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Summary

How to assess hepatocellular carcinoma

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Pancreas | Radiology & Imaging | Hepatobiliary

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The speaker reviewed current LI-RADS criteria for diagnosing hepatocellular carcinoma and outlined expected refinements to improve diagnostic accuracy, including removal of threshold growth as a major feature and potential use of hepatobiliary phase washout.

KEY POINTS

- The speaker stated that MRI is superior to CT for HCC diagnosis in terms of sensitivity with similar specificity, and that among contrast agents, Gadobenate Dimeglumine has higher sensitivity than Gadoxetate disodium with similar specificity.
- Current LI-RADS categories LR-3, LR-4, and LR-5 have pooled positive predictive values of 58%, 80%, and almost 96% respectively, but the speaker showed these vary widely (LR-3 from 15% to 68%, LR-4 from 73% to almost 94%) depending on the specific combination of imaging features.
- The speaker reported that threshold growth, when used to achieve LR-5 diagnosis, yields lower positive predictive values (74% and 82%), and one study found it was not associated with HCC unlike other major features.
- Expected future LI-RADS changes include removing threshold growth as a major imaging feature, giving equal weight to enhancing capsule and non-peripheral washout, using one centimeter as the only size cut-off, and reducing the 21 ancillary features to only the most helpful ones.
- The speaker stated that assessing washout on transitional or hepatobiliary phase increases sensitivity from 68% to 84% with a statistically significant but still high specificity, though this increases detection of malignancy in general, not just HCC, as illustrated by a case that proved to be cholangiocarcinoma.
- In the Q&A, the speaker noted that no AI or radiomic tools are currently FDA-approved or CE-marked for HCC diagnosis or prognosis, and recommended Gadobenate dimeglumine for first-time patients due to its higher sensitivity.

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