in Vietnam? (Part 1)

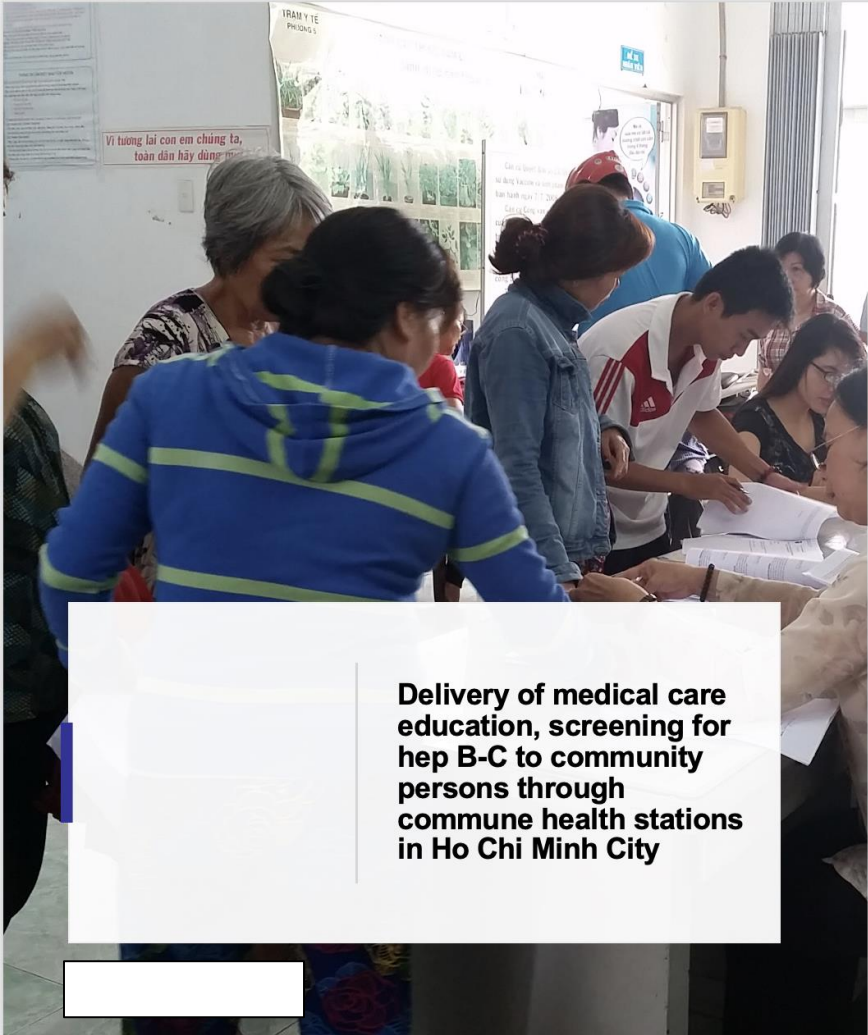
- Focus on one of WHO's five interventions toward hep B elimination for liver cancer prevention: increasing access to diagnosis & treatment
- National policy? Yes
- Vietnam-specific barriers?
- **Major shift of implementation approach to hep B: clinical approach to public health program**

Viet Nam specific barriers to hep B treatment and elimination



Pham N. D. T and Le D *et al.* The Lancet Regional Health - Western Pacific. Oct 29, 2022. 100620, ISSN 2666-6065

