now estimated to affect around 400,000 people, or 2% of the population. Liver cancer survival remains among the lowest of all cancers, with only 16% of people still alive 5 years after diagnosis. By 2007, liver cancer had become the 11th most common cause of cancer death of Australians. For the first time, the new AIHW report indicates that primary liver cancer is the fastest increasing cause of cancer mortality in this country. The annual number of new cases of liver cancer recorded in Australian cancer registries almost tripled between 1982 and 2007 (from 1.8 to 5.2 cases per 100,000 population), and no other cancer has had a larger increase in mortality, with the number of Australians dying from liver cancer doubling during the same period.

With most primary liver cancer attributable to chronic hepatitis B and hepatitis C, and increasing evidence of the efficacy of antiviral therapy for viral hepatitis in preventing cancer, it is a universally recognised public health priority to scale up access to these treatments. However, less than 3% of people living with viral hepatitis are receiving treatment, reflecting low levels of community and clinical awareness of this issue. Unless this is addressed, we will see the fastest increasing cause of cancer mortality among Australians continue to accelerate.

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The potential risk of low lead exposure in Australian children can be estimated using US exposure rates and Australian population data. About 7.4% of US children aged 1–14 years have a blood lead level above 5 μg/dL. Applying this rate to Australian children aged 0–4 years suggests that about 100,000 may have blood lead levels associated with adverse health outcomes. At the Macquarie University forum on lead toxicity, consensus was reached that the NHMRC goal should be lowered. To eliminate childhood lead toxicity in Australia, we need to improve ways of identifying sources of lead exposure, assessing the impacts of lead exposure, and eliminating or controlling lead risks. Relevant legislation and standards relating to health and environmental levels of lead should be revised to achieve blood lead levels below 1 μg/dL. Community involvement in implementing the necessary changes and cost–benefit analyses of interventions were also called for at the forum.

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