Resultater efter palliation for hepatocellulært carcinom

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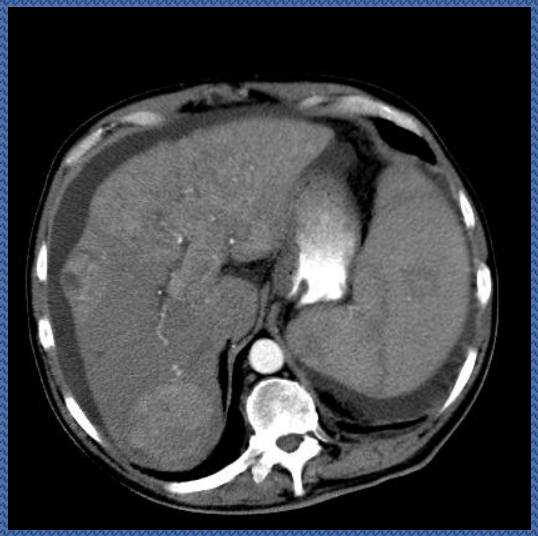
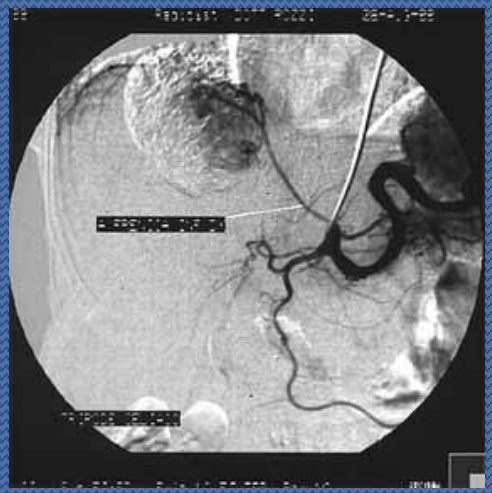
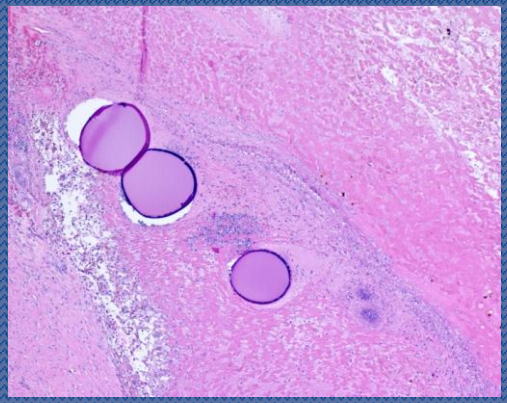
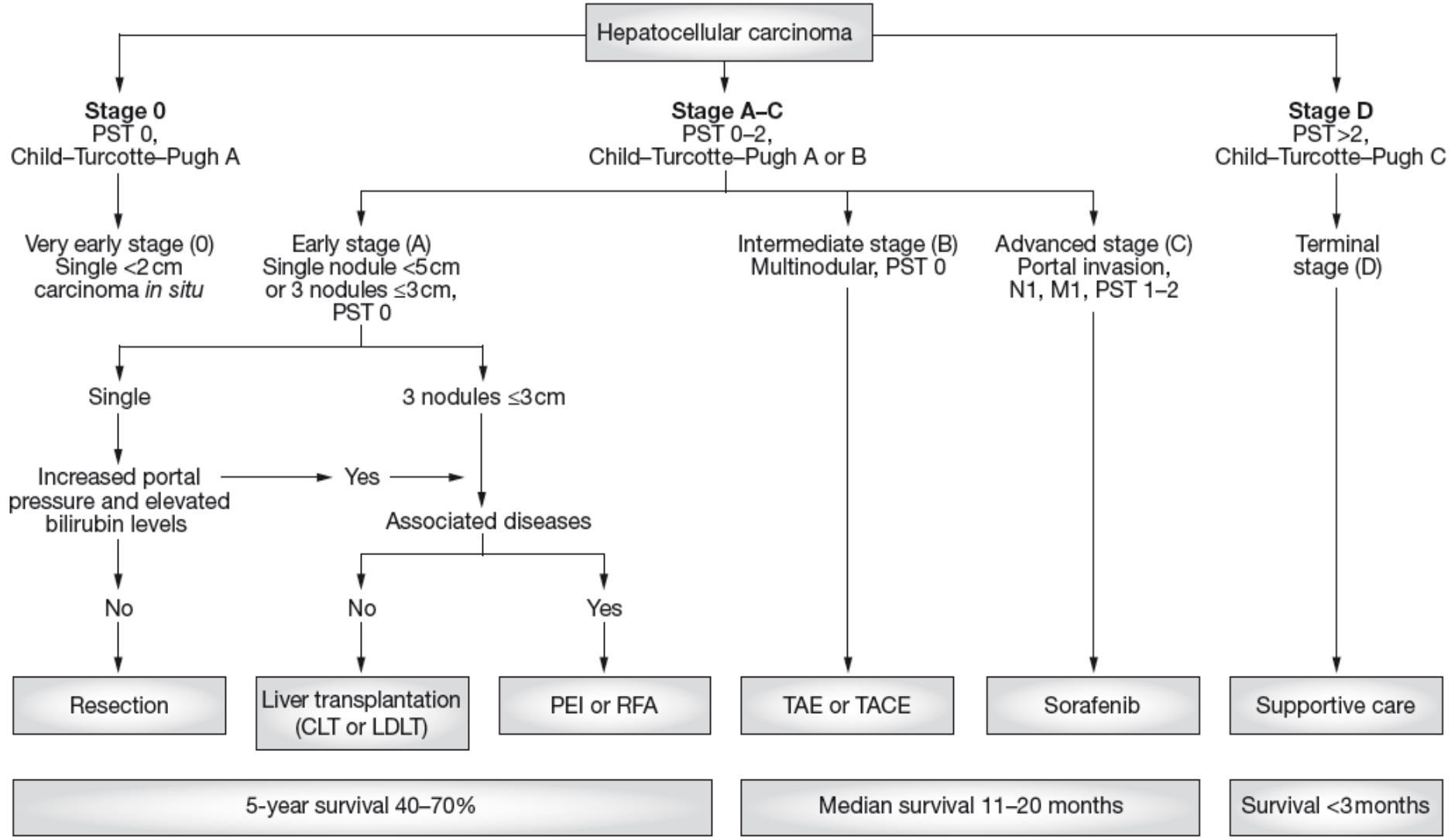


