

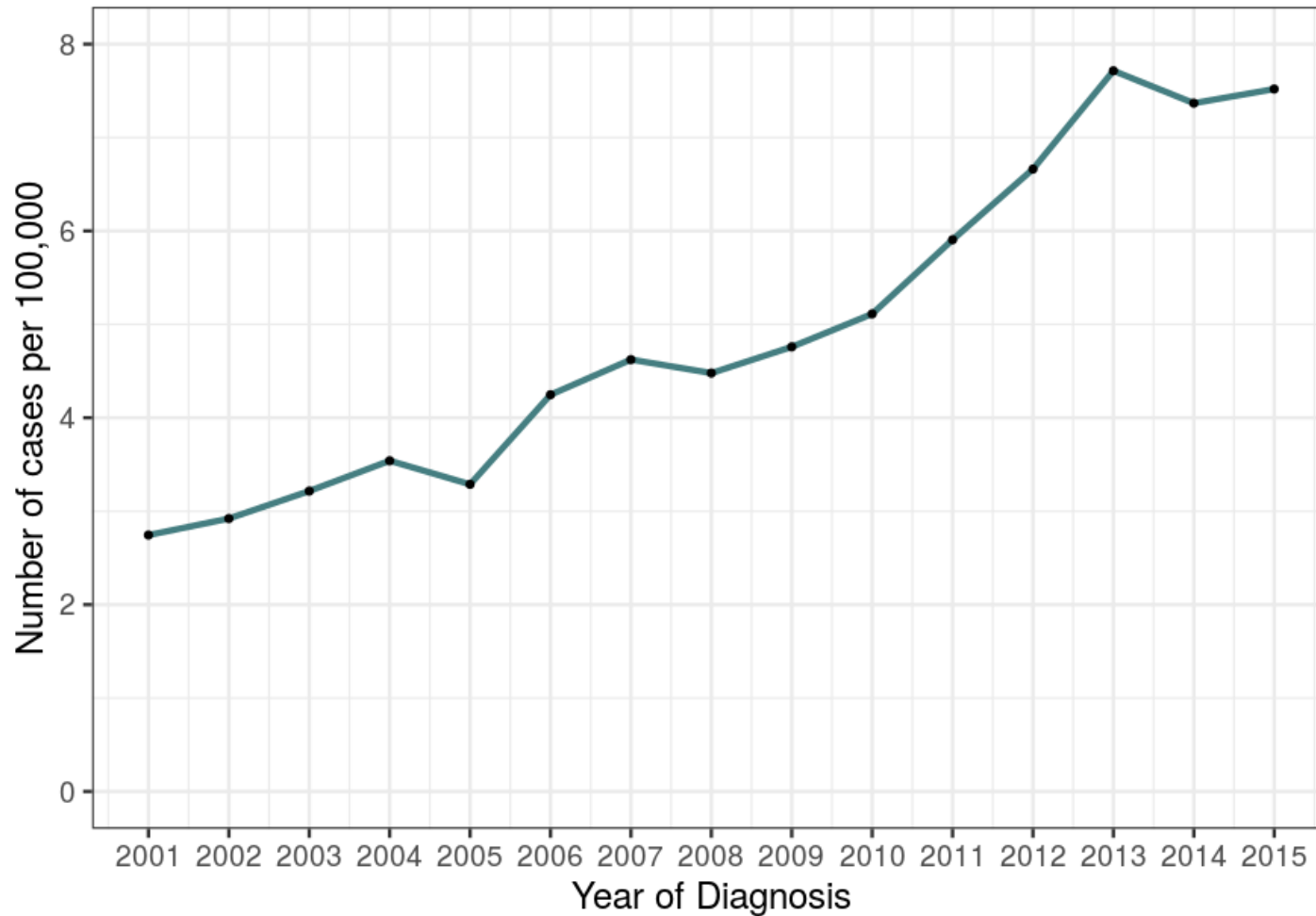
HCC in Scotland

What's the current state of play?

Tom Drake

Clinical Research Fellow

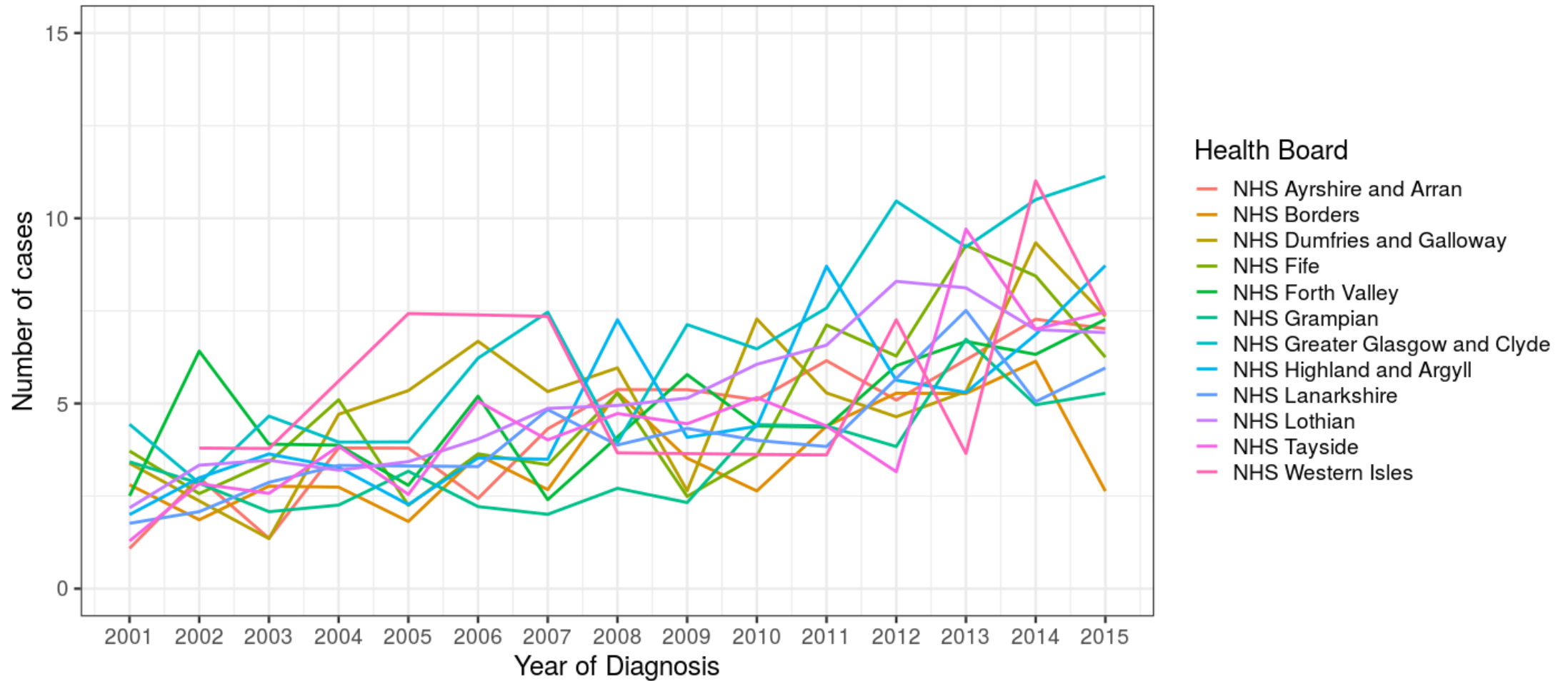
The incidence of HCC in Scotland



274% ↑

**Increase in the
incidence of HCC
since 2001**

The incidence of HCC in Scotland



Questionnaire

- 33 item questionnaire delivered after previous Dundee SHPBN education event
- 23 hospitals responded
- Anonymised by centre, but individual results available!

