Hepatocelluar Carcinoma Clinical Pathways

The following pathways have been developed through multidisciplinary efforts with physicians from the Mary Bird Perkins – Our Lady of the Lake Cancer Center. These pathways should be used as a supplemental guide for treatment for physicians at the Mary Bird Perkins – Our Lady of the Lake Cancer Center, and are not intended to replace the independent medical or professional judgment of physicians or other health care providers

* Updated March 2017

MARY BIRD PERKINS
OUR LADY OF THE LAKE
CANCER CENTER

Pathways- Guiding Principles

1. Pathway development is intended to reduce variation in care and ensure that HPB/UGI Cancer treatment is delivered in a safe, consistent manner at MBP – OLOL.

2. Pathways are not meant as a substitute for clinical judgment, but should be adhered to within 75% of patients diagnosed and treated within the system.

3. Pathways will be reviewed at a per-determined interval to ensure that the pathways are consistent with the latest clinical discovery and published literature

4. In clinical decisions that are unsupported by the guidelines, MBP-OLOL physicians should commit to multi-disciplinary review and treatment planning

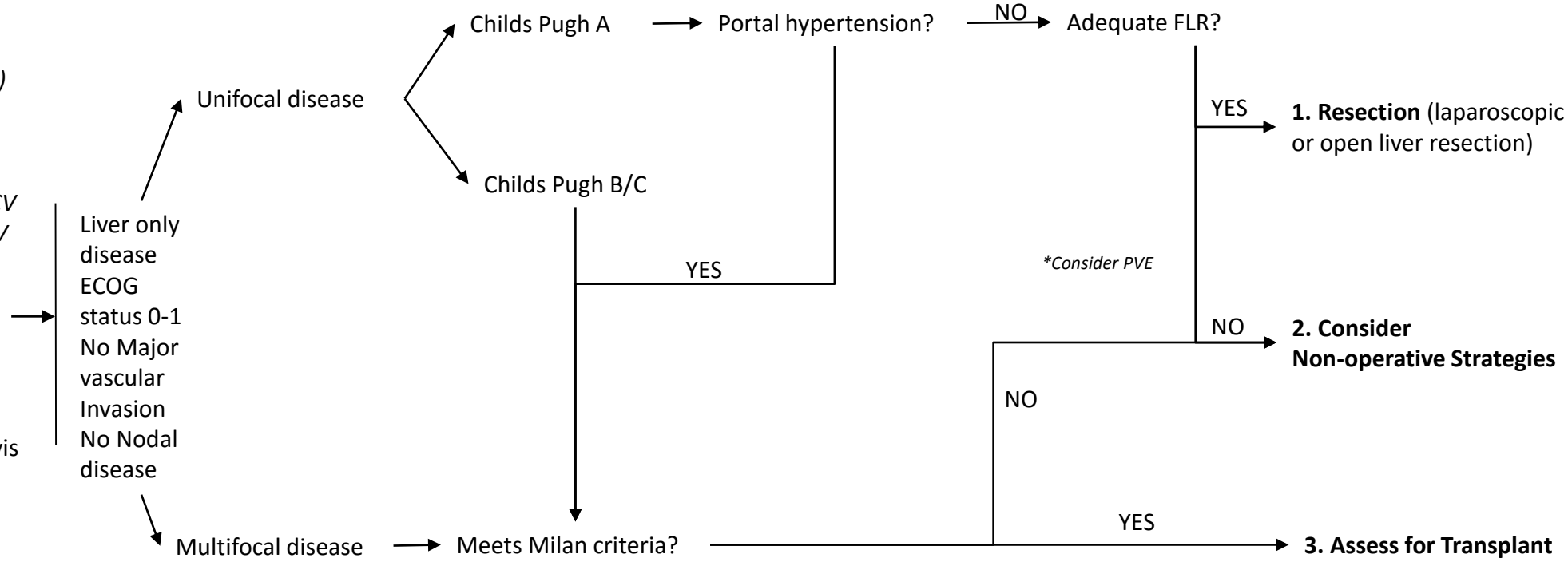
5. Pathway compliance will not be measured in the event a patient chooses an alternate approach for their care

Hepatocellular Carcinoma

DIAGNOSTIC WORKUP

1. H&P
2. Multidisciplinary Eval. *(assess Liver & comorbid and staging.)*
3. CBC/differential
4. Liver Function tests
5. Viral labs if not known *(HBV core and surface Abs, HCV Ab, and RNA if Ab positive, HIV serology if HCV Ab positive or HBV core Ab positive)*
6. AFP (alpha-fetoprotein)
7. Creatinine and Electrolytes
8. PT/INR
9. 3-Phase CT or MRI with IV contrast of Abdomen and pelvis
10. CT of chest or PET Scan
11. Lipid profile, Hemoglobin A1C and PET Scan
12. Bone Scan, if indicated

