Provincial Guideline for Indications for Screening Esophagogastroduodenoscopy (EGD) in Patients with Hepatocellular Carcinoma (HCC) Planned for GIATZB

Never screened

1. Patients with features of portal hypertension on imaging.

2. Patients with a Fibroscan of more than 20 kPa or platelet count of less than 150. If Fibroscan is not available/feasible, they should be screened.

3. Patients with a MAIN portal vein thrombus (PVT) more than 50% occlusive.

Previously screened

1. Patients with small varices who are not on non-selective beta blocker (NSBB) should be screened if EGD is more than 2 years old. If EGD is less than 2 years old, NSBB should be started and dose titrated up as per guidelines (target HR 55 bpm, SBP 100-110 mmHg). However, if contra-indications or intolerance to NSBB, EGD could be repeated to see if banding is possible (understanding that banding may not be possible if the varices are still too small).

2. Patients with large varices should have repeat EGD for consideration of banding. At this time, it is unclear how NSBB would reduce the risk of bleeding in patients with large varices on Bevacizumab therapy. In the context of Bevacizumab use, large varices on NSBB should be considered incompletely treated. Please note for patients who are getting banding, it takes 3-4 sessions on average to eradicate varices. Each session is 4 weeks apart (in best case scenarios). This means it may take on average 20 weeks to completely eradicate esophageal varices. This would be an unacceptable delay and should be kept in mind when planning cancer treatment.

3. Patients with a new MAIN PVT more than 50% occlusive should be rescreened.

* Patients who have had previous confirmation of eradication of varices do not have to be rescreened.

** An important assumption is that these patients (whose cirrhosis was probably diagnosed before their advanced HCC) are ALREADY followed by a gastroenterologist/hepatologist in the community and have a family physician who can help with the initiation/dose titration of beta blockers and planning for repeat EGD. Dose titration of NSBB is the main limitation to the use of these drugs as this is not done adequately. The preferred NSBB is carvedilol, followed by propanolol or nadolol.

References:

de Franchis R, Bosch J, Garcia-Tsao G, Reiberger T, Ripoll C; Baveno VII Faculty. Baveno VII - Renewing consensus in portal hypertension. J Hepatol. 2022;76(4):959-974.

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