Aberdeen

Borders General Hospital

Belford

Elgin

DGRI

FVRH

GGH

GRI

Hairmyres

Inverclyde

Monklands

Ninewells and PRI

QEUH and Victoria Infirmary

Raigmore

Royal Alexandra Hospital

Royal Infirmary of Edinburgh

St Johns Hospital

University Hospital Ayr

University Hospital Crosshouse

Vale of Leven

Victoria Hospital

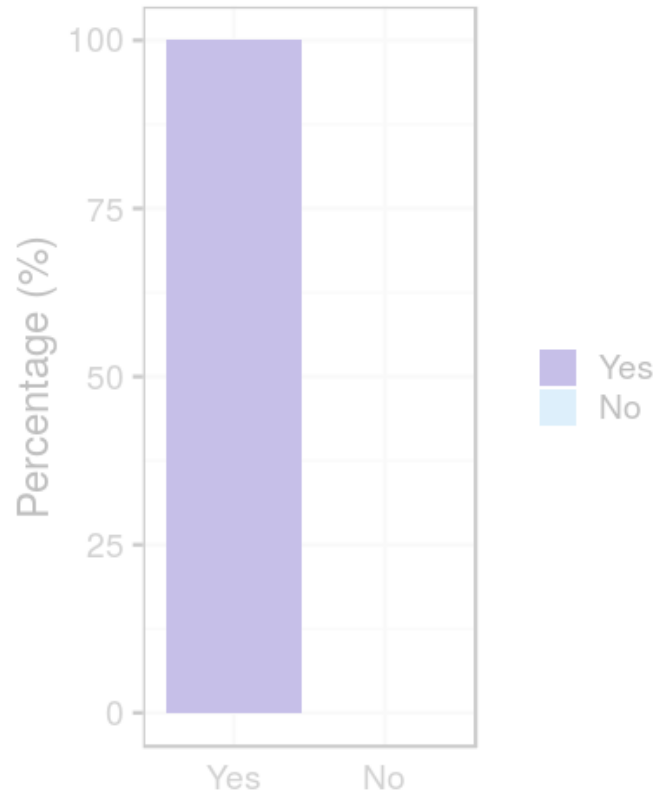
Western General Hospital

Wishaw

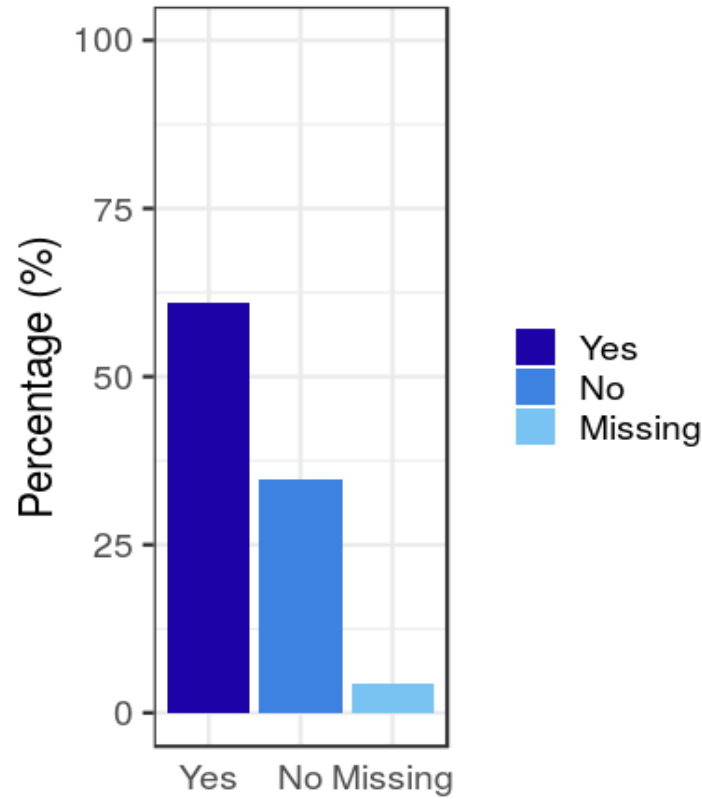


Surveillance and Diagnosis

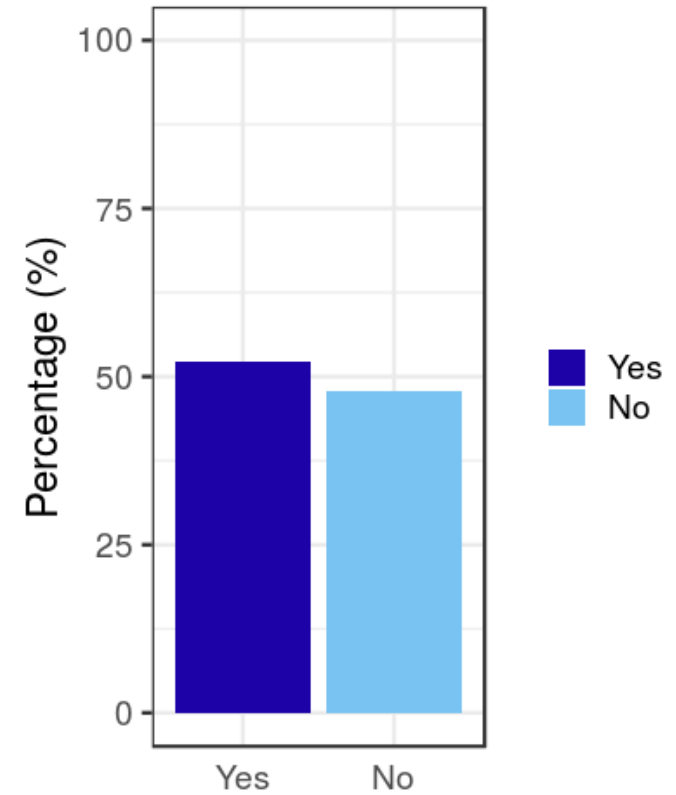
Are high risk patients offered surveillance at your hospital?



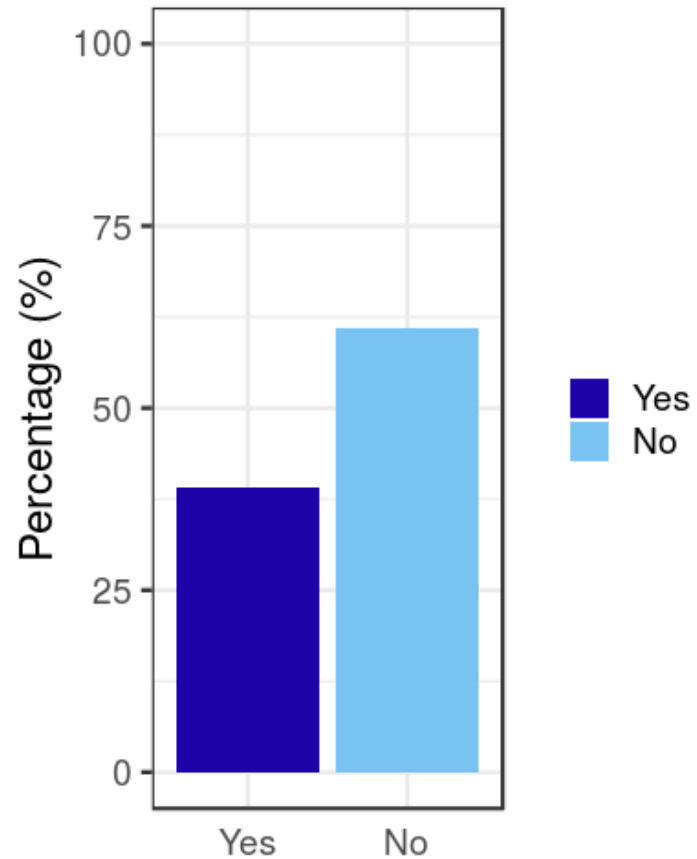
Is there a system of capturing patients who require HCC surveillance?



