Audit of Ultrasound Surveillance of Hepatocellular Carcinoma in Patients with Liver Cirrhosis

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Introduction

Hepatocellular carcinoma (HCC) is an increasingly common disease in the UK and this has prompted increased investment in accurate disease monitoring in patients at risk of developing HCC. The mortality of HCC is high and early detection has been shown to result in earlier intervention and better prognosis.

Aim

The aim of this audit is to establish whether current recommendations for surveillance of HCC are met in patients with cirrhosis at the Gwent Liver Unit.

Method

The audit standard is guidance set out by the European Association for the Study of the Liver in collaboration with the European Organization of Research and Treatment of Cancer, 2011. It advises ultrasound imaging to be carried out every 6 months in patients at high risk of developing HCC.

Results

232 patients were included in analysis. 18 patients were deceased at time of audit.

69 / 232 (30%) patients had imaging surveillance at the recommended standard 6 monthly interval.

15 HCC were identified. The bar chart below shows these patients and the time in months since their previous surveillance imaging and the treatment they received, if any. 9/15 patients underwent intervention (see key below). Of patients with HCC as cause of death, average surveillance met the recommendation 6 month standard. In one case, the patient waited 11 months for surveillance, despite having been found to have an enlarging HCC in previous imaging.

Conclusion

Service provision to ensure that all patients receive 6 monthly surveillance imaging could be improved. However, the audit shows that delay in imaging does not adversely affect patient safety or patient outcomes. Further analysis of alpha fetoprotein may also be beneficial as an additional method of surveillance.
Patients with HCC: Time since Previous Surveillance Imaging and Treatment Given

- Radio-Frequency Ablation (RFA)
- Transcatheter Arterial Chemo-Embolisation (TACE)
- Alcohol injection

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