Viet Nam specific barriers to hep B treatment and elimination

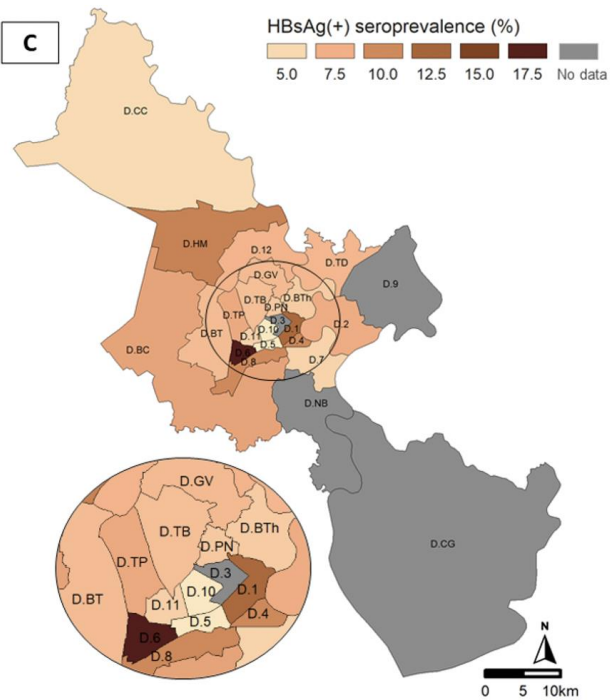


Screening panel: HBsAg, anti-HBs, anti-HBc Ab

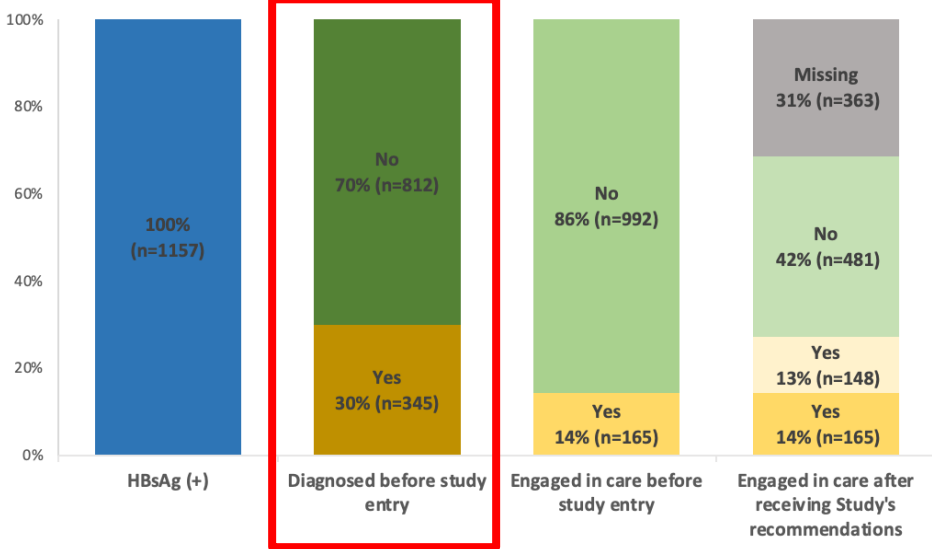
Viet Nam specific barriers to hep B treatment and elimination

--basis for future interventional program--

The prevalence of HBsAg 7.5% (5.5-17.5%)

