

Liver Cancer

Jade Ribbon Campaign Raises Awareness About a Silent Epidemic

Seeing the horrific impact of end-stage disease is an everyday occurrence for many surgeons. Less commonplace, however, is the surgeon who is willing to lead a prevention campaign against an international epidemic. That is the passion of Samuel So, MD, the Lui Hac Minh professor of surgery and director of Stanford's Liver Cancer Program and Asian Liver Center.

Many of Dr. So's patients have liver cancer or liver failure caused by chronic hepatitis B infection. Many of them are Asian American or from the Pacific Islander community. The high incidence of liver cancer in these populations is directly correlated to their disproportionately high rate of chronic hepatitis B.

"What is so sad," says Dr. So, "is that so many people in these high-prevalence populations don't really connect the dots between the two. By the time people are symptomatic, they have advanced liver cancer and, at that stage, there is no effective treatment."

Amplifying the tragedy, he adds, is that hepatitis B is completely preventable with a vaccine — considered the first anti-cancer vaccine — that has been available for the past 25 years. And many physicians do not test patients for hepatitis B infection or screen hepatitis carriers for liver cancer.

In 1996 Dr. So established the Asian Liver Center to address the high incidence of hepatitis B and liver cancer in Asians and Asian Americans. The center coordinates programs in liver cancer research, treatment, and prevention.

"Prevention is by far the best and most cost-effective tactic,"

says Dr. So. "A liver transplant costs society about \$300,000 and saves one life. For the same amount of money you can vaccinate tens of thousands of people to prevent hepatitis B."

In 2001, Dr. So launched the Jade Ribbon Campaign to raise awareness about hepatitis B and its connection to liver cancer. In many Asian communities, jade represents good health and prosperity. The ribbon design is in the shape of the Chinese character for "people".

From California to China, the Jade Ribbon Campaign is sounding the alarm about this silent epidemic. In China, one person dies every minute from preventable liver disease and cancer caused by hepatitis B. Last year Dr. So initiated the China Hepatitis B Project, providing free vaccinations and education for 120,000 students in rural China.

In California, where Asians make up the fastest-growing ethnic population, the Jade Ribbon Campaign has collaborated with countless organizations to conduct similar activities. It has developed educational brochures in several languages, raised funds, organized free screenings and vaccinations, conducted youth outreach, and spearheaded the drafting of a National Hepatitis B Act, which was introduced into Congress last December.

"Regular screening can lead to early detection and improved survival," says Dr. So, "but our final goal is to eradicate hepatitis B infection."

For more information about hepatitis B, liver cancer, and the Jade Ribbon Campaign, look online at <http://livercancer.stanford.edu>. ■

Hepatitis B and Liver Cancer

- Chronic hepatitis B infects 400 million people worldwide (10 times more common than HIV).
- More than half of the 1.4 million Americans with hepatitis B are of Asian descent — every 1 in 10 Asian Americans.
- About 30 percent of persons with hepatitis B have no signs or symptoms.
- Eighty percent of all liver cancer cases are caused by hepatitis B.
- Liver cancer causes 1 million deaths worldwide each year and is the third leading cause of cancer death.
- Men are twice as likely as women to get liver cancer. It occurs more often in people over age 60.
- Liver cancer is the most common form of cancer in the Far East.

Source: Stanford Liver Cancer Center

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patient information in our database allows us to explore multiple aspects of the disease," she adds. "For instance, we are using this data to understand why people get Hodgkin's in the first place and why some patients develop secondary cancers when others do not."

While Stanford does not have a formal Survivorship Clinic for its Hodgkin's patients, staff make a concerted effort to keep track of patients and communicate with them about recommended screening exams and follow-

up care. The challenge with Hodgkin's survivors, Dr. Horning points out, is that most are young, highly mobile individuals who are concerned with employment and family issues. Their average age at diagnosis is just 26 years old.

"A dedicated clinic could help us educate patients about the potential risks they face," says Dr. Horning, "and address the unique issues that come with being a cancer survivor." ■