Management of liver masses and HCC in cirrhosis					
Liver Mass on US in a patient with cirrhosis	**Mass < 1 cm**	Diagnosis:	• Low likelihood of being HCC, therefore no specific diagnostic tests		
		Followup	• Repeat imaging study every 3 months o If no growth in 1-2 years → no HCC, continue routine screening every 6 months o If growth, treat as HCC		
	Mass 1-2 cm	Diagnosis	Two dynamic imaging studies (US, CAT scan or MRI)	• Both with typical vascular pattern	• Treat as HCC
				• One typical and the other atypical	• Biopsy of mass
				• Both atypical	• Biopsy of mass
		Followup after biopsy	Biopsy confirms HCC	• Treat as HCC	
			Non-diagnostic	Repeat imaging study every 3 months • If no growth in 1-2 years → no HCC If growth, treat as HCC	
	Mass > 2 cm	Diagnosis	One dynamic imaging study (US, CAT scan or MRI)	Typical vascular pattern	Treat as HCC
				Atypical vascular pattern	AFP <200 → Biopsy of mass
					AFP > 200 → Treat as HCC
		Followup after biopsy	Biopsy confirms HCC	• Treat as HCC	
			Non-diagnostic	Repeat imaging study every 3 months • If no growth in 1-2 years → no HCC • If growth, treat as HCC	
Treatment of HCC	**Child A, performance status 0**	**Single HCC < 2 cm**	HVPG and bilirubin	HVPG < 10 mmHg or bilirubin <1.5 mg/dL	Surgical resection
				Varices/collaterals or HVPG >10 mmHg or bilirubin > 1.5 mg/dL	• Liver transplant evaluation • RFA
	Child A-B, performance status 0-2	**Single HCC < 5 cm**	HVPG and bilirubin	HVPG < 10 mmHg or bilirubin <1.5 mg/dL	Surgical resection
				Varices/collaterals or HVPG >10 mmHg or bilirubin > 1.5 mg/dL	• Liver transplant evaluation • RFA
		3 HCC masses < 3 cm (the largest)	• Liver transplant evaluation • RFA		
		Intermediate stage (multinodular , PS 0)	• Transarterial chemoembolization		
		Advanced stage (portal invasion, metastases)	• Sorafenib		
	Child C, performance status >2	**Terminal stage**	• Symptomatic treatment		