WHAT IS CLAIMED IS:

1. A method of diagnosing whether a patient suffers from a hepatic or liver condition comprising the step of determining by a biochemical assay or an immunoassay with at least one anti-hPG antibody a human progastrin (hPG) concentration of at least about 400 pM in a sample from a patient.

2. The method of claim 1, wherein said patient has one or two conditions selected from the group consisting of liver cancer, hepatitis C and cirrhosis of the liver.

3. The method of claim 1 or claim 2, wherein said liver cancer is hepatocellular carcinoma.

4. The method of any one of claims 1 to 3, wherein said concentration is at least about 500 pM.

5. The method of any one of claims 1 to 4, wherein said determining comprises binding hPG in the sample from said patient with at least one antibody or with a plurality of antibodies.

6. The method of any one of claim 1 to 5, wherein said sample is contacted with a first antibody specific for a first epitope of hPG and a second antibody specific for a different epitope of hPG.

7. The method of any one of claim 1 to 6, wherein one of said antibodies bears a detectable marker and the level of bound hPG is determined by quantifying the level of the detectable marker.

8. The method of any one of claims 1 to 7, wherein said patient belongs to a population having a higher than average incidence of hepatitis C or said patient resides in a geographical region having a higher than average incidence of hepatitis C or said patient has a drug or alcohol dependency condition.

9. A method of diagnosing whether a patient suffers from a hepatic or liver condition, wherein a patient has been diagnosed with a first liver pathology or a liver pathology other than hepatitis C, comprising the step of determining the human progastrin

(hPG) level in a sample from said patient, wherein the progastrin level, if higher than a threshold value, indicates that the patient is suffering from hepatitis C.

10. The method of claim 9, wherein the threshold value is at least 400 pM.

11. The method of claim 9, wherein said patient belongs to a population having a higher than average incidence of hepatitis C or said patient resides in a geographical region having a higher than average incidence of hepatitis C or said patient has a drug or alcohol dependency condition.

12. A method of detecting the development of a liver pathology in a patient having at least one non-liver pathology or in a patient diagnosed with cancer, comprising the step of detecting using a biochemical assay or immunoassay in a sample from said patient, a level of human progastrin (hPG) indicative of the development of said liver pathology.

13. The method of claim 12, wherein said patient has been previously diagnosed with one or more liver pathologies.

14. The method of claim 12 or claim 13, wherein said indicative level of hPG is at least about 400 pM.

15. A method of diagnosing whether a patient suffers from a plurality of hepatic or liver conditions comprising the steps of:

(a) identifying a patient with a blood hPG concentration of at least about 400 pM;

(b) testing said patient for at least two of the following conditions:

i) liver cancer, using a radiography or imaging technique;

ii) hepatitis C virus, using a nucleic acid-based assay; and

iii) cirrhosis of the liver, by testing a blood sample from said patient for one or more serum markers of fibrosis,

thereby diagnosing whether the patient suffers from a plurality of hepatic or liver conditions.

16. A method for determining a patient's risk for a plurality of liver conditions, comprising:

(a) determining by a biochemical assay a patient's serum or plasma hPG levels; and

(b) on the basis of (a), assigning the patient a relative risk for one or more liver pathologies, wherein:

i) an hPG level of below 100 pM indicates that the patient is at a "low risk" for one or more liver pathologies;

ii) an hPG level of between 100 pM and 400 pM indicates that a patient is at a "high risk" for having cirrhosis with or without liver cancer, and at an "elevated risk" for also having hepatitis C, and

iii) an hPG level of above 400 pM indicates that a patient is at a "severe risk" for having liver cancer, cirrhosis, and hepatitis C;

(c) wherein said patient is optionally further tested using other diagnostic means to confirm that said patient does not have liver cancer if said patient has hPG levels below 100 pM; and

(d) wherein said patient is optionally further tested using other diagnostic means for liver cancer and/or hepatitis C if the patient has hPG levels between 100 pM and 400 pM.