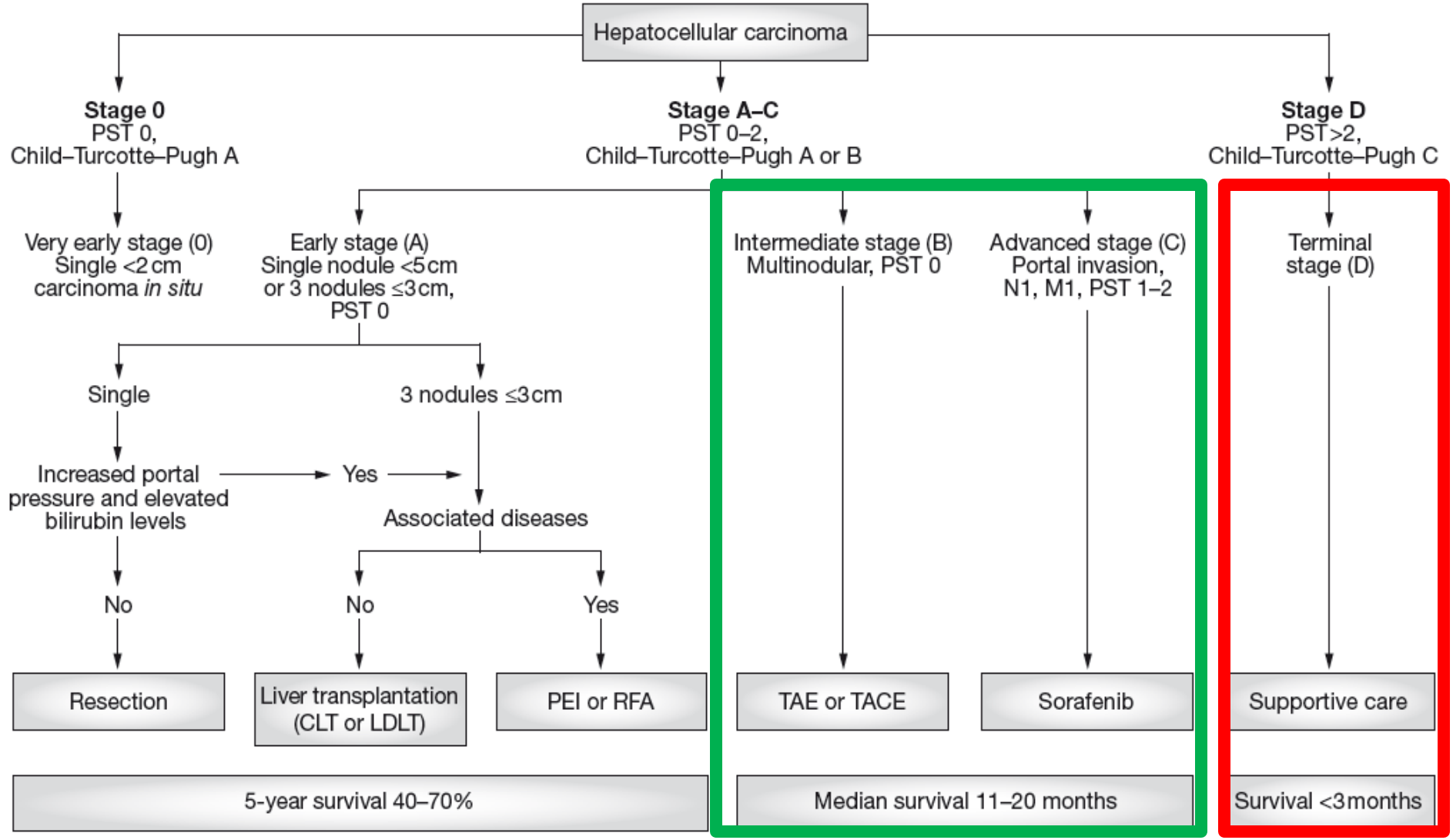




Multidisciplinær = MDT



Ikke palliation- livsforlængende

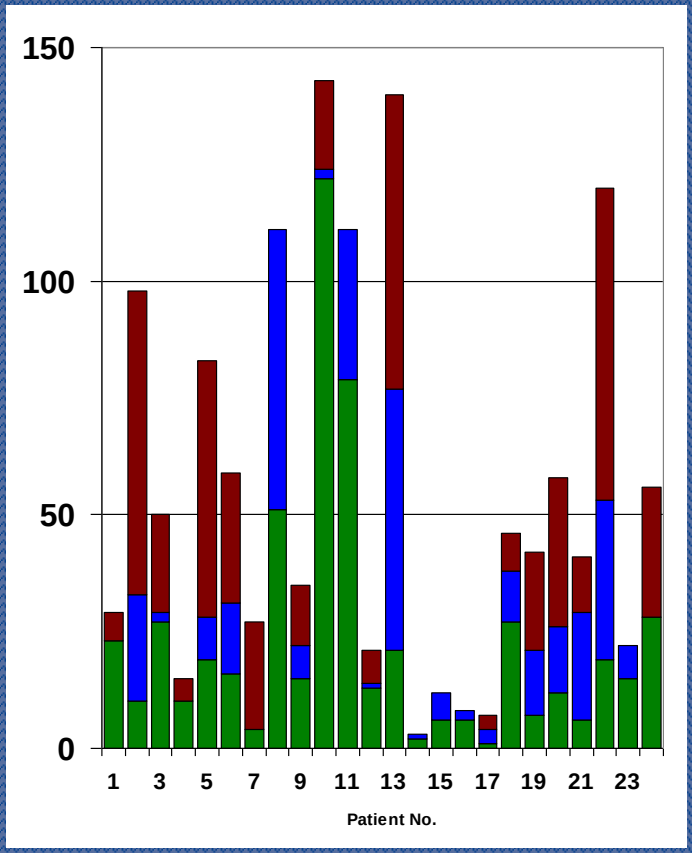


Aarhus MDT = Multidisciplinære lever team

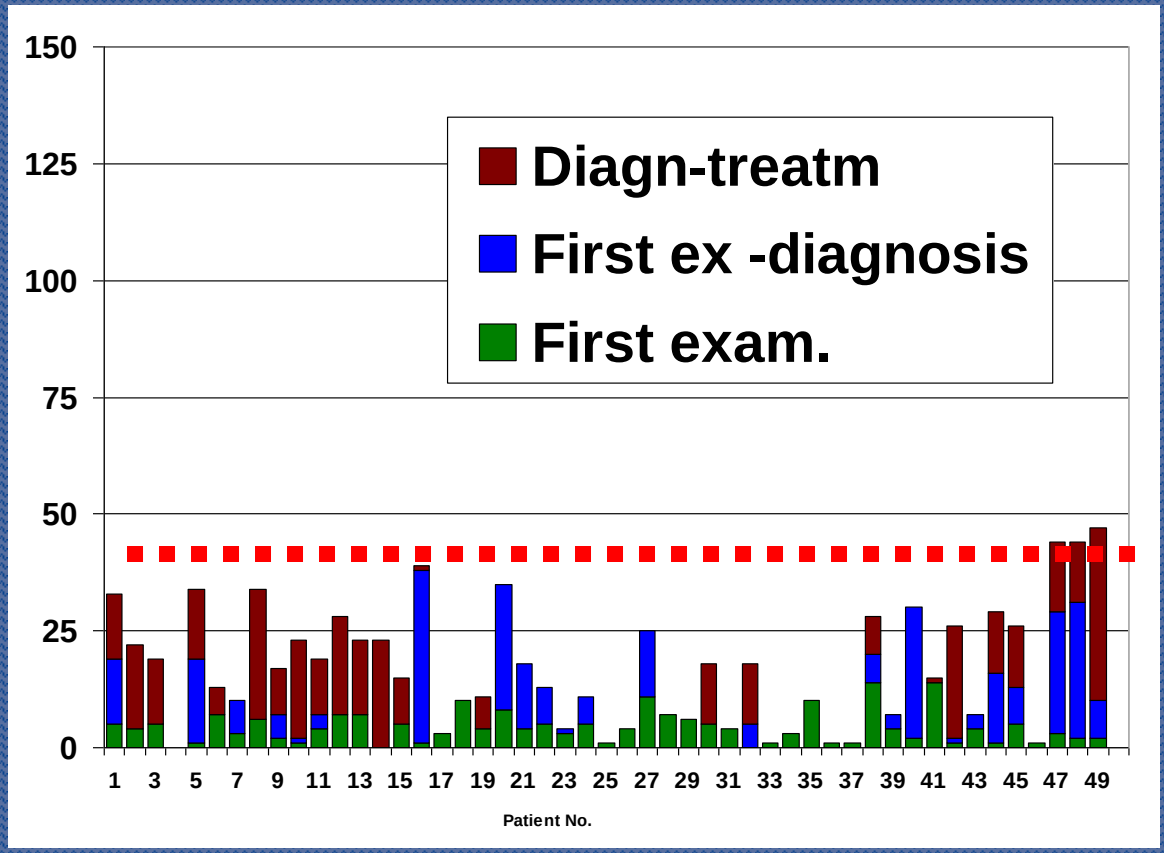
- Etableret 2002, 2 konferencer/uge
- **Hepatologer**
- Lever kirurger
- Radiologer (CT/MRI/US, biopsi, RFA, kemo-embolisering)
- PET Center (FDGal-PET, FDG-PET)
- Onkologer (Sorafenib, stereotaktisk strålebehandling)
- Patologer

