

People missing out on life-saving liver cancer checks, experts warn

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New UK guidance published in *Frontline Gastroenterology* and being presented this week at the UK's leading liver conference reveals a serious gap in care, with estimates suggesting only around one in five patients who are eligible for liver cancer surveillance attend regularly. Experts warn that this could have major consequences for early detection and survival.

The paper, *Hepatocellular Carcinoma Surveillance: Minimum Standards*, sets out new national standards for how liver cancer surveillance should be delivered across the NHS. Despite clear recommendations for regular monitoring, it is estimated that a significant number of patients at risk are not consistently taking part in surveillance programmes.

Most people who develop hepatocellular carcinoma (HCC), the most common type of primary liver cancer, already have liver disease. Cirrhosis is present in up to 90% of cases. The main causes include viral hepatitis, alcohol-related liver disease and, increasingly, metabolic dysfunction-associated steatotic liver disease (MASLD) linked to rising obesity rates in the UK.

Early detection through regular checks is vital. When liver cancer is found early, curative treatments such as surgery or ablation are often possible. However, the current low uptake means many people are still diagnosed at a later stage, when treatment options are limited and outcomes are poorer.

"Effective surveillance saves lives," said Professor Stuart McPherson, lead author of the guidance and consultant Hepatologist at Newcastle Hospitals. "But too many patients are missing out. These minimum standards are designed to make sure that everyone at risk is identified, followed up and supported to stay in the system."

The guidance highlights several reasons why patients may not attend regularly. These include fear of a diagnosis, stigma, and difficulties understanding medical letters. Practical issues also play a role, such as challenges in accessing scans, the absence of recall systems, and the lack of a national liver cancer registry.

Vanessa Hebditch, Director of Policy, at Liver Cancer UK, part of the British Liver Trust, said: "Liver cancer is the fastest rising cause of cancer death in the UK. Finding people with an early stage of liver cancer is vital to ensure that they receive treatment as soon as possible.

"The fact that patients may be missing out on regular surveillance is deeply concerning. We need to tackle both patient and system barriers so that no one slips through the cracks."

The new standards call for reliable systems to identify and recall at-risk patients, clear communication using plain language, timely access to follow-up scans and stronger coordination between NHS liver services.

The guidance is being discussed at the British Association for the Study of the Liver conference taking place in Belfast between 8th and 10th October.

"This is a call to action for liver services across the UK," continues Professor McPherson. "Surveillance only works if people take part, and that means making it easier and more supportive for patients."

The full guidance is available online in *Frontline Gastroenterology*: <https://fg.bmj.com/content/16/e1/e34>

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