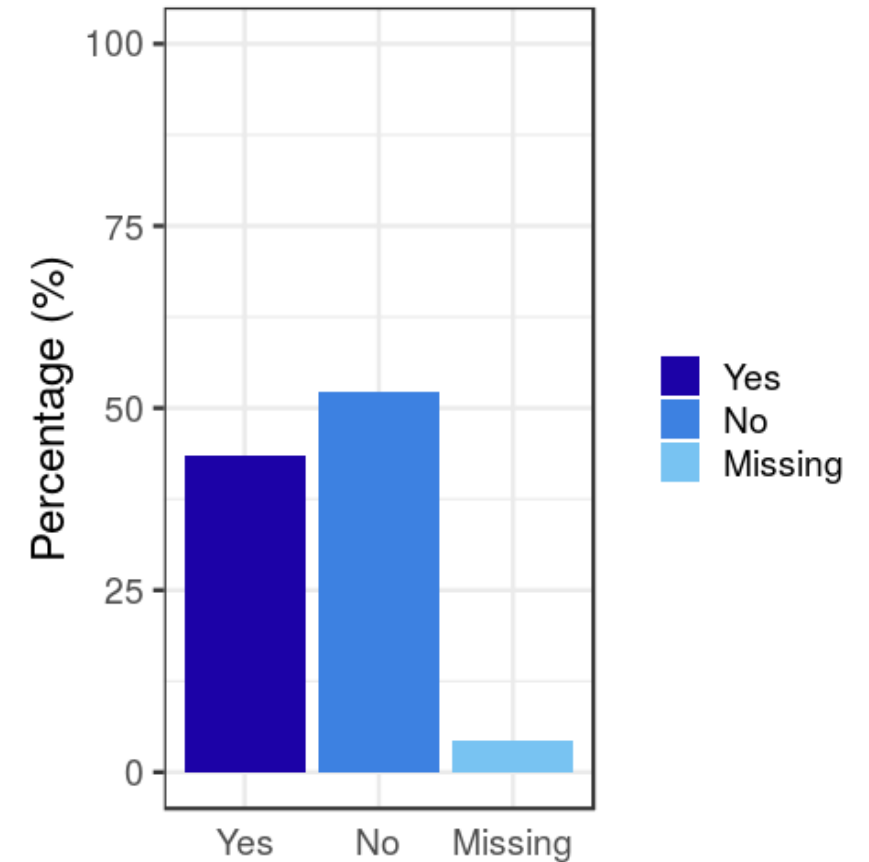
Is there a database of patients on HCC surveillance?



Do you have a database of patients with chronic liver disease in your hospital?



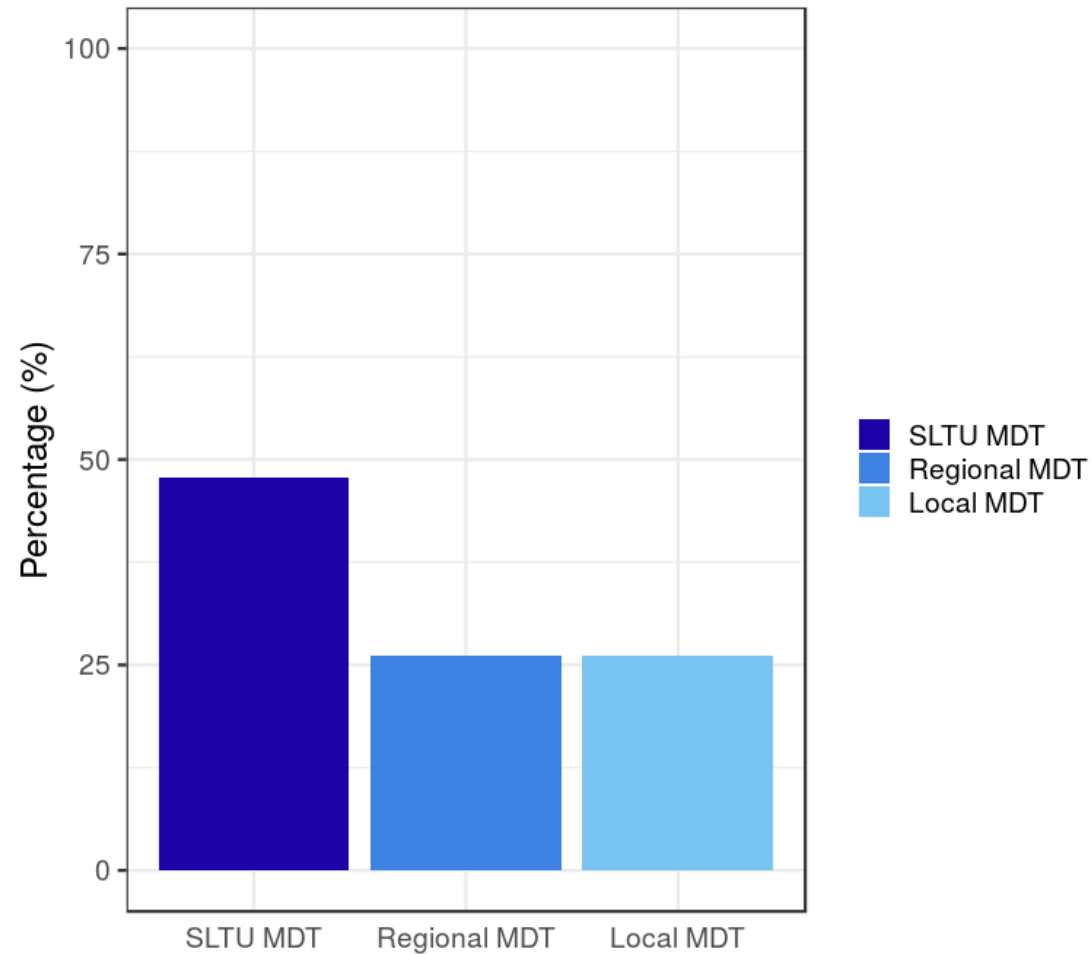
Do you have a system of capturing patients with chronic liver disease in your hospital?





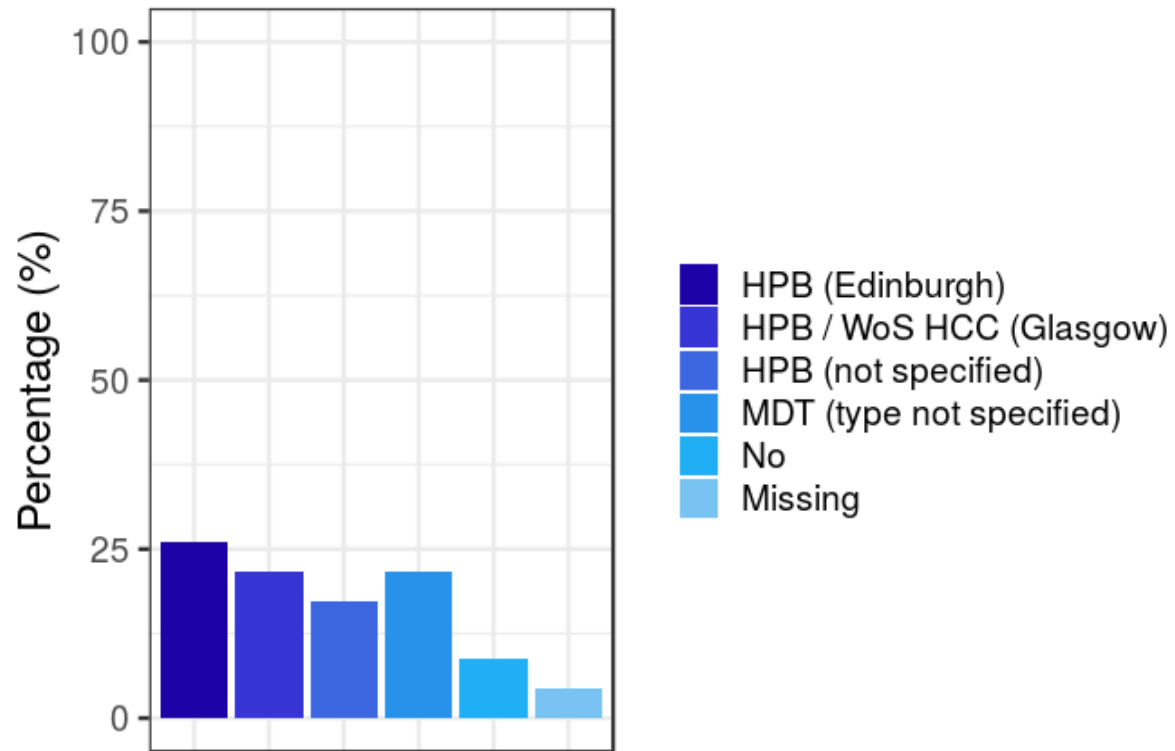
MDT and Pathways

What are the local/regional pathways for possible HCC cases?



