Provincial Liver Mass Primary Care Pathway

Diagnostic imaging findings in the liver are common. The following pathway is designed to identify patients at higher risk of malignancy and to provide additional guidance for management of other causes. It should be used to supplement the reporting radiologist's recommendations.

Patients are considered **high risk of liver malignancy** if they have a history of cirrhosis, chronic viral hepatitis, and/ or any prior malignancy*.

Cysts- regardless of risk of malignancy

Simple/ minimally complex cyst

These are benign.

No follow up required

Complex cyst (see expanded details for characteristics)

Investigations: MRI Liver - alternative is triphasic CT (referral to HPB concurrently)

Refer to **Hepatobiliary (HPB) Surgery.** See referral guideline tab for details.

Red Flag for solid mass lesion(s)

Episodic epigastric or RUQ pain, accompanied by hypotension in patients with any solid mass may indicate possible hemorrhage.

These patients require emergency care.

Solid lesion- Pt is low risk of malignancy

Hemangioma: Benign, no follow up required.

Exception: if recommended by radiology or >5cm and possibly symptomatic:

Refer to **Hepatobiliary (HPB) Surgery.** See referral guideline tab for details.

Focal Nodular Hyperplasia: usually requires MRI to define - benign if definitively FNH then no follow up required.

Exception: unless otherwise recommended by radiology

Refer to **Hepatobiliary (HPB) Surgery.** See referral guideline tab for details.

Adenoma or indeterminate or suspicious lesions**

Hepatology referral for further advice

****Adenomas during pregnancy require timely referral.** See referral guideline tab for details.

Solid lesion - Pt is high risk of malignancy*

- **Suspicion of Metastatic disease**
- **Prior Malignancy, any location**

- **History of Cirrhosis**
- **Chronic viral hepatitis**

Investigations:

Labs: CBC, Electrolytes, Creatinine, ALT, ALP, AST, GGT, INR, Bilirubin, AFP, Albumin, HB Core, HBSAg, HBSAb, HCV Ab

Patients with prior malignancy:

Diagnostic Imaging: MRI Liver or CT Chest Abdomen/Pelvis may be required. **Concurrent referral to prior oncology team should be made.**

New finding of metastatic disease

Contact Specialty Care for advice:
Medical Oncology or HPB surgery (Depending on patient's previous history). See referral guideline tab for details.

Patients with Cirrhosis/Chronic viral hepatitis:

Diagnostic Imaging: MRI Liver is preferred; alternative is triphasic CT

Hepatology referral for further work up and management for **all patients with cirrhosis or chronic viral hepatitis.** See referral guideline tab for details.

Consider:
Integrating An Early Palliative Approach to Advanced Cancer Care (Shared Care)
Integrated Supportive Care
- If required call RAAPID for Palliative Care advice