Our advice and guidance around COVID-19 is being regularly reviewed. Visit https://www.bsg.org.uk/covid-19-advice/ to see the latest published guidance.

This document was first published in October 2020, and reviewed in January 2021

The incidence of HCC in patients with compensated cirrhosis is 1-2% per year. NICE recommends offering HCC surveillance to patients with cirrhosis and to selected patients with chronic hepatitis B infection.* EASL recommends HCC surveillance for patients with chronic hepatitis C infection and advanced fibrosis. **

For HCC surveillance to be effective, curative treatment options of liver resection, tumour ablation or liver transplantation must be available to patients in whom HCC is detected. Whilst surveillance increases detection of HCC before it becomes symptomatic, systematic reviews provide conflicting evidence for improved survival.

Provision of HCC surveillance during the pandemic

Cirrhosis management and therefore HCC surveillance was deferred at most sites during the first wave of COVID-19. However, the ongoing impact of the pandemic is affecting services in a non-uniform way and at different times across the UK so whilst some hospitals are under critical pressure others are able function more normally. In the event that hospitals are under critical pressure then HCC surveillance may need to be deferred but it is important to recognise this will result in morbidity and mortality as well. Therefore, service recovery should be planned to resume standard of care as soon as local circumstances allow.

When planning recovery of services take the following into account:

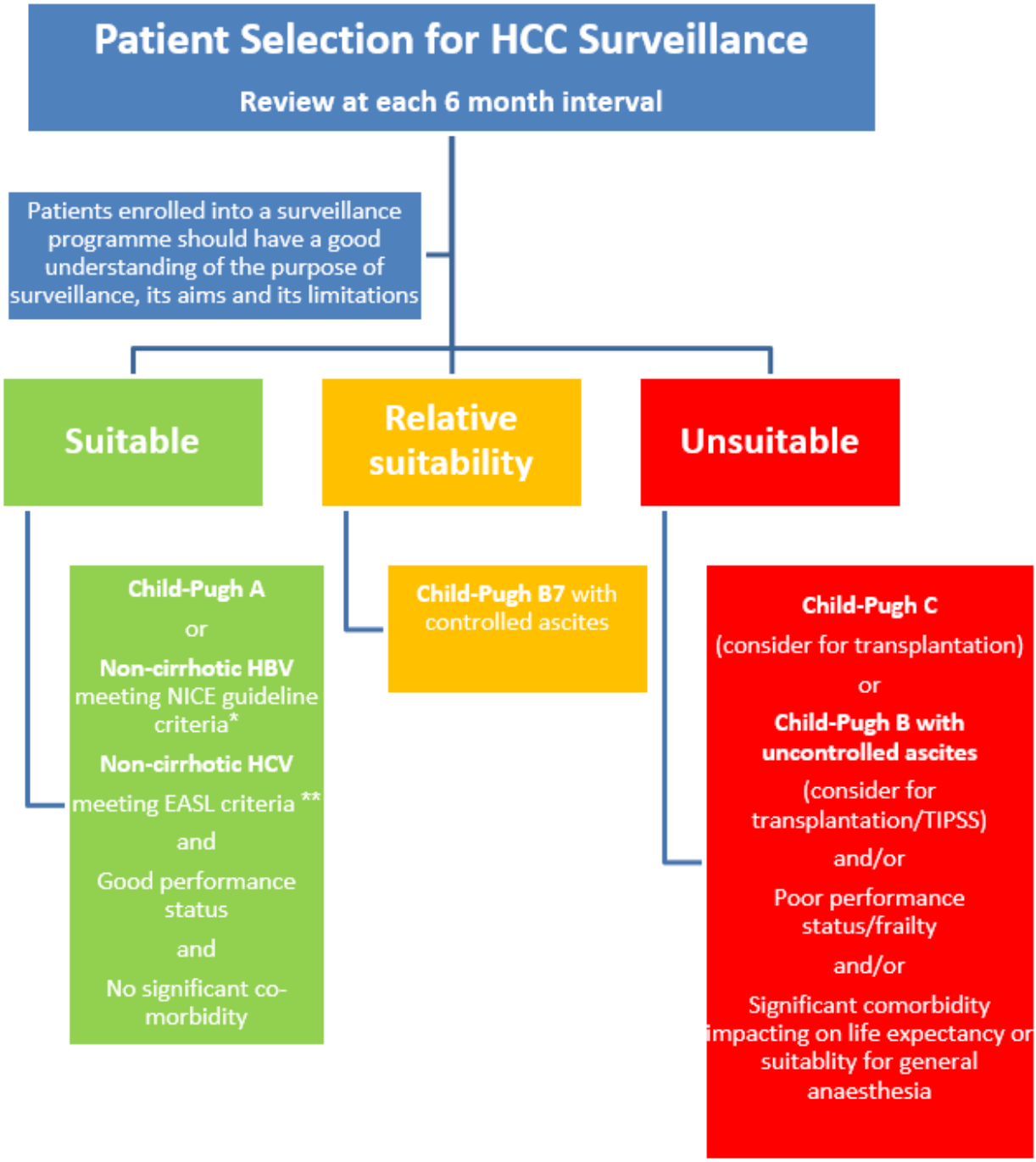
- Ensure there is a robust mechanism in place for timely review of results to avoid delays in recall for follow-up imaging and diagnosis
- Coincide surveillance with cirrhosis monitoring blood tests and clinical reviews to minimise visits to hospital or other healthcare settings. Cirrhosis clinical reviews are possible by telephone or video platforms for most patients who are suitable for HCC surveillance if normal outpatient services are being adapted to new ways of working.

Patient selection for surveillance

Patients enrolled into a surveillance programme should have a good understanding of the purpose of surveillance, its aims and its limitations. Patients with compensated cirrhosis and good performance status should be prioritised for surveillance.

- Those patients with Child-Pugh score >B7 and / or ascites that is not controlled with diuretics will not tolerate anticancer treatment for HCC and surveillance is not recommended for these individuals. (The opportunity could be taken however to consider candidacy for liver transplant assessment referral).
- Frailty and advanced comorbidities also impact on patients' suitability for surveillance when these comorbidities have a major impact on life expectancy.
- Curative treatments require general anaesthesia and this provides a measure of the performance status required.

A Child-Pugh and performance status calculator for patients at risk of HCC is available to download at: https://www.basl.org.uk/index.cfm/content/page/cid/34


Patient Selection for HCC Surveillance
Review at each 6 month interval
Patients enrolled into a surveillance programme should have a good understanding of the purpose of surveillance, its aims and its limitations
Suitable
Relative suitability
Unsuitable
Child-Pugh A
or
Non-cirrhotic HBV meeting NICE guideline criteria*
Non-cirrhotic HCV
meeting EASL criteria **
and
Good performance status
and
No significant co-morbidity
Child-Pugh B7 with controlled ascites
Child-Pugh C
(consider for transplantation)
or
Child-Pugh B with uncontrolled ascites
(consider for transplantation/TIPSS)
and/or
Poor performance status/frailty
and/or
Significant comorbidity impacting on life expectancy or suitablity for general anaesthesia

* Hepatitis B recommendations

- with significant fibrosis or cirrhosis (F2-4).
- without significant fibrosis or cirrhosis if > 40 years and has a family history of HCC and HBV DNA ≥ 20,000 IU/ml.

** Hepatitis C recommendation

- advanced fibrosis defined as ≥F3

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References

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