17. A method for determining a patient's risk for a liver pathology, comprising:

(a) determining by a biochemical assay a patient's blood hPG levels;

(b) determining by a biochemical assay a patient's blood alpha fetoprotein ("AFP") levels; and

(c) on the basis of (a) and (b), assigning the patient a relative risk for liver pathology, wherein:

iv) a first threshold level of hPG and AFP indicates that the patient is at a "low risk" for liver pathology;

v) a second threshold level of hPG and AFP indicates that the patient is at an "elevated risk" for liver pathology.

vi) a third threshold level of hPG and AFP indicates that the patient is at a "high risk" for liver pathology.

vii) a fourth threshold level of hPG and AFP indicates that the patient is at a "severe risk" for liver pathology;

wherein said first, second, third and/or fourth threshold hold levels are optionally those shown in Table 2 for the corresponding risk levels, for example, wherein said first threshold level is a hPG level of 0 to 100 pM and an AFP level of 251 to 500 pM, or a hPG level of 100 to 400 pM and an AFP level of 51 to 250 pM.

18. A method for monitoring the disease status of a patient with a hepatic or liver disease, said method comprising:

(a) subjecting a patient suffering from a hepatic or liver disease and having a blood hPG concentration above a threshold amount a therapeutic regimen for said hepatic or liver disease;

(b) after step (a), determining whether said patient continues to have a blood hPG concentration above the threshold amount; and

(c) if said patient continues to have a hPG concentration above the threshold amount, continuing the therapeutic regimen and if said patient no longer has a blood hPG

concentration above said threshold amount periodically monitoring said patient's blood hPG levels to determine whether they rise above said threshold amount.

19. A system for diagnosing a patient's liver or hepatic health status, the system comprising:

(a) an input that receives values of a patient's blood hPG concentration;

(b) a processor configured to compare the patient's blood hPG concentration to a reference blood hPG concentration, the processor configured to output a risk level for liver pathology for the patient based wholly or in part on the patient's blood hPG concentration; and

(c) a display configured to display the risk level for liver pathology.

The claims defining the invention are as follow:

1. A method of diagnosing whether a patient is susceptible to present multiple liver pathologies, wherein a patient has been diagnosed with a first liver pathology, comprising the step of determining the human progastrin (hPG) level in a sample from said patient, wherein a progastrin level of at least 400pM is indicative that the patient is susceptible to present multiple liver pathologies.

2. The method according to claim 1, wherein said first liver pathology is selected from the group consisting of: liver cancer, cirrhosis, and hepatitis C.

3. The method according to claim 1 or 2, wherein said multiple liver pathologies are selected from the group consisting of:

- liver cancer and cirrhosis,
- liver cancer and hepatitis C,
- liver cancer, cirrhosis and hepatitis C.

4. The method according to any one of claims 1 to 3, wherein the step of determining the hPG level is carried out by an antibody that specifically binds hPG.

5. The method according to any one of claims 1 to 4, wherein the progastrin level is at least 500pM.

6. The method according to any one of claims 1 to 5, wherein said patient belongs to a population having a higher than average incidence of hepatitis C or said patient resides in a geographical region having a higher than average incidence of hepatitis C or said patient has a drug or alcohol dependency condition.

7. The method according to claim 1, comprising the steps:

(a) identifying a patient with a blood hPG concentration of at least about 400pM,

(b) testing said patient for at least two of the following conditions:

(i) liver cancer, using a radiography or imaging technique;

(ii) hepatitis C virus, using a nucleic acid-based assay; and

(iii) cirrhosis of the liver, by testing a blood sample from said patient for one or more serum markers of fibrosis,

thereby diagnosing whether the patient suffers from multiple liver pathologies.

8. A method of determining a patient's risk for a plurality of liver conditions, comprising:

(a) determining by a biochemical assay a patient's serum or plasma hPG levels; and

(b) on the basis of (a), assigning the patient a relative risk for one or more liver pathologies, wherein:

(i) an hPG level of below 100pM indicates that the patient is at a low risk for one or more liver pathologies;

(ii) an hPG level of between 100pM and 400pM indicates that a patient is at a high risk for having cirrhosis with or without liver cancer, and at an elevated risk for also having hepatitis C, and

(iii) an hPG level of above 400pM indicates that a patient is at a severe risk for having liver cancer, cirrhosis, and hepatitis C;

(c) wherein said patient is optionally tested using other diagnostic means to confirm that said patient does not have liver cancer if said patient has hPG levels below 100pM; and

(d) wherein said patient is optionally further tested using other diagnostic means for liver cancer and/or hepatitis C if the patient has hPG levels between 100pM and 400pM.