

Hepatocellular Carcinoma

Katie Turpin, MSN APN
Northwestern Memorial Hospital



Background

- Hepatocellular carcinoma (HCC) is the 3rd leading cause of cancer related mortality.
- HCC is the leading cause of death among people with cirrhosis.

High Risk Populations

- Certain Hepatitis B carriers
- Hepatitis B cirrhosis
- Hepatitis B with family history of HCC
- Hepatitis C
- Alcohol cirrhosis
- Hemochromatosis
- Primary Biliary Cirrhosis

HCC Screening

HCC detected after onset of symptoms has dismal prognosis

0-10% survival at 5 years post diagnosis

HCC Screening

- US or CT scan every 6-12 months for high risk populations
- AFP every 6-12 months



Liver Resection

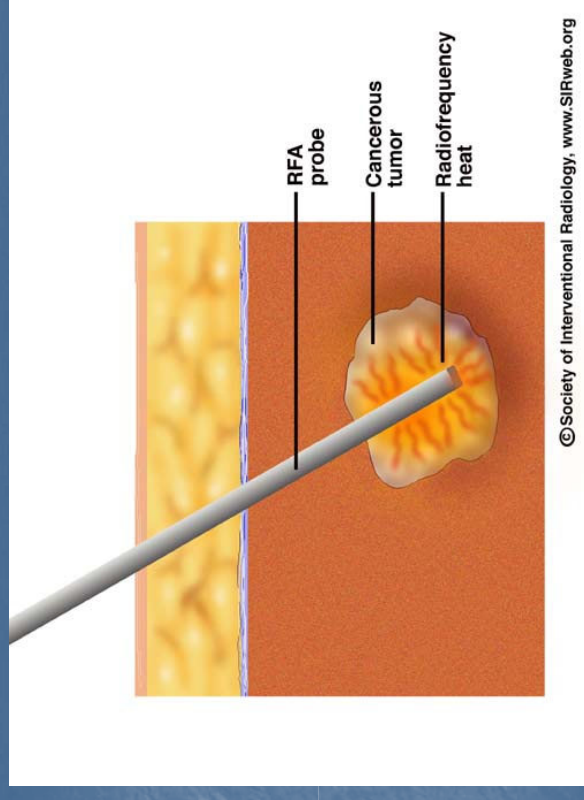
- Surgical removal of the segment of liver that has the tumor.
- 5 year survival is 50-70%
 - Based on presence of portal hypertension

Ablation (Percutaneous Ethanol Injection)

- Lesions <2cm
- Requires several treatment episodes

Ablation (Radiofrequency)

- Needle delivers heat to cause necrosis
- 2-3 cm lesions
- Usually requires fewer sessions than percutaneous alcohol injection



TACE (Transarterial Chemoembolization)

- Injection of chemotherapeutic agent through hepatic artery
- Artery obstruction
- Post embolization syndrome
 - Fever, abdominal pain
- Complete response <2%

Theraspheres

- Small glass beads with radioactive substance (yttrium 90) injected through hepatic artery
- Radiation destroys tumor cells from within
- Nausea, vomiting, abdominal pain

Liver Transplant

- Prove that there is no extrahepatic spread of cancer
- Milan criteria:
 - 1 lesion < 5cm
 - 2-3 lesions < 3 cm

