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AASLD develops evidence-based practice guidelines and practice guidances which are updated regularly by a multi-disciplinary panel of experts, including hepatologists, and include recommendations of preferred approaches to the diagnostic, therapeutic, and preventive aspects of care. Watch a video presentation of this articleEHC Blurp: In August 2018, American Association for the Study of Liver Diseases (AASLD) published an update to the 2010 practice guideline on the Diagnosis, Staging, and Management of Hepatocellular Carcinoma (HCC).1 This guidance provides a data-supported approach to the diagnosis, staging, and treatment of patients diagnosed with HCC. In contrast to the prior version, this guidance document was developed by consensus of an expert panel, without formal systematic review or use of the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system. Different than a guideline, a guidance document is developed by a panel of experts in the topic, and guidance statements, not recommendations, are put forward to help clinicians understand and implement the most recent evidence. The 2010 Guidelines for HCC were developed using clinically relevant questions, which were then answered by systematic reviews of the literature, and followed by data-supported recommendations. The Guidelines focused on surveillance, diagnosis, and treatment of HCC. However, some areas of HCC lacked sufficient data to perform systematic reviews, and here the authors provide an update to the 2010 AASLD Guidelines. Intended for use by health care providers, this guidance is meant to supplement the previously published HCC Guidelines in order to provide updated information on the aspects of clinical care for patients with HCC. As with other guidance documents, it is not intended to replace clinical judgment, but rather to provide general guidance applicable to the majority of patients. They are intended to be flexible, in contrast to formal treatment recommendations, and clinical considerations may justify a course of action that differs from this guidance. Articles from Clinical Liver Disease are provided here courtesy of American Association for the Study of Liver Diseases Acute Liver Failure, Management Acute-on-Chronic Liver Failure and the Management Alcohol-Associated Liver Disease Ascites, Spontaneous Bacterial Peritonitis and Hepatorenal Syndrome, Management Autoimmune Hepatitis, Management Drug, Herbal, and Dietary Supplement-induced Liver Injury Hemochromatosis, Management Hepatic Encephalopathy Hepatitis B, Chronic Hepatitis C, Guidance Hepatocellular Carcinoma, Management Liver Biopsy Liver Transplantation, Evaluation of the Adult Patient Liver Transplantation, Evaluation of the Pediatric Patient Long-Term Management of the Adult Liver Transplant AASLD strives to review and update its practice guidelines every five (5) years, as necessary. Users are cautioned that in the interim, scientific and medical developments may supersede or invalidate, in whole or in part, specific recommendations in any guideline. A guideline is considered to be "inactive" if it has not been updated by AASLD in at least five (5) years, and for this reason particular care must be exercised in placing reliance on an inactive guideline. AASLD commissions and provides financial support for the formulation and production of practice guidelines/guidances by volunteer experts. Financial support from commercial entities or the pharmaceutical industry is not accepted for the development of AASLD practice guidelines. This document presents official recommendations of the American Association for the Study of Liver Diseases (AASLD) on the surveillance, diagnosis, and treatment of hepatocellular carcinoma (HCC) occurring in the setting of adults with cirrhosis. Unlike previous AASLD practice guidelines, the current guideline was developed in compliance with the Institute of Medicine standards for trustworthy practice guidelines and uses the Grading of Recommendation Assessment, Development and Evaluation (GRADE) approach. Multiple systematic reviews of the literature were conducted to support the recommendations in this practice guideline. An enhanced understanding of the guideline can be obtained by reading the applicable portions of the systematic reviews. In addition, more detailed information may be found in the associated guidance document related to clinically important aspects of HCC that lacked sufficient evidence