

## Hepato-biliary/Pancreas Program Consensus Guidelines

These guidelines apply to clinical interventions that have well-documented outcomes, but whose outcomes are not clearly desirable to all patients

### Hepatocellular Carcinoma Surveillance

**Approved By: Allina Hepato-biliary/Pancreas Program Committee**

**Date of Approval: 8/7/2013**

Effective Date: 8/7/2013

Revision Due Date: August 2015

#### **RECOMMENDATIONS:**

Screening Surveillance criteria includes the following two groups:

1. All patients with a diagnosis of cirrhosis from any cause. This includes those who have no or minimal symptoms and/or normal or near normal tests.
2. Hepatitis B carriers (non-cirrhotic) who meet one of the following criterion:
  - a. Asian male age 40 or above.
  - b. Asian female age 50 or above.
  - c. African male and female age 20 or above.
  - d. Family history of hepatocellular carcinoma.

Surveillance should be performed with a combination of ultrasound and serum alpha fetoprotein (AFP), performed at 6 month intervals. Any suspicious ultrasound findings or an AFP >20 should be referred for MRI with contrast or a triphasic CT scan with contrast.

#### **SCOPE:**

<b>Sites, Facilities, Business Units</b>	<b>Departments, Divisions, Operational Areas</b>	<b>People applicable to (MD, NP, Administration, Contractors etc.)</b>
Allina Clinics	Primary Care	
Independent Practices, such as Minnesota Gastroenterology	Gastroenterologists	

*Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization. These guidelines may be disclosed only for the purposes of the Review Organization according to Minn. Statutes §145.64 and are subject to the limitations described at Minn. Statutes §145.65*

## **OVERVIEW AND SUPPORTING EVIDENCE:**

- For the general population, screening for liver cancer is not recommended.
- A subset of patients with chronic liver disease is at a significantly increased risk of developing hepatocellular carcinoma (HCC). Studies have shown benefit in survival with surveillance programs in these patients based on earlier detection of HCC in these patients, in turn allowing for more effective therapy.
- ACS recommends Ultrasound exams, as the main test, along with Alpha-fetoprotein (AFP) blood tests and – every 6-12 months
- Mayo Clinic recommends Ultrasound exams – every 6-12 months
- MD Anderson recommends AFP and Ultrasound exams – every 6 months

## **REFERENCES:**

These data are thoroughly reviewed by Bruix and Sherman and presented along with practice guidelines endorsed by the American Association for the Study of Liver Disease (<http://www.aasld.org/practiceguidelines/Documents/Bookmarked%20Practice%20Guidelines/HCCupdate2010.pdf>).

American Cancer Society  
MayoClinic.com  
Mbanderson.org

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