Surveillance Practices for HCC In Patients with Chronic Hepatitis B; a single centre audit

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Introduction

- Hepatitis B patients are at increased risk of developing hepatocellular carcinoma (HCC).
- International guidelines recommend regular surveillance for high-risk patients. However, the European Association of the study of the liver (EASL) and American Association of study of the liver (AASLD) guidelines differ on who is at high risk.

Aim

- To gather data on Hepatitis B surveillance practices to determine if high-risk patients are being identified and screening requested in compliance with international guidelines.

Methods

- We assessed 117 patients attending the hepatitis B clinic over 2 months at Cork University Hospital from April 2021.
- Demographics, frequency of Ultrasound (US) requests, and Alpha-fetoprotein (AFP) were collected. Eligibility for surveillance was determined by AASLD and EASL guidelines.

Results

All patients had AFP recorded: partial screening was completed in all. As per AASLD, 17(14.4%) patients were identified as high risk compared to 15 (12.8%) as per EASL. Of 17 eligible by AASLD, only 3 (17%) were referred for ultrasound of 15 eligible by EASL, 1 (6%) was referred for screening. Over 80% of high-risk patients had ultrasound in the preceding 5 years.

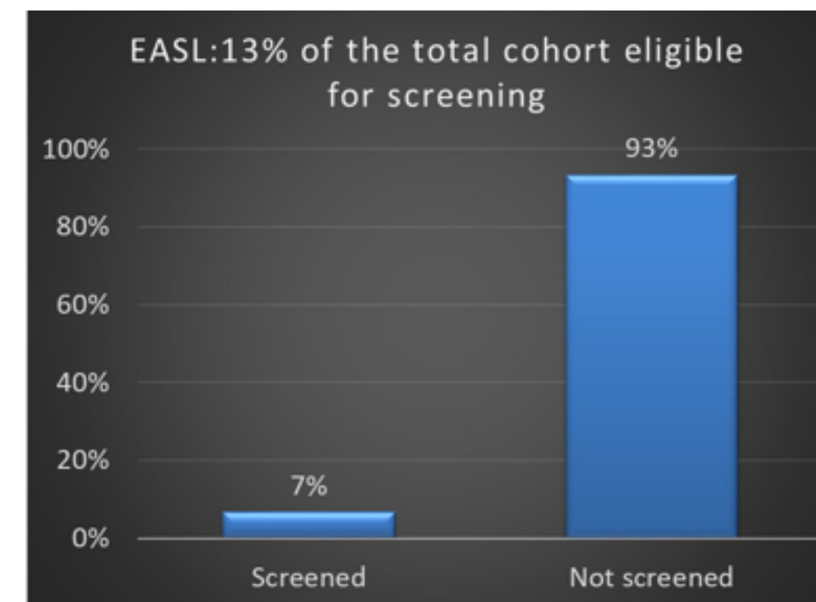

Figure 1: The completion of screening showing eligible patients as per AASLD guidelines

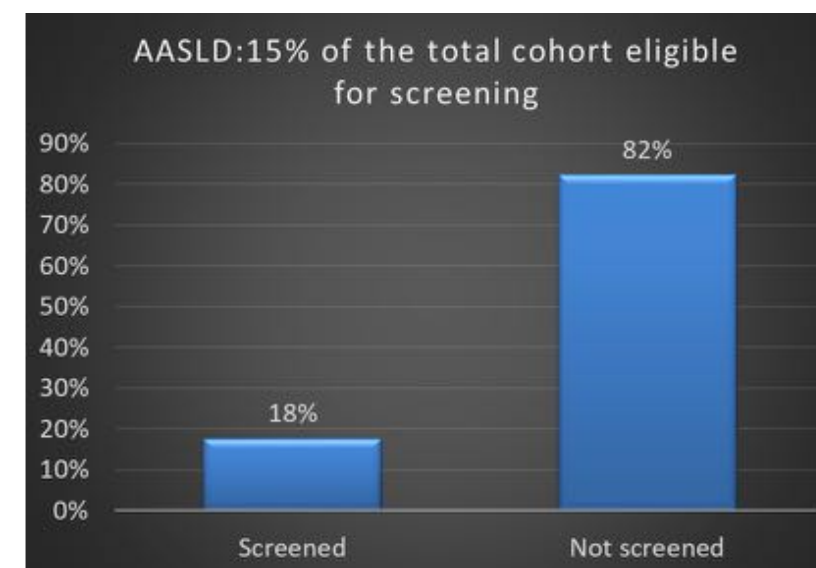

Figure 2: Bar completion of screening showing eligible patients as per EASL guidelines