to warrant a systematic review. The guideline focuses on a broad spectrum of clinical practice, including surveillance of patients with cirrhosis for HCC, establishing the diagnosis of HCC, and various therapeutic options for the treatment of HCC. To address other issues on HCC such as epidemiology, staging, and additional aspects of diagnosis and treatment, the authors have created a new guidance document that will be published soon and is based upon the previous HCC AASLD guidelines by Bruix and Sherman. The guideline developers from the AASLD identified key questions that health care providers are faced with frequently in the evaluation and management of patients with HCC. These questions were: 1. Should adults with cirrhosis undergo surveillance for HCC? If so, which surveillance test is best? 2. Should adults with cirrhosis and suspected HCC undergo diagnostic evaluation with multiphasic This guidance provides a data-supported approach to the diagnosis, staging, and treatment of patients diagnosed with hepatocellular carcinoma (HCC). A guidance document is different from a guideline. Guidelines are developed by a multidisciplinary panel of experts who rate the quality (level) of the evidence and the strength of each recommendation using the Grading of Recommendations Assessment, Development, and Evaluation system (GRADE). A guidance document is developed by a panel of experts in the topic, and guidance statements, not recommendations, are put forward to help clinicians understand and implement the most recent evidence. Guidelines for HCC were recently developed according to the GRADE approach. 1 The Guidelines for HCC were developed using clinically relevant questions, which were then answered by systematic reviews of the literature, and followed by data-supported recommendations. (2) The Guidelines focused on surveillance, diagnosis, and treatment of HCC. However, some areas of HCC lacked sufficient data to perform systematic reviews, and here the authors will update the 2010 American Association for the Study of Liver Diseases (AASLD) Guidelines. (3) hereto referred as the guidance for HCC. false In at-risk patients with cirrhosis or chronic HBV infection, the diagnosis of HCC should be based on noninvasive imaging criteria and/or pathology (Level 1, Strong Recommendation). Noninvasive imaging criteria as defined by LI-RADS (see Figure 6) should be applied for HCC diagnosis in at-risk patients with cirrhosis or chronic HBV infection (Level 5, Weak Recommendation). Pathological diagnosis of HCC should be based on the International Consensus recommendations using the required histological and immunohistochemical analyses (Level 5, Strong Recommendation). AASLD advises against use of biomarkers, including AFP alone or liquid biopsy, to make a diagnosis of HCC given insufficient accuracy (Level 3, Weak Recommendation). In the absence of cirrhosis or at-risk chronic HBV infection, the diagnosis of HCC should be confirmed by pathology. Noninvasive imaging criteria have insufficient accuracy in these patient populations (Level 1, Strong Recommendation). The noninvasive diagnosis of HCC should be based on either dynamic contrast-enhanced MRI or multiphasic CT (Level 1, Strong Recommendation). In patients with an LR-3 observation, AASLD advises repeat cross-sectional imaging in 3-6 months (Level 2, Weak Recommendation). In patients with an LR-4 observation, AASLD advises multidisciplinary discussion to determine optimal follow-up, including repeat imaging with contrast-enhanced MRI or multiphasic CT within 3 months or immediate biopsy (Level 2, Strong Recommendation). For patients in whom an immediate diagnosis would make an impact on management decisions, the AASLD advises biopsy over repeat imaging (Level 5, Strong Recommendation). AASLD advises multidisciplinary consideration of biopsies for LR-4 and LR-5 observations to confirm the diagnosis or enable molecular analysis (Level 3, Weak Recommendation). Biopsy should be performed in patients with an LR-M observation given the risk of mixed tumors and malignant non-HCC tumors (Level 1, Strong Recommendation). Clinicopathological characteristics and surgical outcomes of sarcomatoid hepatocellular carcinoma. Wang JP, Yao ZG, Sun YW, Liu XH, Sun FK, Lin CH, Ren FX, Lv BB, Zhang SJ, Wang Y, Meng FY, Zheng SZ, Gong W, Liu J, Wang JP, et al. World J Gastroenterol. 2020 Aug 7;26(29):4327-4342. doi: 10.3748/wjg.v26.i29.4327. World J Gastroenterol. 2020. PMID: 32848337 Free PMC article.