MAYO CLINIC

Cancer Surveillance in Patients with Primary Sclerosing Cholangitis (PSC)

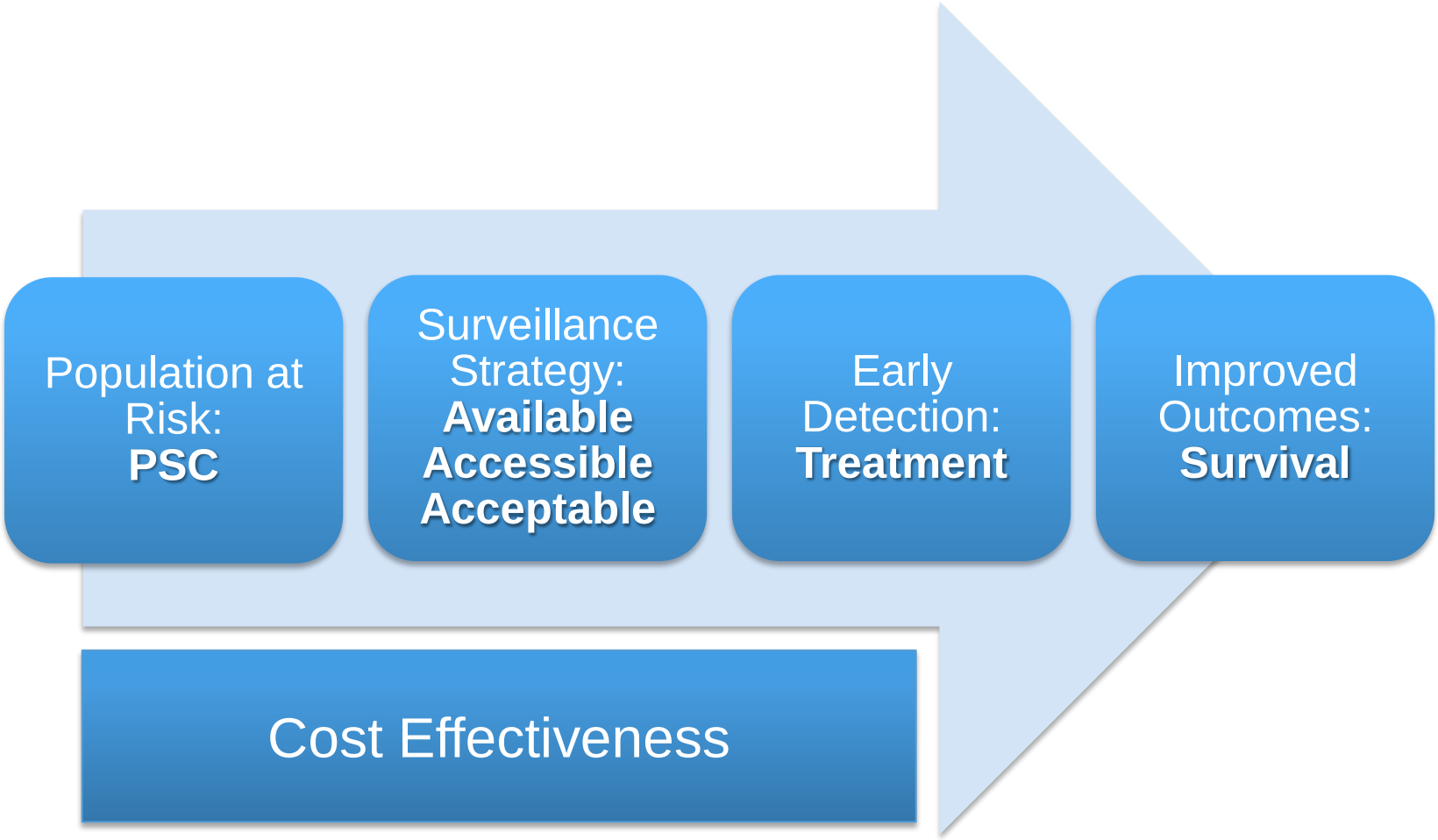
Gregory Gores, M.D.

