



Summary of NICE Guidelines

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| Title | Liver Disease |
| NICE Reference | QS152 |
| Date of Review: | January 2018 |
| Date of Publication | June 2017 (to be reviewed August 2018) |
| Summary of Guidance (Max 250 words) | <p>Quality standard QS152 outlines 5 quality statements regarding investigation, care and management of cirrhosis and non-alcoholic fatty liver disease (NAFLD) in young patients and adults, outlining the requirement for:</p> <ol style="list-style-type: none">1. Advice on healthy lifestyle to slow progression of NAFLD, including a healthy diet, increasing physical activity, and limiting alcohol consumption.2. Regular testing for NAFLD patients, ensuring earlier detection of fibrosis or cirrhosis with disease progression, reducing unnecessary referrals, and providing treatment and monitoring where needed (to include biochemical testing e.g. Enhanced Liver Fibrosis panel).3. Offering those patients with risk factors* non-invasive testing as outpatients where possible, to aid diagnosis, treatment and monitoring. This includes transient elastography or acoustic radiation force impulse imaging.4. Offering 6-monthly surveillance to adults with cirrhosis, aiding early detection and treatment of hepatocellular carcinoma. Includes ultrasound and serum alpha-fetoprotein testing (in certain circumstances e.g. those with HepB).5. Providing prophylactic intravenous antibiotics to patients presenting with cirrhosis and GI bleeding, preventing bacterial infection and improving prognosis. <p>*QS152 describes risk factors associated with cirrhosis as: excessive alcohol consumption, hepatitis C or B infection in adults, newly diagnosed alcohol-related liver disease and diagnosed NAFLD with advanced liver fibrosis.</p> <p>QS152 is expected to contribute to improved diagnosis and monitoring of liver disease progression (including hepatocellular carcinoma), improved mortality resulting from chronic liver disease, and improved admissions, referrals, re-admissions and length of stay for patients with liver disease. It also offers guidance on local management of homeless patients and prisoners suffering from cirrhosis and chronic liver disease. QS152 has been incorporated into 3 NICE pathways, including non-alcoholic fatty liver disease, cirrhosis and hepatitis B (chronic).</p> |
| Impact on Lab (See below) | <p>■ Moderate</p> <p>Suggested use of ELF panel and AFP testing may have impact on pathology services; AFP generally considered 'standard' tumour marker, but ELF panel more costly and not available in all pathology services.</p> |

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| Lab professionals to be made aware | <ul style="list-style-type: none"> ✓ Laboratory Manager ✓ Chemical Pathologist ✓ Clinical Scientist <input type="checkbox"/> Biomedical Scientist |
| Please detail the impact of this guideline (Max 150 words) | <p>These quality standards mainly impact service providers and healthcare professionals involved in care of patients with chronic liver disease. Suggested use of some specific biochemical tests may have impact on pathology services offering those tests, and also a review of service by those that currently do not.</p> <p>Those predominantly impacted include GPs, hospitals, specialist centers, emergency consultants, hepatologists, gastroenterologists (and other specialists) and local and national clinical commissioning groups. These groups will need to ensure the infrastructure and processes are in place and followed, in order to meet the quality statements.</p> |

Impact on Lab

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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