EFFEKT AF CANCER PAKKEFORLØB

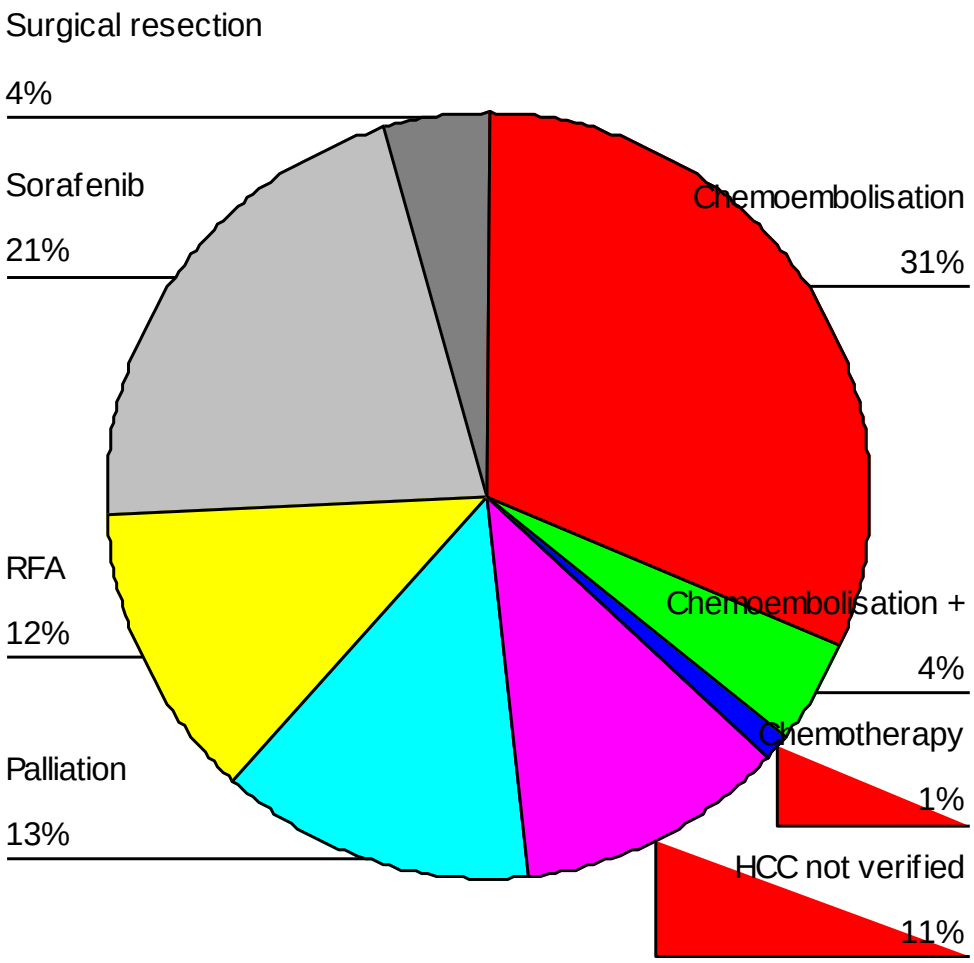
2006



2009



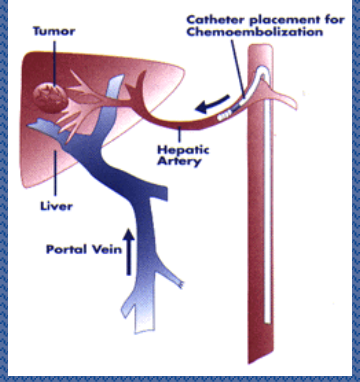
89 patienter 1. MDT beslutning

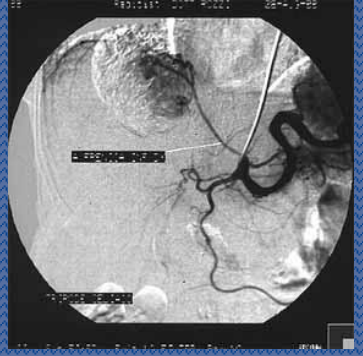


Median tid MDT - behandling

- **RFA 19 (6-45) days**
- **Kemoembolisering 20 (7-90)**
- **Kirurgi 56 (20-60)**
- **Sorafenib 2-3 weeks**

TACE og HCC





- Positiv effekt på overlevelse

Patient	**Sygdomspræsentation**	**Behandling**
PS, CP-A	TNM	Selektiv TACE
Alfa-foetoprotein	Unifokal	> 1 TACE
Leverfunktion	Hypervaskulær	
Mænd	Ingen PVT	
Høj albumin		