Chair of Division of Gastroenterology and Hepatology

May 5th, 2012

Division of
GASTROENTEROLOGY
& HEPATOLOGY

Decision-Making Analysis for Surveillance



MAYO CLINIC

Epidemiology of Cholangiocarcinoma (CCA) in PSC

- Only 10% develop CCA within 10 years after the initial PSC diagnosis

KM Boberg et al, Scand J Gastro, 2002
A Bergquist et al, J Hepatol, 2002

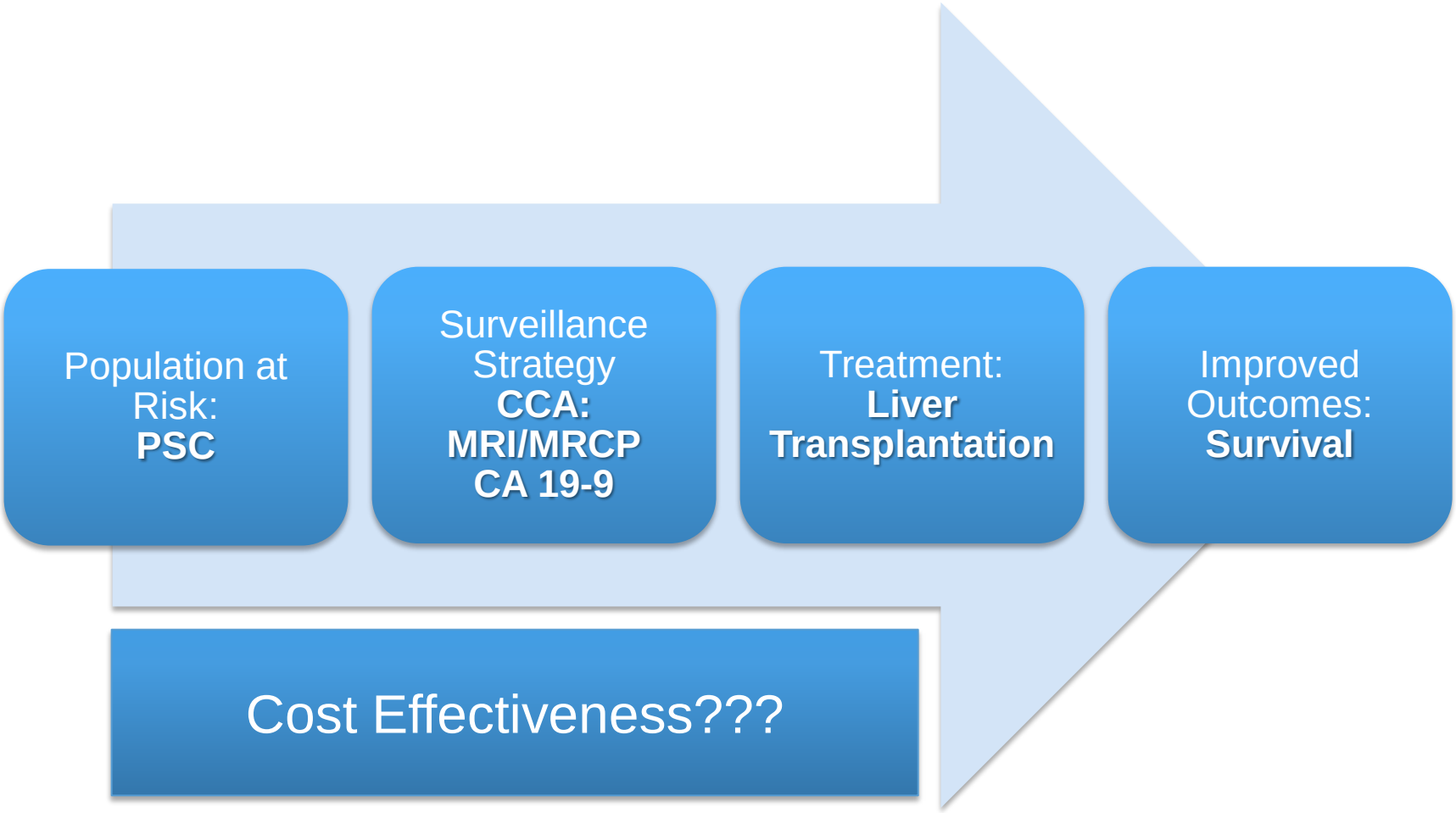
MAYO CLINIC

Surveillance Modalities for CCA

- Available screening tests
  - Blood test
    - CA 19-9
  - Imaging studies
    - Ultrasound
    - Computer tomography
    - MRI with MRCP – most sensitive