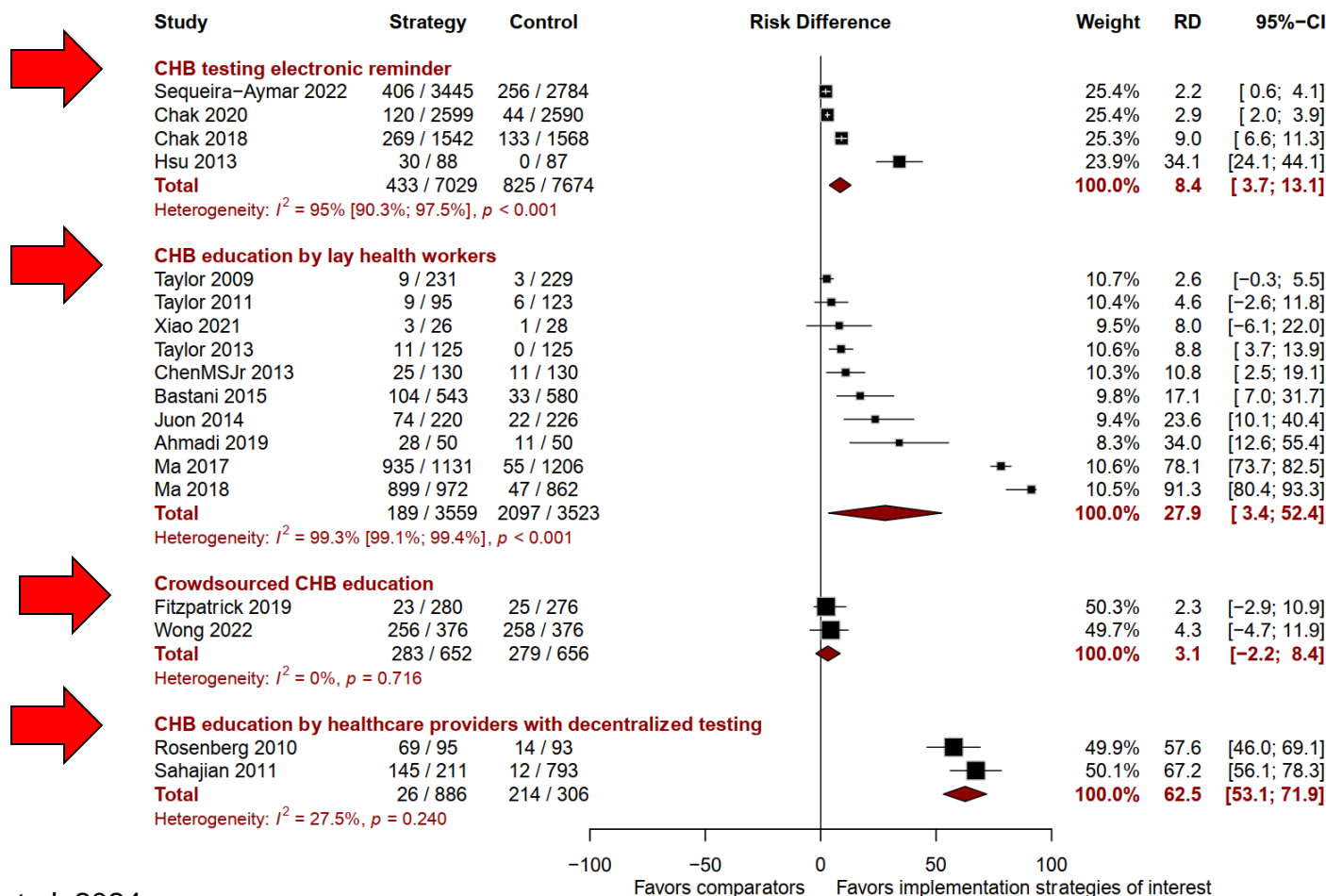


Baseline linkage to care rate for HBV in HCMC



Engaged in care is defined as those who sought medical care from primary care providers or specialists in hepatology/virology for HBV management

Effective strategies and interventions to hepatitis B testing & treatment uptake for elimination: Education & Best Practice Alerts



“DETECT-B”

Major shift of implementation approach to hep B: clinical approach to public health program

Table 1. Overview of Vietnam’s health service delivery system, including the primary care network

Hierarchal Level	Healthcare facilities
Central/National	National general and specialized hospitals, Research institutes, Medical public health universities
City/Provincial	Provincial general and specialized hospitals, regional hospitals, medical colleges
District	District hospitals with OPDs (outpatient departments)
Ward/Commune	Commune health clinics

