North, South East and West of Scotland Cancer Networks

HepatoPancreatoBiliary Cancers National Managed Clinical Network

HepatoPancreatoBiliary Cancers

National Follow-up Guidelines

Prepared by	Ms Anya Adair, Mr Euan Dickson, Mr Iain Tait and Lindsay Campbell
Approved by	SHPBN, NOSCAN, SCAN and WoSCAN
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HepatoPancreatoBiliary Cancers National Follow-up Guidelines Review

The purpose of the hepatopancreatobiliary cancers national follow-up guidelines is to ensure consistency of practice across Scotland and the principles of any revision to the follow-up guidelines will continue to ensure that management of patients after initial treatment for hepatopancreatobiliary cancer are:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective; and
- Efficiently delivered.

The guidelines continue to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Provide psychological and supportive care; and
- Detect and treat recurrent disease.

Follow-up practice has to be patient centred and, ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing perceived patient needs with effective utilisation of resources.

A review of the existing hepatopancreatobiliary cancers national guidelines commenced in February 2016, led by Ms Anya Adair (liver), Consultant Surgeon, Edinburgh, Mr Euan Dickson (pancreas and ampulla), Consultant Surgeon, Glasgow and Mr Iain Tait (gallbladder and biliary tree), Consultant Surgeon, Dundee. An evidence review indicated synchronisation between surveillance for patients with cirrhosis and patients with hepatocellular carcinoma (HCC) after resection. Also, patients with HCC need to be followed up differently from pancreatic/ampullary or gallbladder/biliary tree cancer.

The HepatoPancreatoBiliary Cancers National Follow-up Guidelines (Appendix 1) were updated to reflect these changes in practice; with six monthly follow-up after year one after resection and discharge after completion of systemic anti-cancer therapy for HCC. There is no perceived resource or service configuration impact from this change.

These national guidelines are recommended by the HepatoPancreatoBiliary Cancers NMCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

Appendix 1

Trial protocols should be followed whenever applicable.

Table 1: Hepatocellular carcinoma (HCC) follow-up after resection

Year	Clinic visit and clinical examination as required
1	4 monthly MRI with Primovist contrast and AFP measurements
2	6 monthly MRI with primovist contrast and AFP measurements
3	6 monthly ultrasound and AFP measurements
4	6 monthly ultrasound and AFP measurements
5	6 monthly ultrasound and AFP measurements
>5	6 monthly ultrasound and AFP measurements

Table 2: HCC follow-up after transcatheter arterial chemoembolisation (TACE) (not including patients undergoing TACE as bridging treatment for Transplantation)

Year	CT scan (arterial and portal venous phase) reviewed at MDT
1	6 weeks then 4 monthly
2	6 monthly
3	Annually
4	Annually
5	Annually
>5	Annually

Review: If TACE is ever being reconsidered

- year 1: 4 monthly with bloods
- year 2: 6 monthly with bloods
- year 3: annually thereafter

Table 3: HCC follow-up during and after systemic anti-cancer therapy (SACT)

Sorafenib
• Review bloods monthly and CT scan every 3 months when on sorafenib • When treatment stopped no follow up, discharge to palliative care

Table 4: HCC best supportive care

Self-directed	Primary Care provision of care in the community including dietetic input, with rapid access to Clinical Nurse Specialist for assessment of tumour related symptoms and discussion at the MDT if required.

Table 5: Pancreatic/Ampullary and Gallbladder/Biliary Tree Cancer follow-up after surgery

	Pancreas/ peri-ampullary	**Gallbladder/ biliary tree**
Year	Clinic visit CT if suspicion of recurrence or NET	Clinic visit CT if suspicion of recurrence
1	2 weeks, 6 months and 12 months	6 monthly
2	Self-directed	6 monthly
3	Self-directed	Annually
4	Self-directed	Annually
5	Self-directed	Annually
>5	Self-directed	Annually

Table 6: Pancreatic/Ampullary and Gallbladder/Biliary Tree Cancer follow-up after systemic anti-cancer therapy (SACT)

	Pancreas/ peri-ampullary	**Gallbladder/ biliary tree**
Year	Clinic visit CT if suspicion of recurrence or NET	Clinic visit CT if suspicion of recurrence
1	3 monthly	3 monthly
2	6 monthly	6 monthly
3	Annually	Annually
4	Annually	Annually
5	Annually	Annually
>5	Annually	Annually

Table 7: Pancreatic/Ampullary and Gallbladder/Biliary Tree Cancer best supportive or palliative care

Self-directed	Primary Care provision of care in the community including dietetic input, with rapid access to Clinical Nurse Specialist for assessment of tumour related symptoms and discussion at the MDT if required.