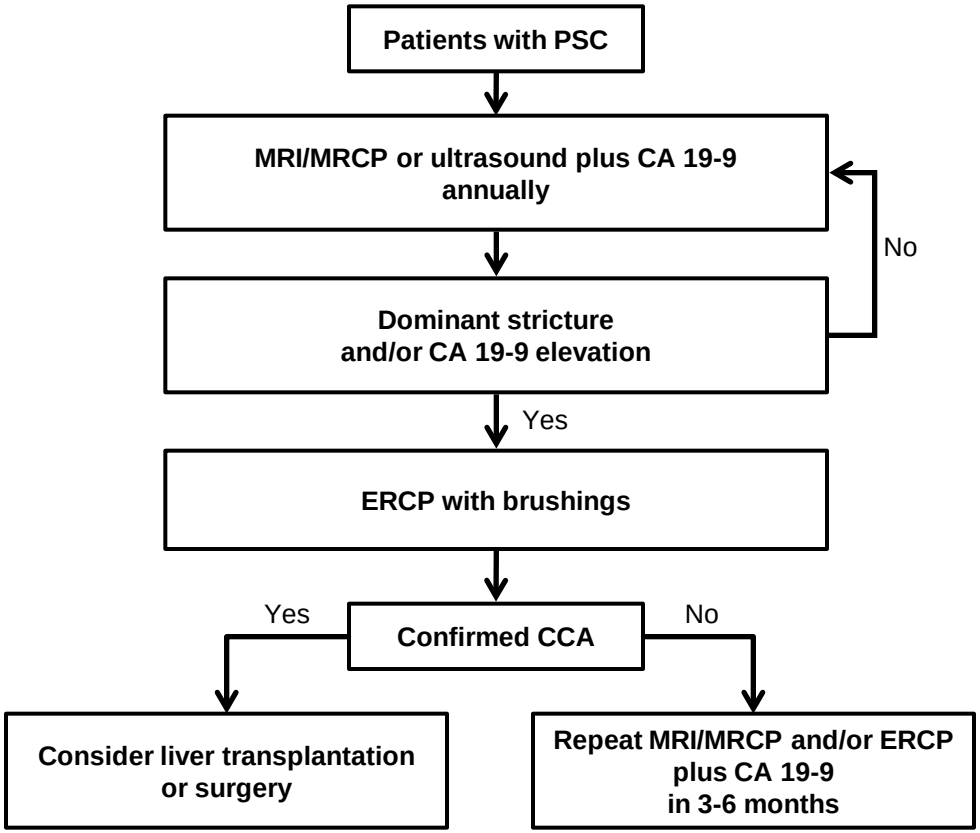
MAYO CLINIC

CCA Surveillance in PSC



MAYO CLINIC

Mayo Clinic Recommendations for CCA Surveillance in PSC



N Razumilava et al., Hepatol, 2011

MAYO CLINIC

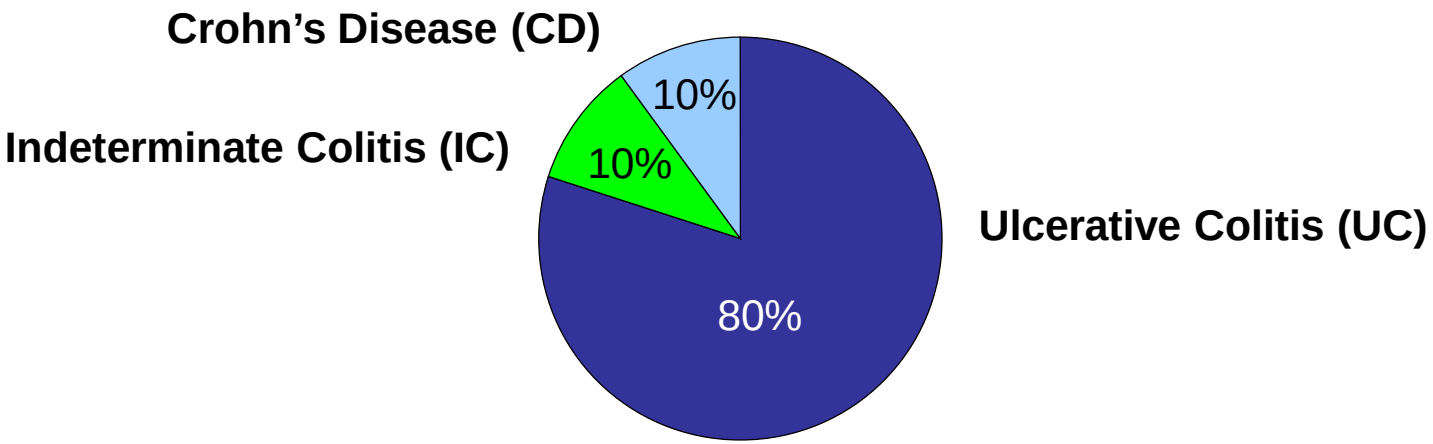
Epidemiology and Surveillance of Hepatocellular Carcinoma (HCC) in PSC

- HCC prevalence – 2%
  - At risk population – only patients with cirrhosis

- Surveillance - imaging studies (US, MRI) in patients with cirrhosis at least yearly

Epidemiology of Colorectal Cancer (CRC) in PSC

- 50-80% of PSC patients have IBD
- 2-7.5% of IBD patients have PSC
- Cancer risk is increased in PSC/IBD versus IBD alone



RM Soetikno, GIE, 2002

MAYO CLINIC

Surveillance Modalities for CRC in PSC

- AASLD and EASL recommendations:

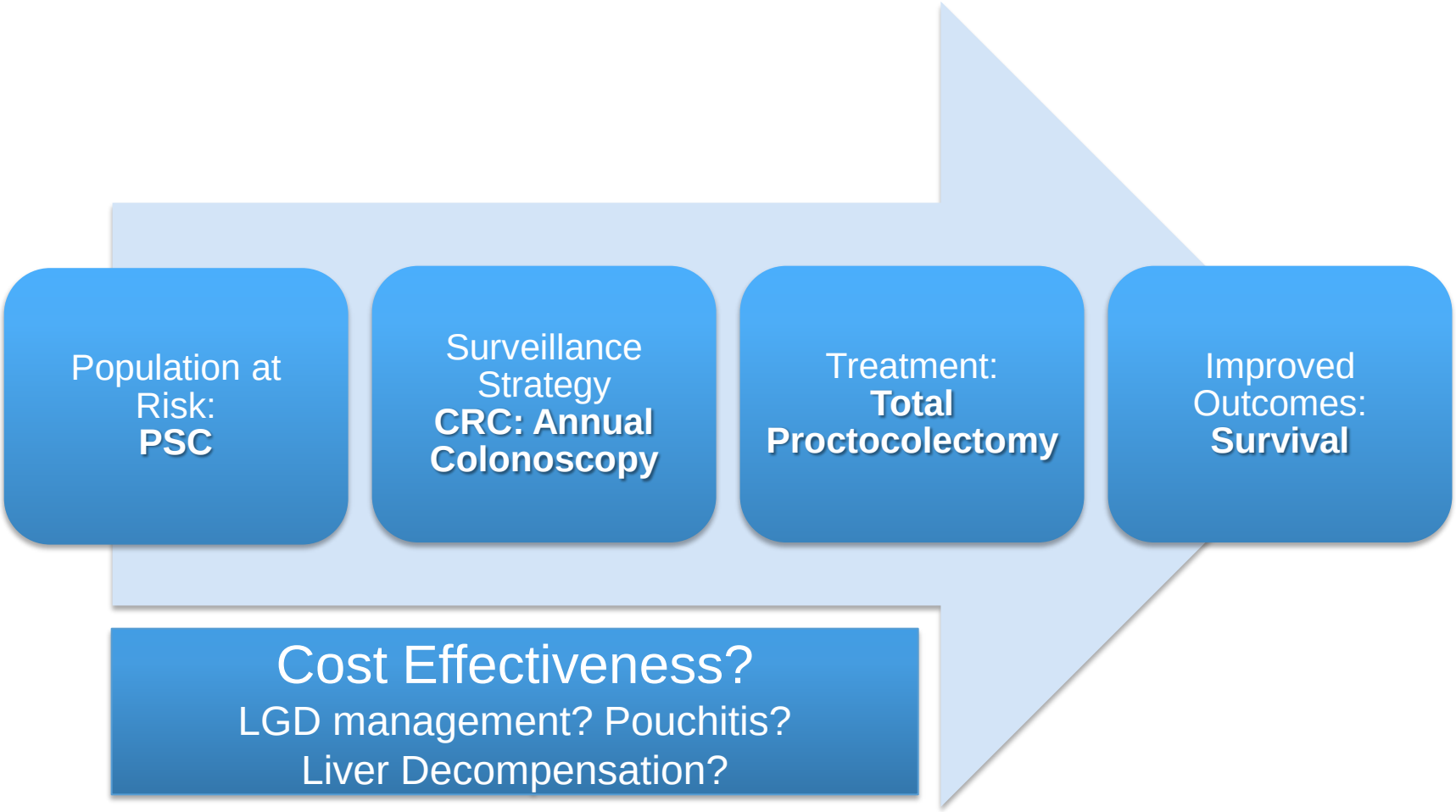
1. PSC without known IBD - total colonoscopy with biopsies at time of PSC diagnosis