	Number	Percentage
SLTU MDT	11 / 23	47.83%
Regional MDT	6 / 23	26.09%
Local MDT	6 / 23	26.09%

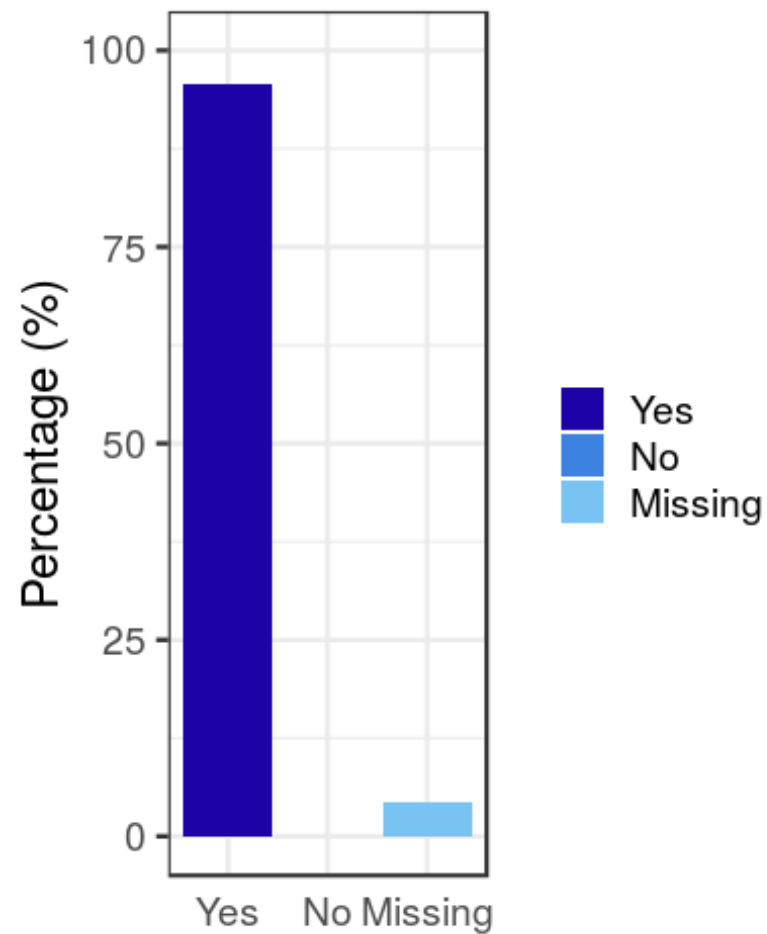
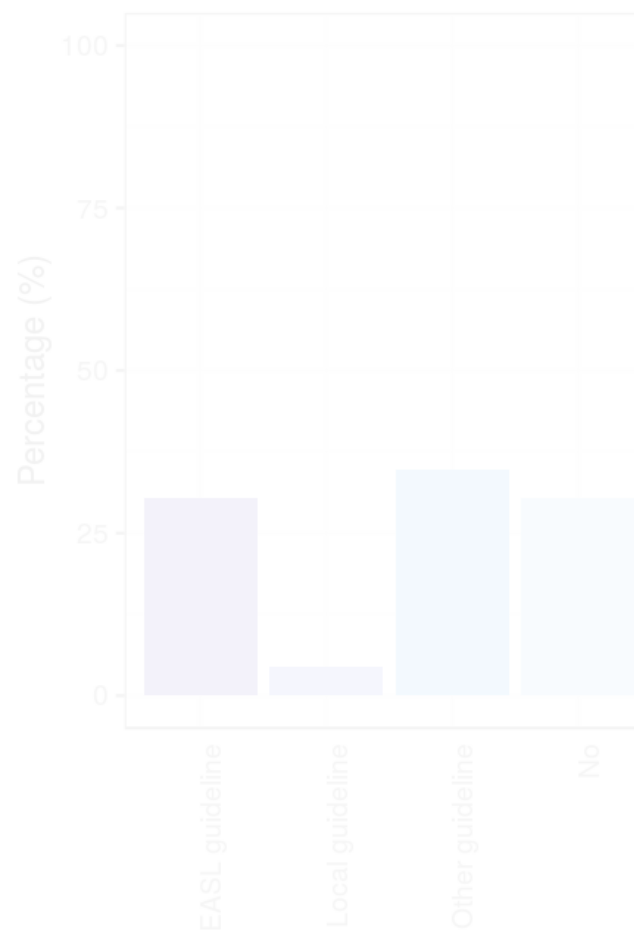
Are all suspected HCC cases discussed at the MDT?



	Number	Percentage
HPB (Edinburgh)	6 / 23	26.09%
HPB / WoS HCC (Glasgow)	5 / 23	21.74%
HPB (not specified)	4 / 23	17.39%
MDT (type not specified)	5 / 23	21.74%
No	2 / 23	8.7%
Missing	1 / 23	4.35%

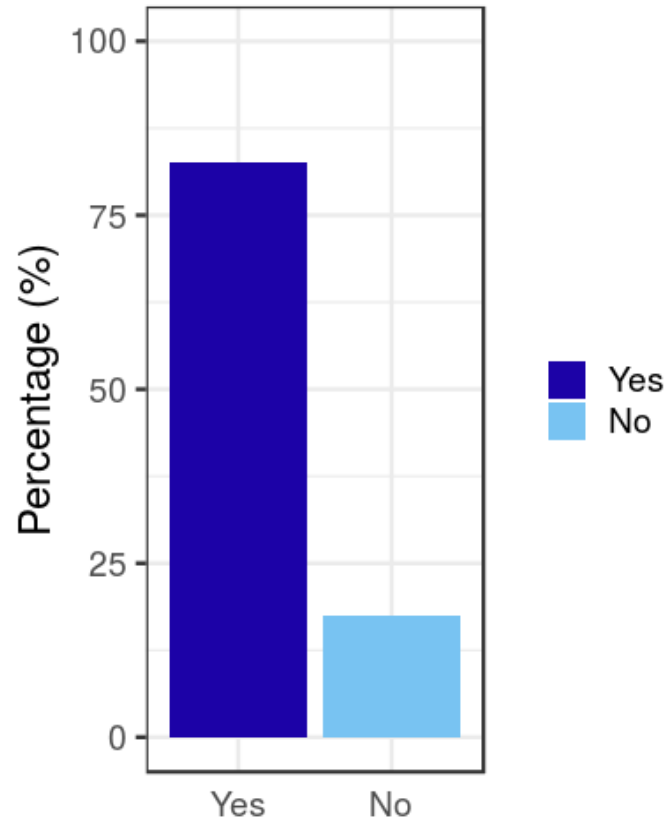
Do you use guidelines on how to investigate HCC and imaging required prior to referral to MDT?

Should we consider guidelines across Scotland?