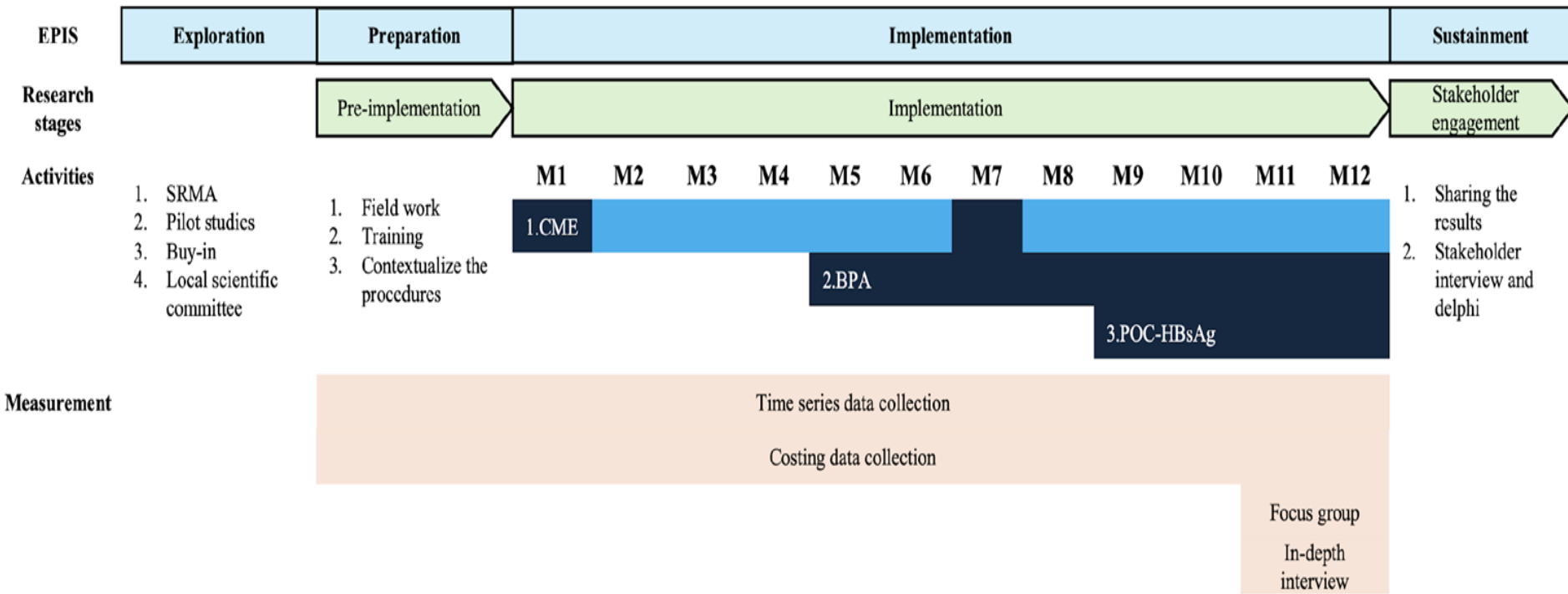
Primary care

(DETECT-B: DEcentralize Testing, Education, and linkage to Care by Using Electronic Best Practice Advisory for Hepatitis B)

“DETECT-B”

Major shift of implementation approach to hep B: clinical approach to public health program (on-going)

An exemplary implementation program being implemented in a district level hospital in Vietnam



CME: continuous medical education; **BPA:** best practice alert, **POC-HBsAg:** point of care rapid testing for HBsAg

Part 2

Ongoing Efforts to Develop Capacity & Research to Promote Strategies and Methods for the Early Detection of Primary & Recurrent Liver Cancer

DTECT-Liver

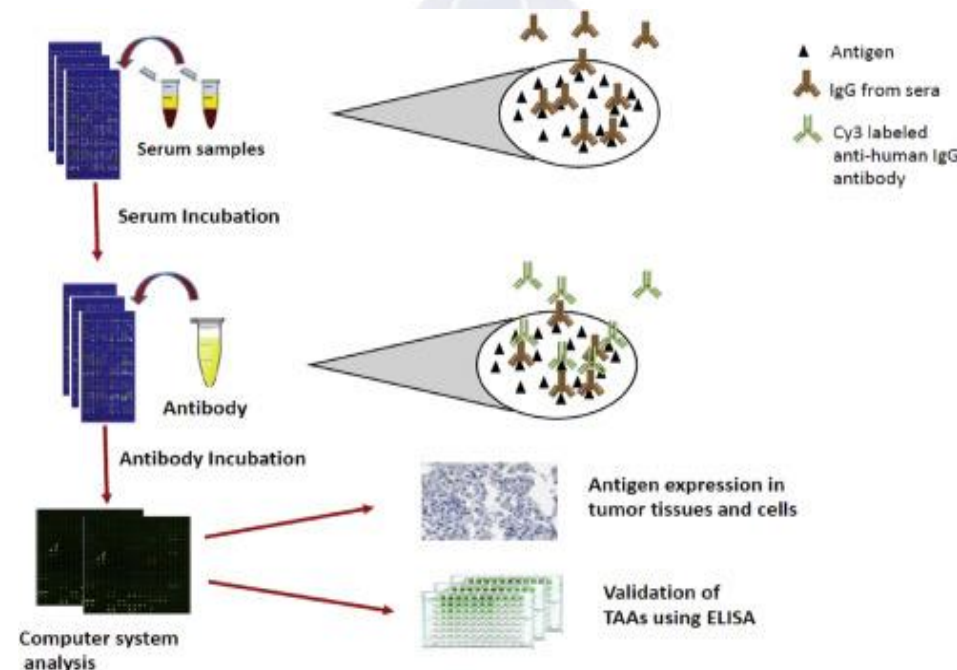
(DeTect to Expunge Concealed Tumors of the Liver)