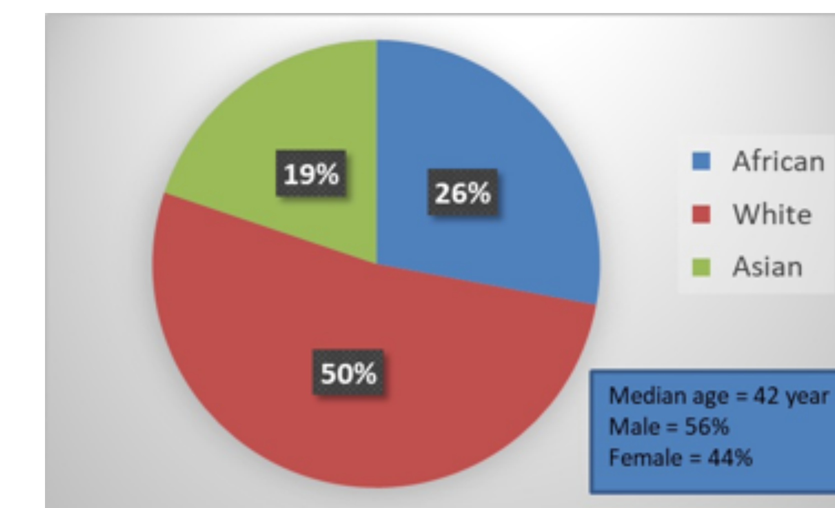

Figure 3: Demographics

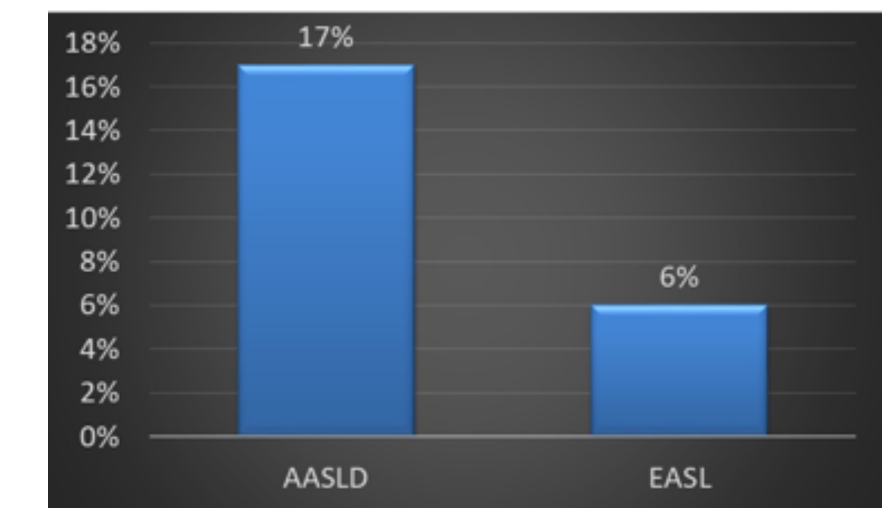

Figure 4: percentage of patients referred to ultrasound from patients identified as high risk as per AASLD and EASL guidelines

Conclusions

HCC screening is complex. We need better identification of high-risk patients and better pathways/protocols to facilitate repeated ultrasounds. Despite universal adherence to AFP testing, US screening was sub-optimal. The standard of 6 monthly screening is a high bar to achieve in our setting. No new cases of HCC were identified in this cohort.

Proposed solutions:

1. Repeat order facility from the radiology department (not currently available).
2. Automated reminders (not currently available).
3. Increase the frequency of review (against patient preference and increase demand on already overstrained service).

References

1. Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance

2. EASL 2017 Clinical Practice Guidelines on the management of hepatitis B virus infection journal of hepatology