Contact Details

If you have ay questions or concerns after reading this leaflet then please get in touch with our specialist cirrhosis nurses who will happily answer any questions you may have

Contact details:

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HCC Surveillance

Patient Information

St James's University Hospital

Hepatocellular carcinoma (HCC)

Hepatocellular carcinoma is the most common type of liver cancer. It is a cancer that most commonly develops in people with an underlying chronic disorder affecting their liver. Common causes of liver disease, cirrhosis, and HCC in the UK are alcohol related liver disease, metabolic dysfunction associated steatotic liver disease, and hepatitis infections. People with less common causes of liver disease are also at risk of HCC.

The risk of HCC for a person with cirrhosis is approximately 1 in 100 each year.

Treatment of HCC depends on the size and number of tumours at the time of diagnosis, as well as liver function and overall fitness. Options for treatment for HCC include surgery, ablation, chemotherapy into the tumour, radiotherapy, and sometimes liver transplantation.

Why, when, and how is surveillance done?

If your doctor has told you that you have a liver condition and that this has led to significant scarring (fibrosis) or cirrhosis of your liver then you are at increased risk of developing HCC. Your doctor will discuss surveillance for HCC with you.

The aim of surveillance is to diagnose HCC early, before symptoms develop, so that treatment can be offered.

Choosing to have HCC surveillance

Surveillance combines both a blood test (alpha-fetoprotein or AFP) and an ultrasound scan on the liver. This combination of tests is done every six months.

The ultrasound scan is carried out in the radiology department. The radiographer who carries out the test will place some cold jelly over the right side of your upper abdomen and using a probe look carefully at your liver to assess whether there are any visible lesions. The test should not cause you any discomfort.

It is your choice whether or not you want to have surveillance

The intended benefit of surveillance is to diagnose HCC early. It is debated whether this saves lives or prolongs survival in people living with cirrhosis.

There are risks of surveillance, including the need for additional tests and the worry these may cause. Also, if HCC is diagnosed , it may not be at the early stage hoped for and a cure may not be possible.

What can I expect from surveillance?

The intended benefit of surveillance is to diagnose HCC early so that treatment aiming to cure the cancer can be given. The combination of ultrasound scan and AFP blood test is not perfect.

Most people tested will have no signs of cancer

About 95 out of every 100 people tested each year will show no signs of cancer, and no additional tests are needed.

Some people will need more tests

After the ultrasound and AFP test, 5 in 100 people will need further tests, usually an MRI scan.

Of these 5 people, 1 will be found to have cancer. The other 4 people will continue to have surveillance scans, sometimes with MRI scans rather than ultrasound.

What happens if cancer is found

Where cancer is detected, about 4 out of 5 people will be at a potentially curative stage. 1 out of 5 people will be diagnosed with cancer which cannot be cured.

HCC surveillance results

Your doctor will contact you with the results of your surveillance investigations either by phone or letter within a few weeks of your investigations. If any abnormality is identified on the USS or your AFP is raised then your doctor will arrange for you to have a more detailed liver scan (called an MRI) before discussing the results with you.