I dag: DC Beads Tidligere: Lipiodol + Doxyrubicin

Raoul Cancer Treatment Reviews 2010

TACE kontraindikationer

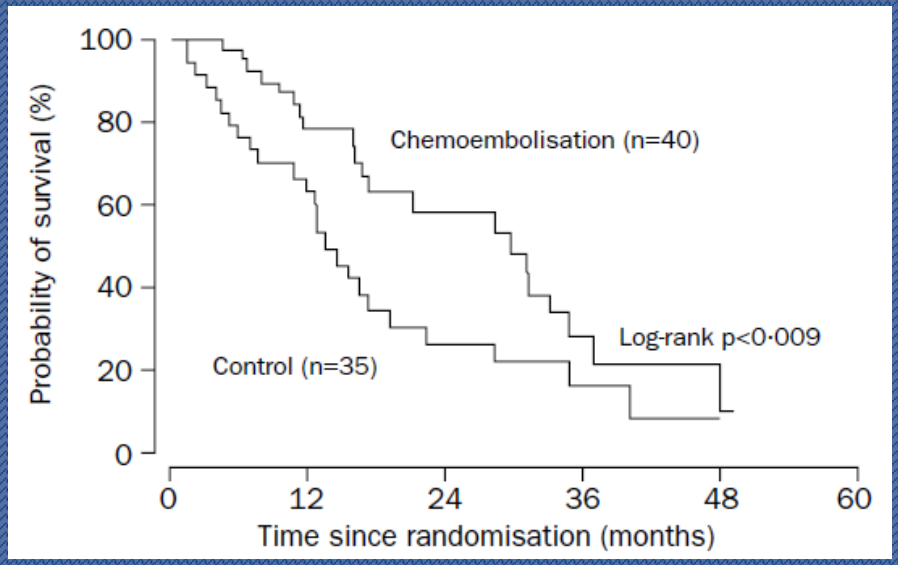
Absolutte

- CP>8
- Ikterus,
- HE
- Refraktær ascites, HRS
- Bilobær ekstensiv tumor
- PVT

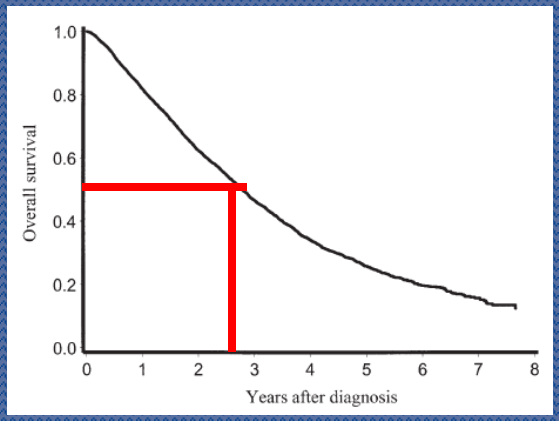
Relative

- Tumor > 10 cm
- Komorbiditet
  - CVD
  - COLD
- Grad 3 varicer
- Galdegangsokklusion

