

FOLLOW-UP GUIDELINES Hepatocellular Cancer June 2014

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of treatment follow-up include:

- To ensure that complications post surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms between regular follow-up visits.

Follow-Up after Curative Therapy

The goals of post-treatment surveillance after primary treatment are early recognition and treatment of potentially curable disease recurrence, recognition of therapy-related complications and detection of symptoms consistent with metastatic disease. There is lack of level 1evidence with respect to optimal follow up of patients with HCC who are treated with curative intention.

- In patients treated with curative intent: history and physical examination every 3–6 months for the first 3 years then every 6–12 months for the next 2 years and annually thereafter
- Consider liver imaging (MRI or CT scan of abdomen) every 3-6 months for 2 years, 6-12 months for three years then as clinically indicated since curative surgery can still be offered to selected patients at relapse.
- Repeat serum alpha fetoprotein if initially elevated every 3 months for 2 years then every 6 months for 3 years and annually thereafter.
- Patients with evidence of hepatitis B or C at diagnosis should be monitored for viral replication activity and treatment should be offered as clinically indicated.

Reference: SCA Provincial Hepatocellular Cancer Treatment Guidelines www.saskcancer.ca/Default.aspx?DN=b1586bc3-431f-4998-a55c-ec2c34c090ba