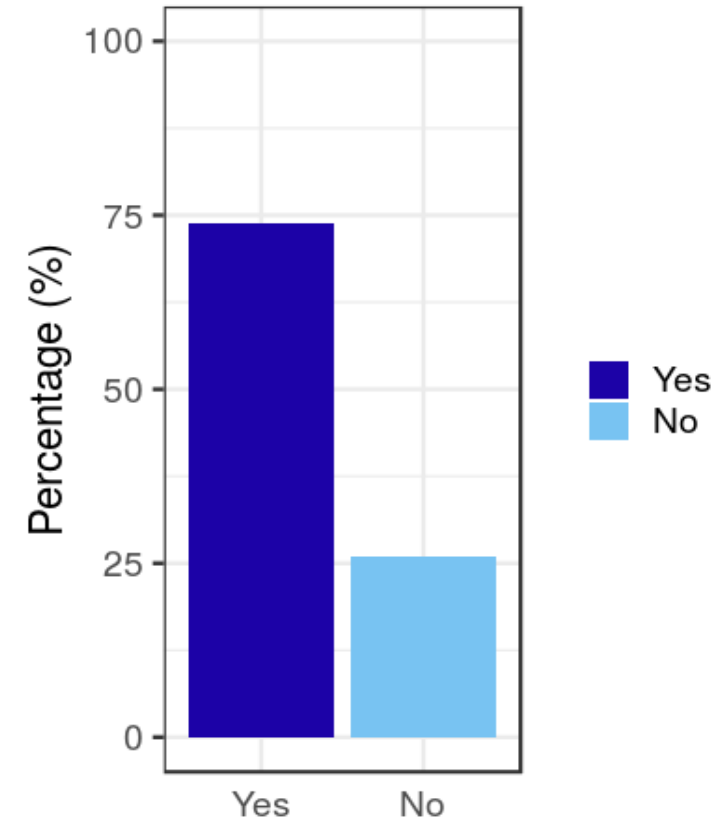


	Number	Percentage
	7 / 23	30.43%
	1 / 23	4.35%
	8 / 23	34.78%
	7 / 23	30.43%

Are patients being referred to appropriate liver physicians?



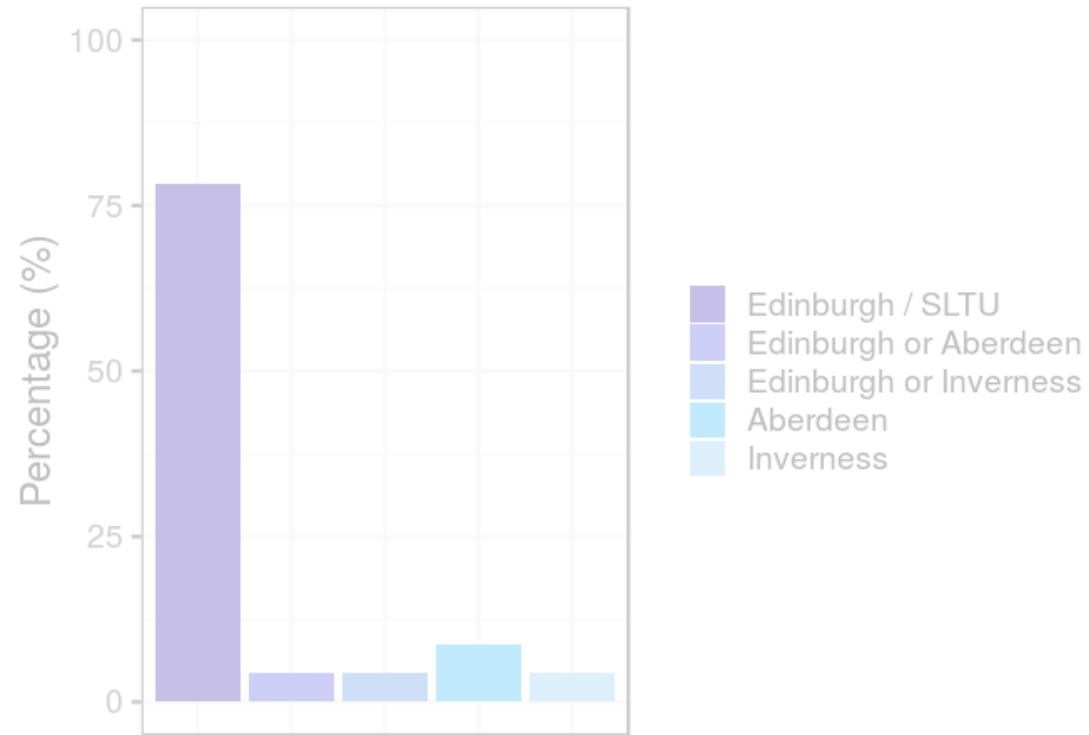
Does your hospital have Hepatologists / Gastroenterologists with an interest?



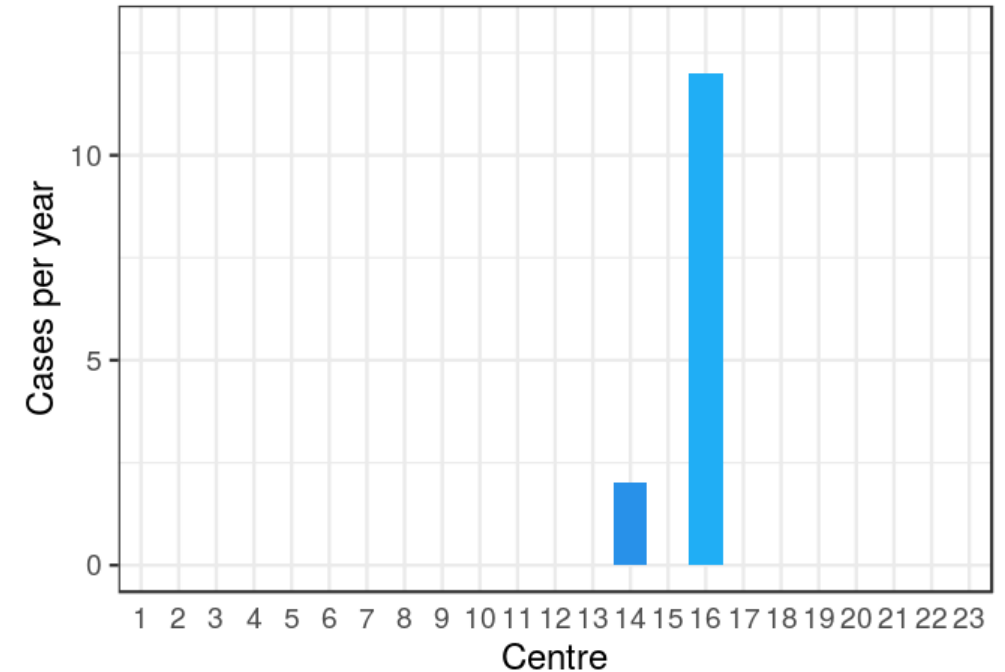


Treatment

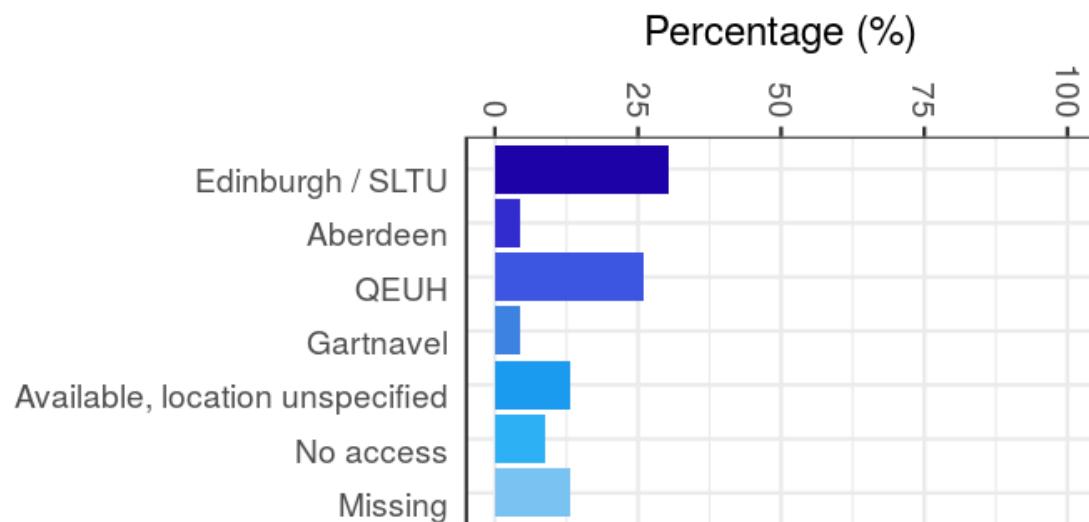
Where are your patients referred for resection?



