

DOMAIN 1

THE NURSE'S ROLE IN CARING FOR PEOPLE WITH, OR AT RISK OF, HCC

NURSES HAVE A ROLE IN IDENTIFYING PEOPLE WITH, OR AT RISK OF, HEPATOCELLULAR CARCINOMA (HCC) and providing culturally appropriate, person-centred education and care.

» IDENTIFY PEOPLE AT RISK^{1,2}

Identify individuals at risk of HCC and enrol in surveillance. Priority groups include:

- Aboriginal and Torres Strait Islander people with chronic hepatitis B (CHB) over the age of 50 years
- Asian males with CHB over the age of 40 years
- Asian females with CHB over the age of 50 years
- African males and females with CHB over the age of 20 years
- People with CHB-related cirrhosis (irrespective of age)
- People with CHB and family history of HCC
- People with cirrhosis of any cause including alcohol-related, haemochromatosis, non-alcoholic steatohepatitis (NASH), Wilson's disease, autoimmune hepatitis, primary biliary cirrhosis (PBC), primary sclerosing cholangitis (PSC) or alpha-1-antitrypsin deficiency.

» ADVOCATE

- Assess the individual's ability to negotiate the health system and provide support.
- Empower the individual by identifying self-care resources and support systems, and promote the individual's health literacy, self-care and negotiation of the health care system.
- Identify individual barriers to accessing and receiving care and facilitate flexible approaches to care delivery working with:
 - a case worker or social worker
 - a collaborative model between primary and hospital care
 - alternate models of care
 - advanced care planning and palliative care.

» MONITORING-RELATED CARE

- Develop and implement individualised care plans for surveillance and/or treatment regimen.
 - Monitor adherence to surveillance and/or treatment regimen.
- Refer to the AHA Consensus-based Guideline - Nurse's role in caring for people with, or at risk of, advanced liver disease.

» ASSESS⁴

Identify and document the following, to inform the nursing management plan:

- Individual's medical and social history, including diagnosis date, monitoring and treatment history
- Individual's understanding of the causes, signs and symptoms of HCC development and progression
- Physical assessment for liver disease
- Laboratory findings: raised AFP
- Radiological imaging: ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MRI).

» TREATMENT-RELATED CARE

- Coordinate care with the multidisciplinary team (MDT).
- Support the individual to understand that treatment may be curative, conservative (non-curative) or for symptom relief (palliative).
- Advise about side effect management and pain management.
- Monitor the side effects, frequency and dose adjustments of oral treatment regimens.
- Refer individual to a dietitian, social worker, psychologist or other support services, as required.

» TEST PEOPLE AT RISK¹⁻³

Support adherence to the HCC surveillance recommendations for individuals with Child-Pugh grade A or B cirrhosis:

- Six monthly liver ultrasound, with or without alpha fetoprotein (AFP).

» EDUCATE

Assess the individual's knowledge of HCC and its management, and:

- Provide education about the importance of HCC surveillance and the consequences of non-adherence to surveillance
- Consider the cultural understanding of HCC
- Assess support network and coping mechanisms
- Provide education about possible diagnostic and assessment interventions
- Discuss strategies to prevent liver disease progression
- Ensure the individual understands when and how to seek medical and/or nursing assistance.

» SUPPORT ADHERENCE

- Explore potential competing priorities and establish systems to promote complete adherence to prescribed treatment.
- Advise and support the individual in side effect prevention and self-care strategies.

REFERENCES

- 1 Heimbach JK, Kulik LM, Finn RS, Sirlin CB, Abecassis MM, Roberts LR, et al. AASLD guidelines for the treatment of hepatocellular carcinoma. *Hepatology* 2018;67(1): 358-380.
- 2 European Association for the Study of the Liver (EASL). EASL clinical practice guidelines: Management of hepatocellular carcinoma. *Journal of Hepatology* 2018;69:182-236.
- 3 Allard N, Cabrie T, Wheeler E, Richmond J, MacLachlan J, Emery J, et al. The challenge of liver cancer surveillance in general practice: do recall and reminder systems hold the answer? *Australian Family Physician* 2017;46(11):859-864.
- 4 Refer to own centre's preferred nursing assessment tool.

ADDITIONAL RESOURCES

Australasian Hepatology Association (AHA)
- www.hepatologyassociation.com.au
Cancer Council - www.cancer.org.au