2. If IBD with PSC - total colonoscopy should be repeated every 1-2 years

R Chapman, Hepatol, 2010
Clinical practice guidelines panel, J of Hepatol, 2009

MAYO CLINIC

CRC Surveillance in PSC



Epidemiology of Gallbladder (GB) Neoplasia in PSC

- GB neoplasia prevalence in PSC – 6-14%

K Said et al, J Hepatol, 2008; TH Karlsen et al, Curr Opin Gastro, 2008

MAYO CLINIC

Surveillance Modality for GBN in PSC

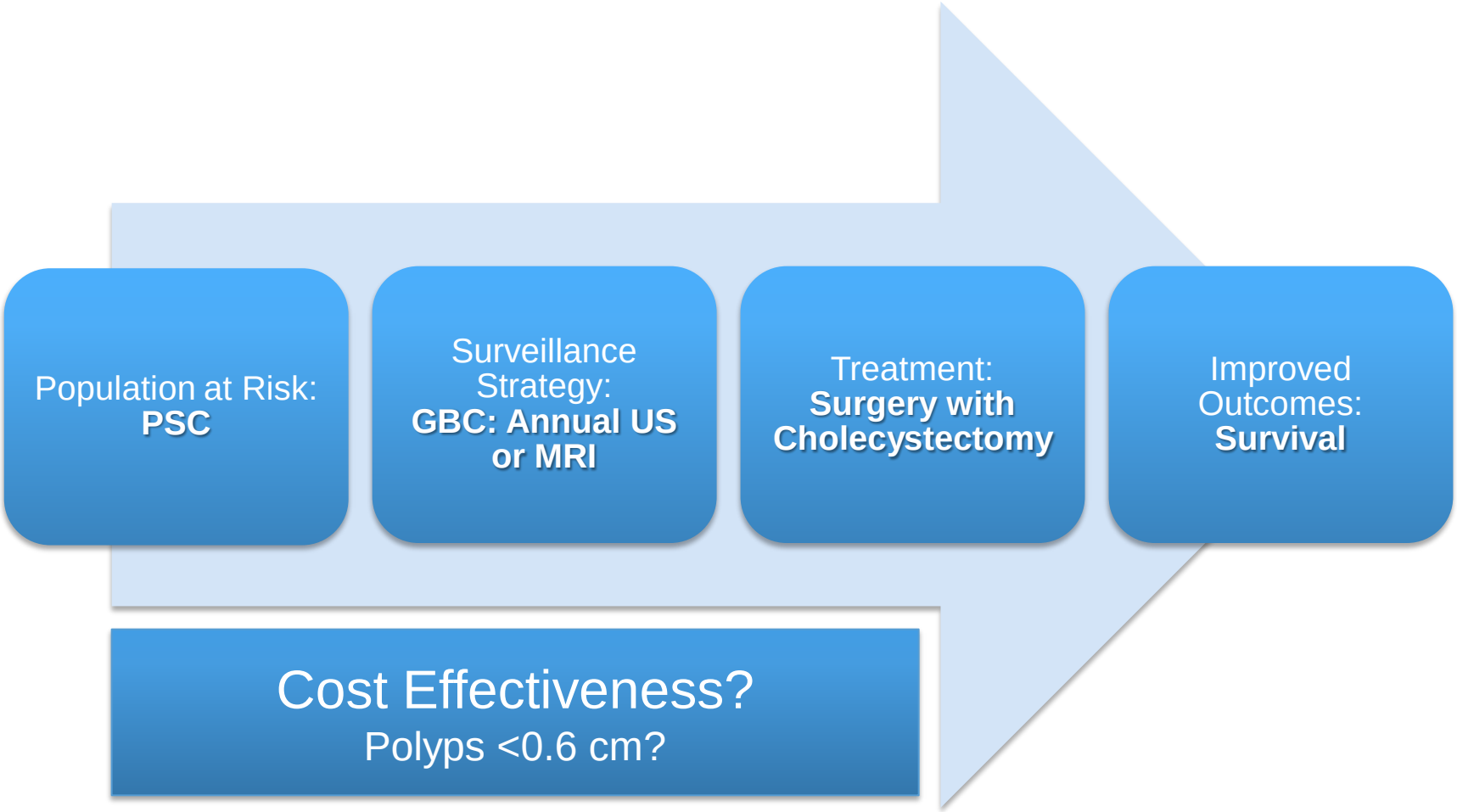
- AASLD and EASL recommendations:

1. Annual imaging study to detect mass lesion in the GB
2. If GB mass present → cholecystectomy regardless of lesion size, “if the underlying liver disease permits”
3. Mayo study suggests polyps <0.6 cm can be observed over time

R Chapman, Hepatol, 2010; Practice guidelines, J of Hepatol, 2009; Eaton et al., Am J of Gastro, 2011

MAYO CLINIC

GBC Surveillance in PSC



MAYO CLINIC

Should Patients with PSC Take Ursodeoxycholic Acid (UDCA)?

- UDCA: No Benefits

1. No benefits for survival with low dose

2. ↑risk of CRC and poor liver outcomes with high dose

Eaton et al., Am J of Gastro, 2011
N Razumilava et al., Hepatol, 2011

MAYO CLINIC

Cancer Surveillance in PSC: Take Home Messages

- CCA, GB neoplasia, and HCC:
  1. MRI/MRCP + CA 19-9 on annual basis
  2. Reserve ERCP for abnormal MRI/MRCP

- CRC:
  1. Total colonoscopy with Bx at time of PSC Dx
  2. Annual colonoscopy with surveillance Bx from time of IBD/PSC Dx

Acknowledgements

- Dr. Gregory Gores
- Dr. Keith Lindor
- Dr. Nataliya Razumilava

MAYO CLINIC

THANK YOU

MAYO CLINIC