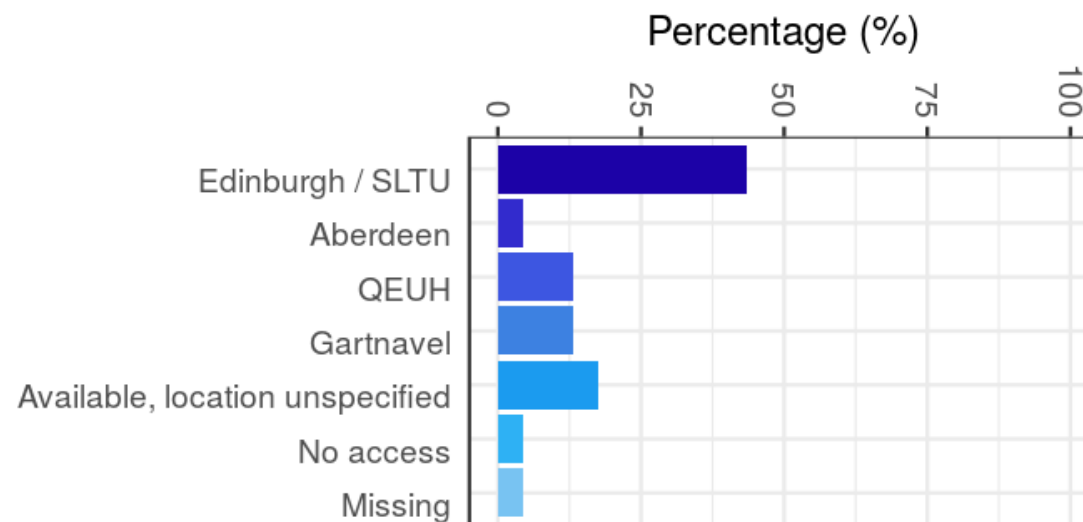
If performed at your hospital how many are performed per year?



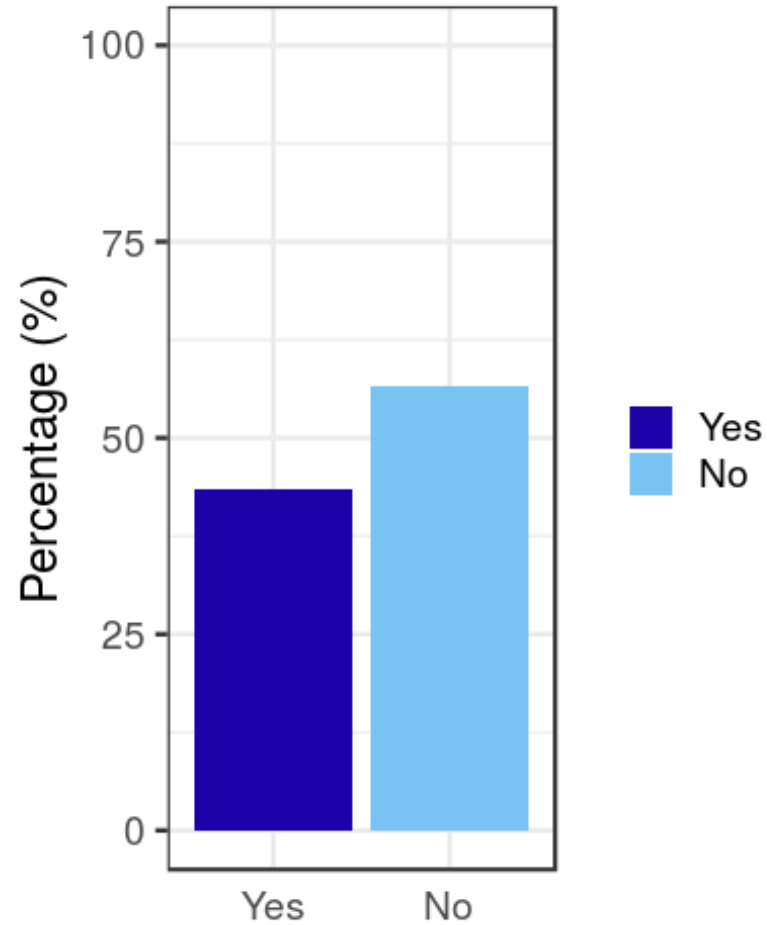
Where do you have access to TACE?



Where do you have access to RFA?



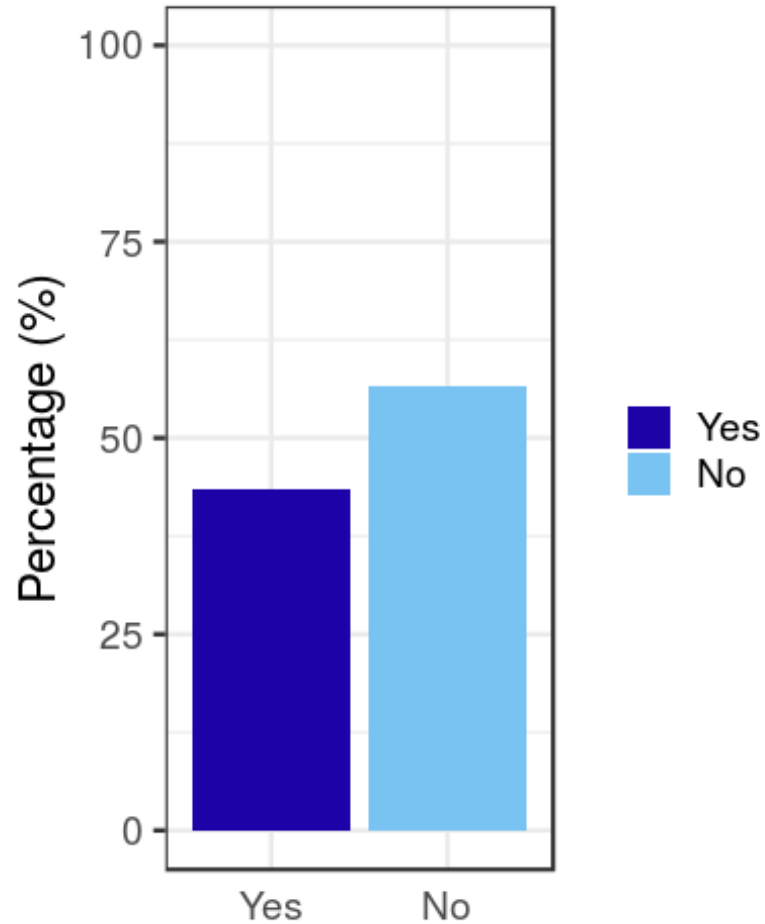
Does the pathway / protocol include who should receive TACE?



