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Malignancy Surveillance in Primary Sclerosing Cholangitis

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INTRODUCTION

Primary Sclerosing Cholangitis (PSC) is associated with a high risk for both hepatobiliary and colorectal carcinomas. Patients with PSC have a 10-20% lifetime risk of cholangiocarcinoma. Annual gallbladder surveillance is recommended. Approximately 60-80% of patients with PSC have concomitant inflammatory bowel disease (IBD). This cohort require annual colonoscopies for colorectal cancer surveillance. Patients without concomitant IBD require 5-yearly surveillance colonoscopies.

The aim of the audit was to assess our compliance with international guidelines on malignancy surveillance in our PSC cohort (1,2,3).

METHODS

A database of patients with PSC attending MMUH for follow up was created prior to commencing the audit. Our cohort included 43 patients with the diagnosis of PSC who actively attend outpatient clinics in MMUH. The data was collected retrospectively. Data collected included; the presence/absence of concomitant inflammatory bowel disease, dates of colonoscopies and dates of biliary imaging. An excel spreadsheet was created. The time interval between consecutive colonoscopies or biliary imaging was calculated. Median time intervals were then analysed.

RESULTS

N= 43 (total number of patients attending MMUH with PSC)
Taking scheduling factors into account an investigation was deemed overdue if not performed within 14 months of previous scan or endoscopy.

Gallbladder surveillance

- Median interval: 8 months
- No surveillance imaging - 1 patient
- Transfer of care to another hospital - 1 patient
- Imaging surveillance continued locally to patient - 1 patient
- Current status of surveillance
    - 29 patients (64.44%) - up-to-date imaging
    - 11 patients (25.58%) - overdue imaging

Colorectal Cancer Surveillance

33 patients (76.7%) of our PSC cohort have concomitant IBD.

- Concomitant IBD = 33 patients (76.7% total cohort) (Figures 1 & 2)
    - 1 patient excluded from surveillance audit as IBD followed in alternative hospital
    - 1 patient excluded due to pan-proctocolectomy
    - 31 patients require annual surveillance
        - 21 patients (67.7%) – up to date with surveillance colonoscopies
            - Median interval = 13 months
        - 10 patients (32.25%) - overdue surveillance colonoscopies
            - Median time = 21.5 months.
- No IBD = 10 patients (23.3% total cohort)
    - N=7 (70%) up to date with surveillance colonoscopies.

Figure 1. PSC Cohort

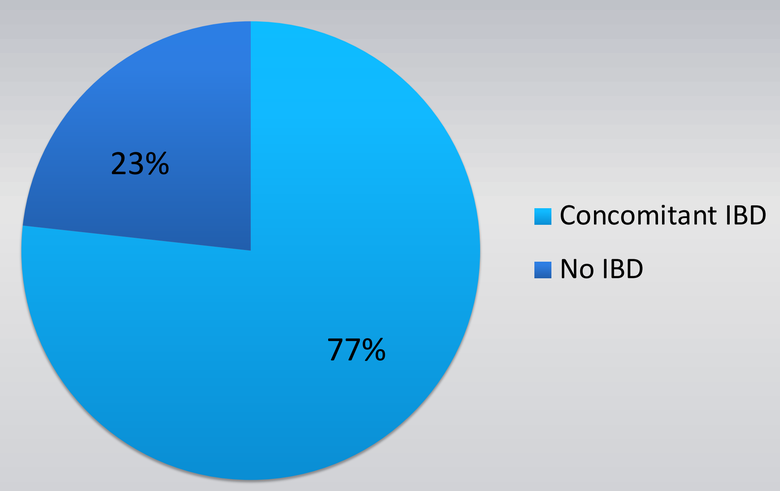
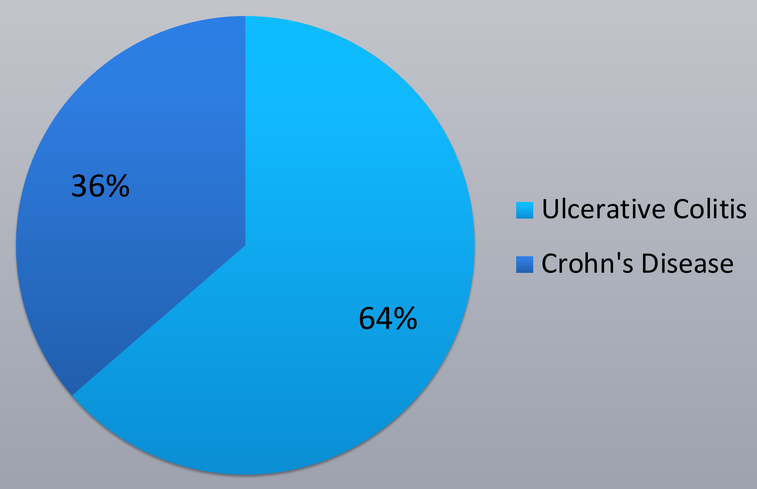


Figure 2. Patients with concomitant IBD



CONCLUSION

Our compliance with malignancy surveillance in PSC can be improved. The creation of a database will also allow us to follow surveillance in this high-risk population more closely to ensure compliance with international standards and improved patient care.

References

1. 2019 BSG and UK-PSC guidelines for the diagnosis and management of PSC
2. 2010 AASLD Guidelines – Diagnosis and Management of PSC
3. SCENIC international consensus statement on surveillance & management of dysplasia in IBD