

Hepatobiliary cancer

Liver cancer is formed by liver cells. The most common type of liver cancer is hepatocellular carcinoma (HCC). It is the second most common cause of cancer-related death in men and the sixth most common cause of cancer-related death in women. HCC is more common in men and its incidence increases with age. It commonly does not cause symptoms in its early stages. As the disease progresses, the most common symptoms that may occur are weight loss, jaundice, malaise, itching, loss of appetite and ascites.

Long-term infection with hepatitis B and C viruses is a significant risk factor for the development of HCC. Other factors that can increase the risk include liver cirrhosis, nonalcoholic fatty liver disease, nonalcoholic steatohepatitis, diabetes, aflatoxin consumption, and a family history of liver cancer. Vaccination against hepatitis B, early treatment of patients with HBV or HCV, and close monitoring of patients with liver cirrhosis consist prevention measures for HCC.

The diagnosis of HCC is based on blood tests that evaluate liver function (liver function tests) and levels of a tumor marker called alpha-fetoprotein (AFP), as well as imaging tests such as CT or MRI of the liver. A biopsy of a suspected liver lesion is also needed in the majority of cases. However, a biopsy is sometimes not required, as the diagnosis of HCC can only be made by special imaging tests in combination with high AFP levels and the presence of cirrhosis.

Treatment of HCC largely depends on the stage of the disease. Imaging can show whether the disease is confined to the liver or has spread to other parts of the body. In Europe, HCC is staged based on the Barcelona Clinic Liver Cancer (BCLC) system. There are five BCLC stages, designated 0, A, B, C and D. This staging system takes into account the number and size of tumors in the liver, liver function, the spread of the cancer to nearby blood vessels, lymph nodes or organs outside the liver, and patient's performance status (general status).

The treatment of patients with HCC should be discussed within a multidisciplinary team, so that specialists in various fields of cancer treatment (oncologists, surgeons, gastroenterologists, radiologists, interventional radiologists and radiation oncologists) share their experience with the aim of ultimately choosing the most appropriate and effective treatment for the patient. Treatment options in HCC, depending on the stage of the disease and the clinical condition of the patient, include surgery aimed at resection and removal of the cancer (BCLC stage 0-A), liver transplantation in patients with early-stage disease and liver cirrhosis, thermal ablation of the tumor using radiofrequency or microwaves, transarterial chemoembolization (TACE) in stage B, radiotherapy (SBRT, SIRT) and systemic therapy with targeted therapies and/or immunotherapy.