Aim: To determine autoantibodies as biomarkers in patients with primary and recurrent HCC after hepatectomy using protein microarrays capable of presenting >20,000 tumor antigens

Study duration: 3 years (11/2023 to 10/2026)

Funder: Ludwig Institute for Cancer Research (USA) and Johns Hopkins

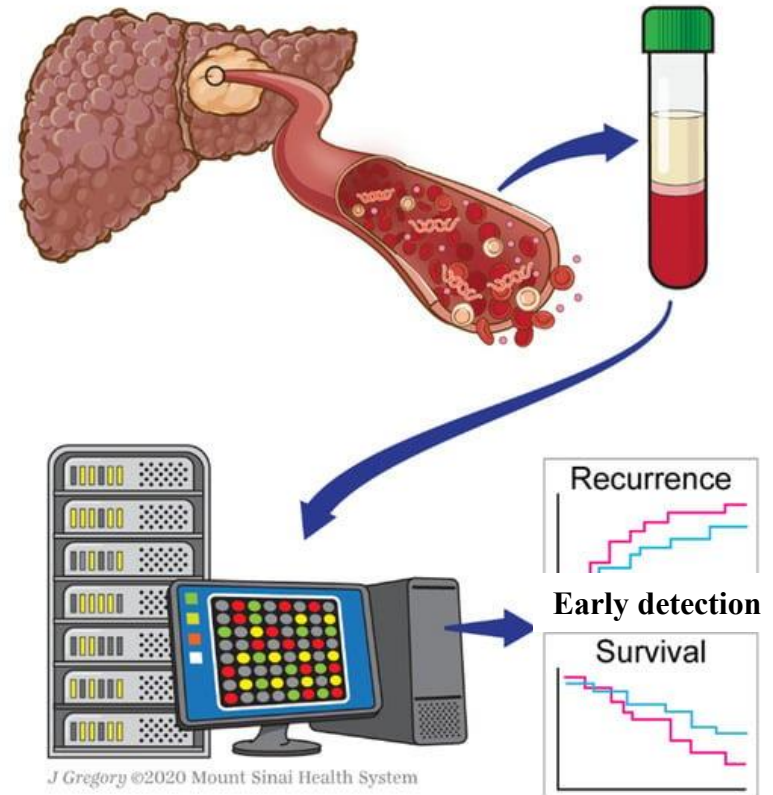
ClinicalTrials.gov Identifier: NCT06141564



STOP HCC

Surveillance and Treatment of Primary Hepatocellular Carcinoma (Viet Nam and Saudi Arabia (12/16/2023 to 11/30/2028))

- A 5-year prospective observational multi-center international study for HCC early detection in high-risk individuals using liquid biopsies (GALAD score, DELFI Score)
- Assess the practical feasibility of implementing an HCC surveillance program and adherence to surveillance completion
- Longitudinal biorepository (plasma) for future investigations
- Active enrollment (12/2023--)
- National Clinical Trials No. *NCT05342350* (enrolling)



Future Directions

Capacity Building:

Strengthen & Expand
(Research methodologies,
Academic medical & public
health institutions, & Private
industry)

To **strengthen the surveillance system** for viral hep and liver cancer in Vietnam (effective, efficient, with an interoperable linking network)

Researching on early detection of primary and recurrent liver cancer

Promoting & integrating **evidence-based interventions of hep B in primary care setting**

Advocating

Acknowledgements

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