HEPATOCELLULAR CARCINOMA SCREENING IN CIRRHOSIS: EXPERIENCES OF A PERIPHERAL IRISH HOSPITAL

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UEG Week Vienna 2024 | Poster

Hepatobiliary

October 13, 2024

A ten-year audit of 91 cirrhosis patients found suboptimal compliance with six-month HCC surveillance guidelines, with median imaging intervals of 9.77 months and 40% of studies exceeding 12 months, though surveillance intervals improved significantly after March 2020.

KEY POINTS

- The audit analysed 167 surveillance studies in patients with Child-Pugh A or B cirrhosis between 2013 and 2022, with median imaging intervals of 9.77 months compared to the recommended six-month guideline interval.
- Surveillance intervals improved post-COVID, decreasing from an average of 12.8 months pre-March 2020 to 8.26 months afterward, a statistically significant reduction.
- Five patients (5%) were diagnosed with HCC at a median age of 74 years; three of these diagnoses occurred in patients without known prior cirrhosis, and the authors concluded none resulted from surveillance guideline failures.
- Alcohol was the predominant cirrhosis aetiology (84%), and the cohort had high rates of decompensation complications including ascites (71%), varices (56%), and prior GI bleeding (33%).
- This audit is most relevant for hepatology services evaluating their HCC surveillance programmes and compliance with EASL guideline intervals in cirrhotic populations.

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