CLINICAL ASSESSMENT



Surgery Assessment

Child Pugh A, B, No portal hypertension, Suitable tumor location, Adequate liver reserve, Suitable liver remnant, Milan Criteria for transplant eligibility

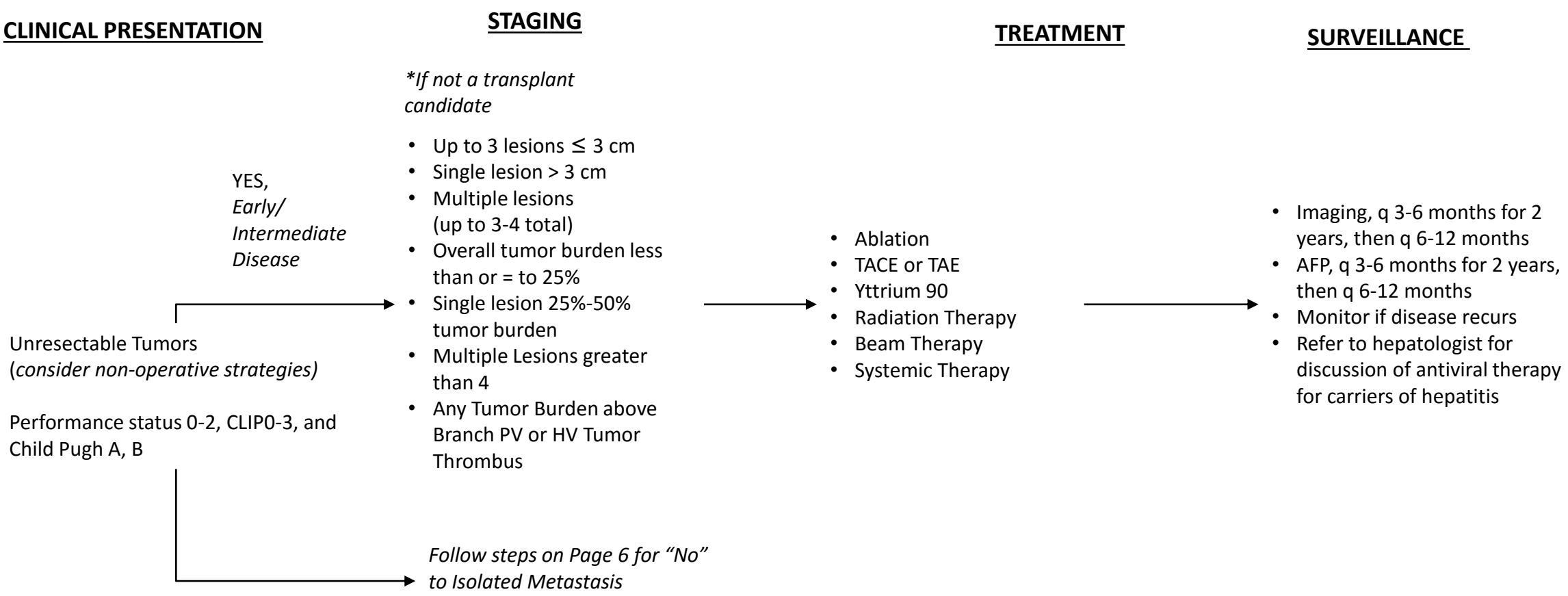
Milan Criteria

If patient is not eligible for resection, evaluate patient's eligibility for transplant based on *Milan Criteria:*

Milan Criteria for transplant eligibility:

- *Tumor less than or = to 5cm in diameter or 2-3 tumors less than or = 3cm each. No macrovascular involvement. No extrahepatic disease*
- *If ineligible for transplant: resection if feasible (preferred) or loco-regional therapy*
- *If unresectable: transplant candidate: refer to a* ***transplant center*** *or consider bridge therapy;*
- *If not a transplant candidate: loco-regional therapy (preferred), systemic therapy,* ***clinical trial****, best supportive care*

Hepatocellular Carcinoma



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TREATMENT

4. Metastatic Disease/ Isolated Metastasis? *(consider biomarkers)*

YES → Treat isolated metastasis first; *Further treatment based on primary Liver lesions; consider biopsy to confirm metastatic disease*

NO → Performance status 0-2, CLIP0-3, and Child Pugh A, B → Systemic Therapy (Sorafenib)

-OR-

Performance status greater than 2, CLIP 4-6 or Child C → Best Supportive Care

Sources:

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