Free text themes:

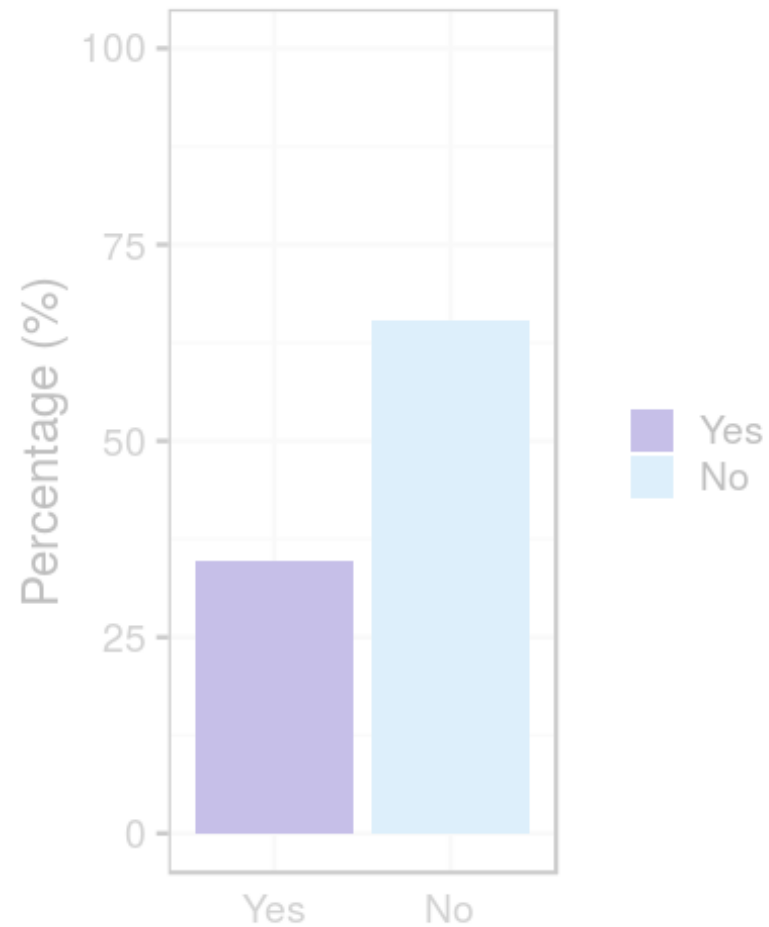
- Many follow regional MDT advice
- Variation in who might be thought to benefit, Childs A/B which is well compensated
- HCC not amenable to other therapy

Do you have a follow-up pathway/protocols for TACE / RFA patients?

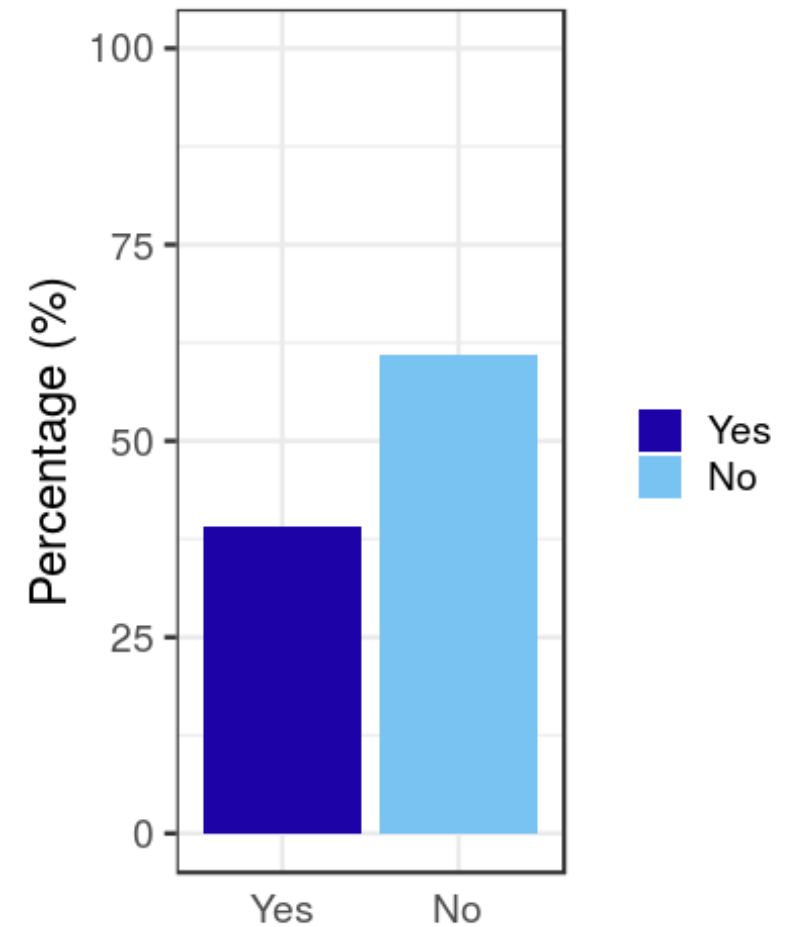


- Majority did not have a pathway or protocol for TACE / RFA follow-up
- ~40% of TACE followed up by gastro/ hepatologists. Others oncologists, radiologists, HPB surgeons and infectious diseases
- RFA, 17% followed up by gastro/hepatologists

Does the pathway / protocol include when the patient should receive TACE and for how long?



Does the pathway / protocol include when you should stop TACE and how to assess response?



How long should we do TACE for and how to assess response?

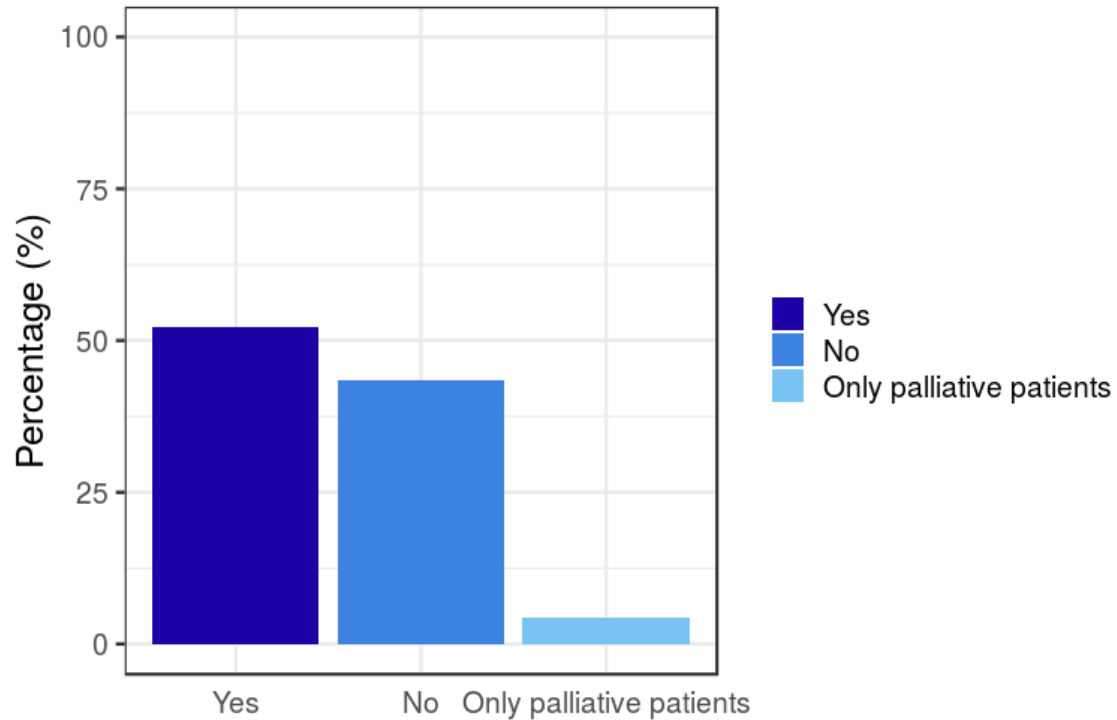
Free text themes:

- Depends on the patient
- As long as disease is responding to TACE
- Should stop if progression or extrahepatic spread
- ABCR scoring, triple phase CT, MDT, MRI, AFP, Clinical assessment



