

# Hepatocellular Carcinoma **HCC** Surveillance

This leaflet is for people with a diagnosis of stable liver cirrhosis (scarring of the liver) who are being offered surveillance for the detection of early signs of liver cancer. Some people with liver conditions other than cirrhosis can also be at risk and need monitoring.



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## Why do I need surveillance?

Having liver cirrhosis puts you at risk of developing primary liver cancer. This is a cancer that starts in the liver. This type of cancer is called hepatocellular carcinoma or “HCC” for short. The risk of HCC varies between 1 and 8 people out of 100 depending on the cause of your liver disease.

The aim of the surveillance programme is to detect HCC in your liver at an early stage so that we can offer you more effective treatment.


## What is Hepatocellular Carcinoma surveillance?

All patients who are considered suitable for the HCC surveillance programme will be offered liver ultrasound and blood tests twice a year.

Your blood tests and ultrasound results will be looked at by a member of the Hepatology team. We will send you a letter to inform you and your GP of your results.

People are entered into HCC surveillance if:

- They have been diagnosed with cirrhosis. This will have been diagnosed by using ultrasound, liver biopsy, or FibroScan.
- Their cirrhosis is stable and they have no complications relating to cirrhosis such as ascites (fluid in the abdomen).
- They have been diagnosed with Hepatitis B Virus (HBV) without evidence of cirrhosis and are thought by their specialist to be at risk of cancer
- They have been treated for Hepatitis C and had a high FibroScan (liver stiffness) measurement.

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- They have fibrosis (scarring) of the liver that is not quite cirrhosis but the Hepatology team feel that HCC surveillance is appropriate as they are at risk of progressing to cirrhosis.

## **There are several reasons why surveillance might no longer be suitable.**

- If your liver disease becomes more advanced. You may hear this called decompensated liver disease. When you have problems related to your cirrhosis such as developing fluid on your abdomen (ascites), have confusion relating to your liver disease (hepatic encephalopathy) or bleeding from blood vessels in your oesophagus (food pipe).
- If you have other health conditions that would mean we cannot offer any of the treatments for HCC such as severe heart failure or chronic obstructive pulmonary disease.
- If you have increasing frailty. We assess patients' clinical frailty score, and if your score is increasing, then HCC treatment may be considered too high-risk, and you would no longer be eligible.
- If you have had improvement in your liver condition after review with the Hepatology team such that you are no longer at risk of cancer.
- If you decide you do not wish to be included in the programme.

## **How effective is this surveillance programme in identifying HCC?**

Combining the ultrasound and blood test increases the chances of detecting small HCCs. As with all tests there are limitations and

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there is a chance of missing very small tumours. The system isn't perfect, but it is the best that we have now.

Sometimes what can be seen on an ultrasound may be limited. This can be more of a problem if you are very overweight as the ultrasound cannot travel well through fat.

Some people will have very nodular livers due to their cirrhosis. In this situation, it can be difficult to see the whole liver or identify a small tumour from the background changes.

## **What are the risks of being in an HCC screening programme?**


Ultrasound and blood testing are both safe and cause minimal discomfort. Sometimes we might find an abnormality in the liver which proves not to be cancer. This might cause you some worry until the situation is resolved.

## **What will happen if an ultrasound or blood test is abnormal?**

If the ultrasound shows a possible tumour, then the person doing the ultrasound will alert the doctor or nurse who requested the test. Following this, you are likely to be asked to come in for further radiology scans of your liver, usually a CT (Computerised Tomography) or MRI (Magnetic Resonance Imaging) scan. The doctor or nurse will also discuss this with you either in clinic or over the phone.

Once further scans are done and if cancer is confirmed, you will be seen again in Liver Clinic to discuss the results and plan appropriate treatment with you.

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Frequently the MRI or CT scans do not show any evidence of HCC. The area that looked abnormal on ultrasound may be found to be a 'cirrhosis nodule' or regenerative nodule and we will discuss continuing with HCC surveillance.

**If you have any questions or concerns, please contact the Liver Specialist Nurses:**

Email [ruh-tr.hepatology@nhs.net](mailto:ruh-tr.hepatology@nhs.net)

Telephone 01225 826471

Monday & Friday 9.00-16.30

Tuesday, Wednesday, Thursday 9.00-12.30

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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