The European Association for the Study of the Liver (EASL) and the European Organisation for Research and Treatment of Cancer (EORTC) today publish their first joint Clinical Practice Guidelines (CPGs) on the management of hepatocellular carcinoma (HCC). The EASL-EORTC guidelines define the use of surveillance, diagnosis and therapeutic strategies recommended for patients with HCC.

HCC is the most common form of liver cancer, representing more than 90% of primary liver cancers and an increasing global health burden. It is estimated that, by 2020, the number of cases will reach 78,000 in Europe (up from 65,000 in 2008) and 27,000 in the US (up from 21,000 in 2008). Affecting 2.4 times more men than women, approximately 90% of HCCs are associated with a known underlying risk factor -- the most frequent including chronic viral hepatitis (types B and C), alcohol intake and aflatoxin exposure.

Lead author Professor Josep M Llovet said: "Despite the availability of effective surveillance and treatment strategies for HCC, the proportion of patients currently receiving these interventions is suboptimal. When considered in light of HCC's growing European and global incidence, it is critical that measures are implemented to increase access to surveillance, early diagnosis and effective treatment."

Based on a systematic review of existing literature, the CPGs provide
best practice recommendations on a number of key areas:

- Epidemiology, risk factors and prevention
- Surveillance, including target populations
- Diagnosis, including non-invasive diagnosis, pathological diagnosis, molecular diagnosis and assessment of disease extension
- Staging systems, including the Barcelona-Clinic Liver Cancer (BCLC) classification (outcome prediction and treatment allocation) and molecular classification of HCC
- Surgical, loco-regional and medical treatment update, including latest advances and methods, and the endorsement of treatment stage migration
- Clinical trial design
- Assessment of response, and recommendation of the modified RECIST (mRECIST) criteria

The guidelines also identify major unmet needs for advancing HCC research and, ultimately, contributing to improved patient care, recommending physicians, investigators, health policy agencies, the pharmaceutical industry and care providers prioritise devoting future resources to:

- Evaluating adjuvant therapies after resection/local ablation and the benefits of combining molecular therapies with local ablation and loco-regional treatments
- Exploring downstaging strategies to rescue patients with HCCs beyond conventional Milan criteria
- Developing effective treatment packages for advanced tumours and second-line therapies
- Robust cost-benefit and health-economic analysis/studies to
facilitate clinical decision-making
• Providing adequate quality of life assessment tools, as quality of life is a relevant end-point for research studies

Professor Llovet said: "The HCC CPGs outline a clear need for investment in research, through which it will be possible to address important future clinical goals and advances, such as biobanking (the considered collection of tissue and serum samples in research studies) and personalised medicine."

Commenting on the CPGs, EASL Secretary General Professor Mark Thursz said: "EASL is dedicated to promoting hepatology research and education to improve the worldwide treatment of liver disease. As there have been several key clinical and scientific advances over the past decade, these guidelines update the recommendations reported by the EASL HCC panel of experts in 2001. EASL hopes these new HCC guidelines provide clinicians with the most up-to-date, evidence based methods for the management of affected patients."


Provided by European Association for the Study of the Liver


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