Access to support

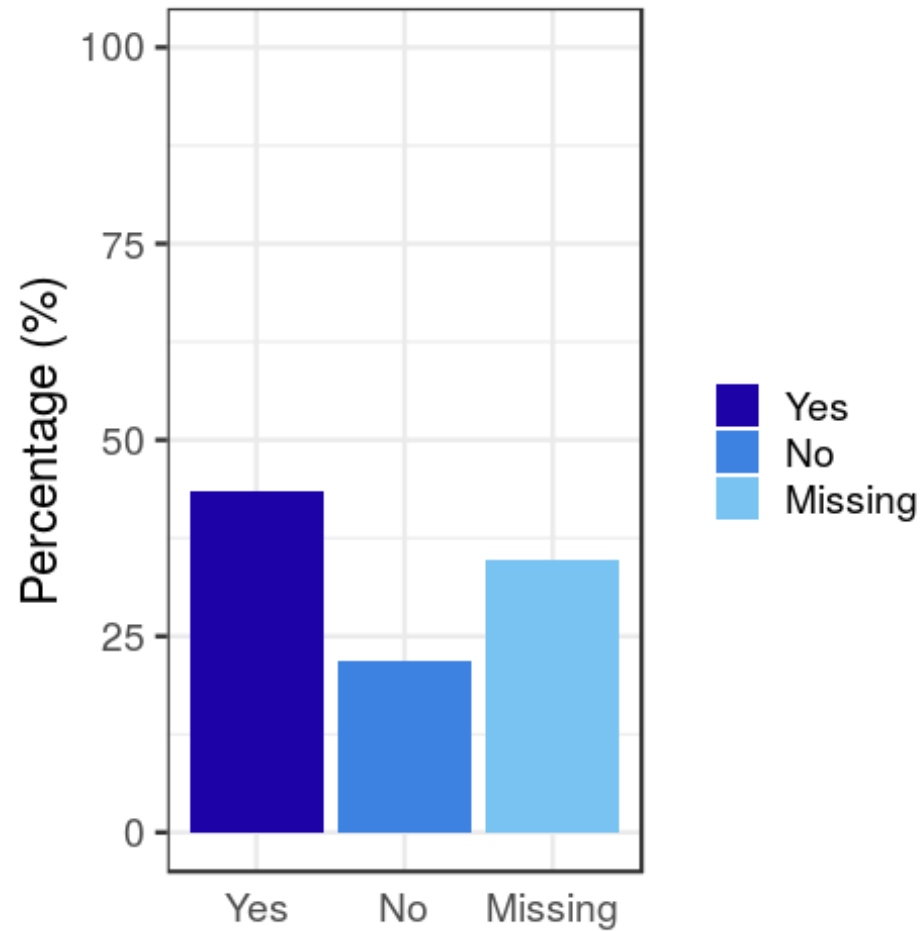
Do your patients have access to a Clinical Nurse Specialist?



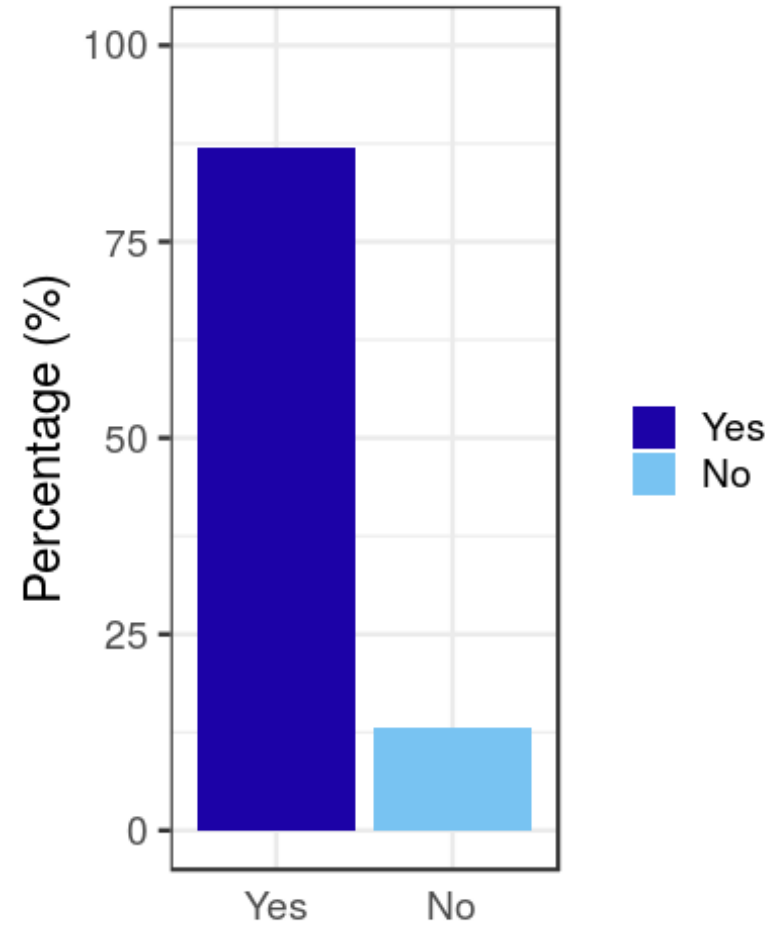
Strong themes in free-text:

- Key to coordinate patient journey (particularly given that patients often have long journeys)
- Help with continuity of care
- Some centres have liver nurses, but these are already busy!
- Could help with screening workload

If referred to another unit does funding follow the patient?



Should we have a formal audit process of these pathways?

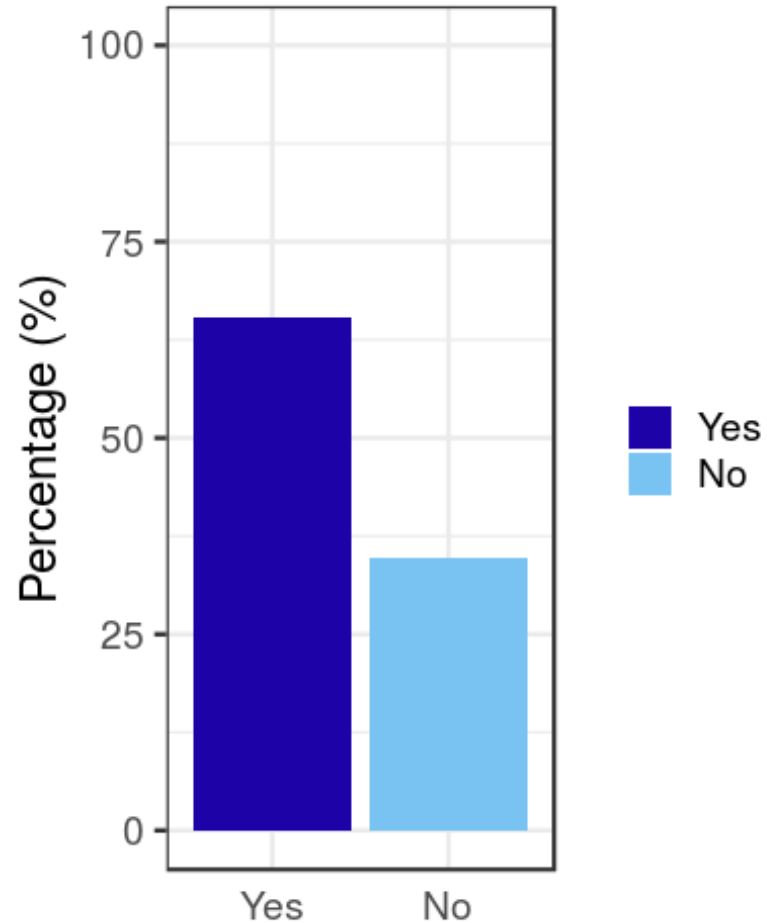


87%
Said yes



Access to research

Are you able to obtain information on the availability of Clinical Trials for patients with HCC?



Featured strongly in free text!

"Availability of Clinical trials in Scotland"

"I am not aware of any current trials, but our research team are good at bringing any potential studies to the attention of relevant teams"

Conclusions

- Variation in identifying and following those at risk
- Would a clear national clinical guideline be beneficial?
- Provision of Clinical Nurse Specialist, hepatologist and central support for screening
- Provision of TACE/RFA limited to geographic regions with large centres
- More access to research / clinical trials

Who attends the MDT?

