now estimated to affect around 400 000 people, or 2% of the population.[3] 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.[1]

For the first time, the new AIHW report indicates that primary liver cancer is the fastest increasing cause of cancer mortality in this country.[1] 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,[3,4] it is a universally recognised public health priority to scale up access to these treatments.[5,6] However, less than 3% of people living with viral hepatitis are receiving treatment, reflecting low levels of community and clinical awareness of this issue.[3] Unless this is urgently addressed, we will see the fastest increasing cause of cancer death of Australians continue to accelerate.

Jennifer H MacLachlan Epidemiologist

Benjamin C Cowie Epidemiologist

WHO Regional Reference Laboratory for Hepatitis B, Victorian Infectious Diseases Reference Laboratory, Melbourne, VIC.

benjamin.cowie@mh.org.au

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Eliminating childhood lead toxicity in Australia: a call to lower the intervention level

To the Editor: On 5 June 2012, the forum "Eliminating childhood lead toxicity in Australia — a little is still too much" was held at Macquarie University to examine new evidence on the toxicity of lead and its implications for Australian children and communities.

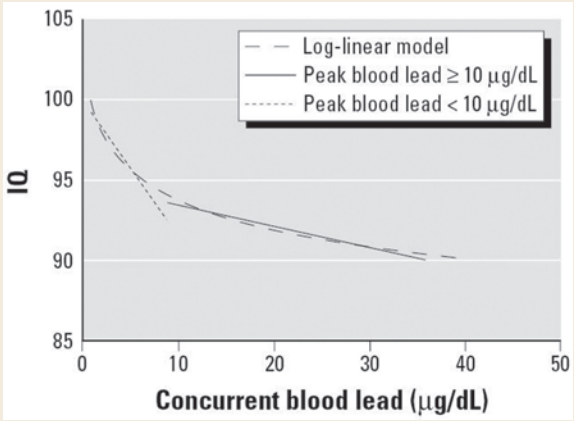
Presently, the National Health and Medical Research Council (NHMRC) recommends an increasingly obsolete intervention level that was established in 1993: blood lead levels of below 10 μg/dL. However, new and overwhelming evidence indicates that even levels below 5 μg/dL are associated with a range of adverse health outcomes, including decreased intelligence and academic achievement, sociobehavioural problems such as attention deficit hyperactivity disorder, learning difficulties, oppositional and conduct disorders, and delinquency. Importantly, the greatest relative effects on IQ occur at the lower blood lead levels (Box).[1]

In Germany, the reference value for blood lead levels in 3–14-year-olds was lowered in 2009 to 3.5 μg/dL.[2] In 2012, the US Centers for Disease Control and Prevention eliminated the "level of concern" set previously at 10 μg/dL and established 5 μg/dL as the intervention level for individual children.[3] Also in 2012, the US National Toxicology Program concluded that levels below 5 μg/dL are associated with detrimental health outcomes in children and adults.[4]

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 1–5 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.[5] 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.

Modelling of blood lead levels in children*



*Log–linear model for concurrent blood lead concentration along with linear and log–linear models for concurrent blood lead levels among children with peak blood lead levels above and below 10 μg/dL. Reproduced with permission from *Environmental Health Perspectives*.[1] ◆

> "new and overwhelming evidence indicates that even [blood lead] levels below 5 μg/dL are associated with a range of adverse health outcomes"
>
> Taylor et al

Mark P Taylor Professor of Environmental Science[1]

Chris Winder Professor of Occupational Health, Safety and Environmental Management[2]

Bruce P Lanphear Professor of Children's Environmental Health[3]

1 Faculty of Science, Macquarie University, Sydney, NSW.

2 Faculty of Business, Australian Catholic University, Sydney, NSW.

3 BC Children's Hospital, Simon Fraser University, Vancouver, British Columbia, Canada.

chris.winder@acu.edu.au

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