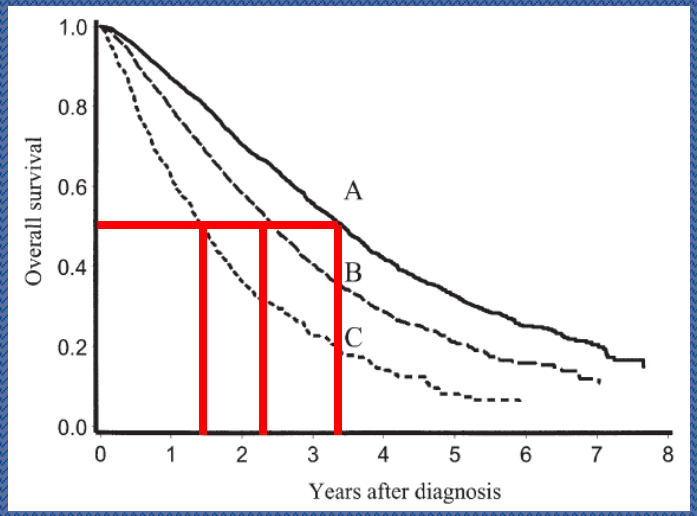
TACE - resultater



Llovet et al. Lancet 2002; 359: 1734–39



Median overlevelse 34 mdr.
1-, 3-, 5-, års overlevelse 82, 47, 26%



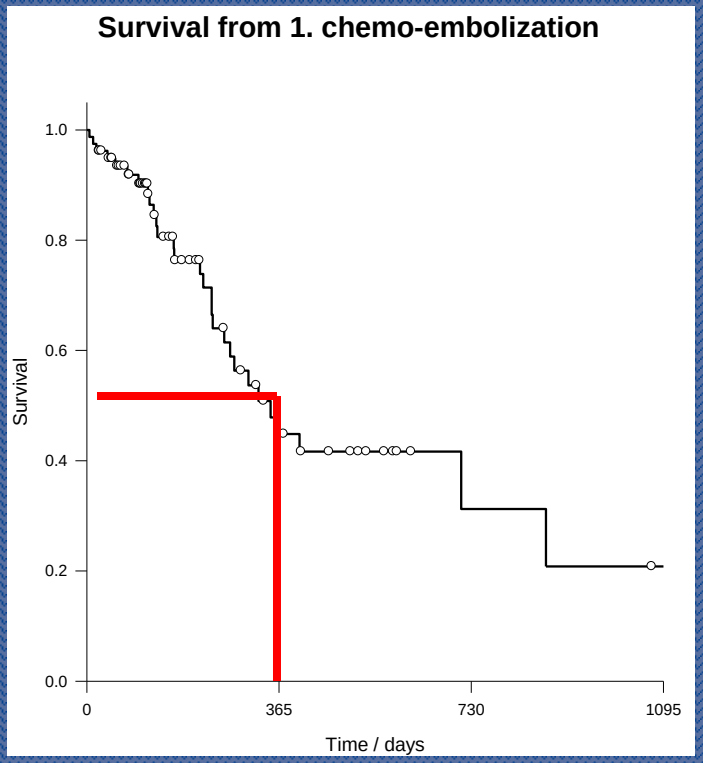
- **44/8510 døde pga. TACE**
- **18 leversvigt,**
  8 cancer relateret, 7 intraperitoneal HCC ruptur,
  5 varice blødning, 6 andre årsager
- **Relateret til CP score: A: 7 patienter, B: 14, C 17, ukendt 6**

Takayasu et al. GASTROENTEROLOGY 2006;131:461–469

TACE overlevelse - AARHUS

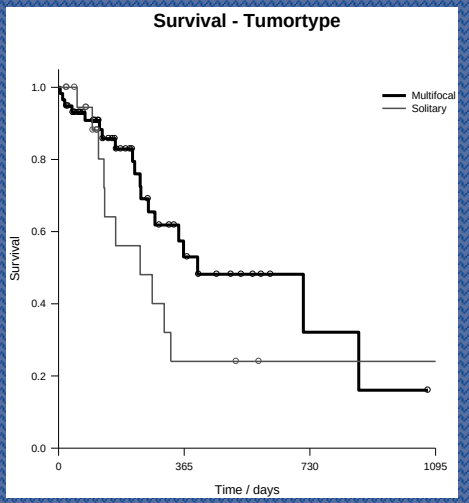
80 patienter,
66 Mænd 14 kvinder
Median alder 67 (25 - 85)
Solitær 21, multifokal 59

Cirrose				Non Cirrose
Hep B.	Hep C.	Alkohol	Anden årsag	
2	11	28	9	35

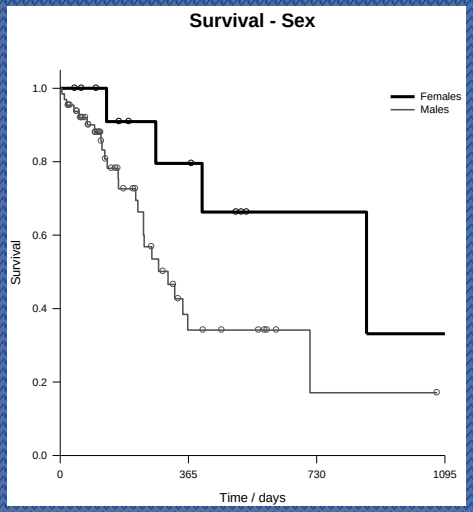


Andersen et al. 2010

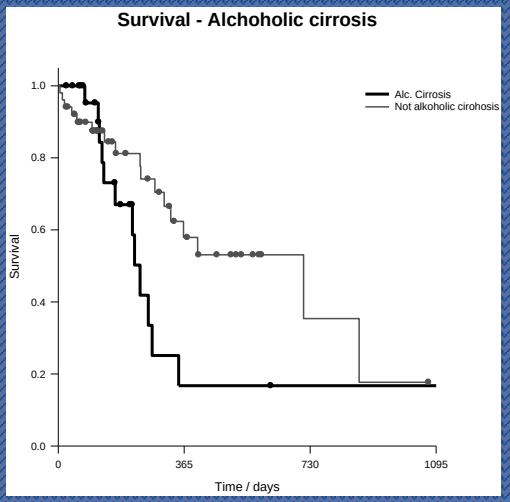
TUMOR TYPE



KØN



CIRROSE



TACE komplikationer

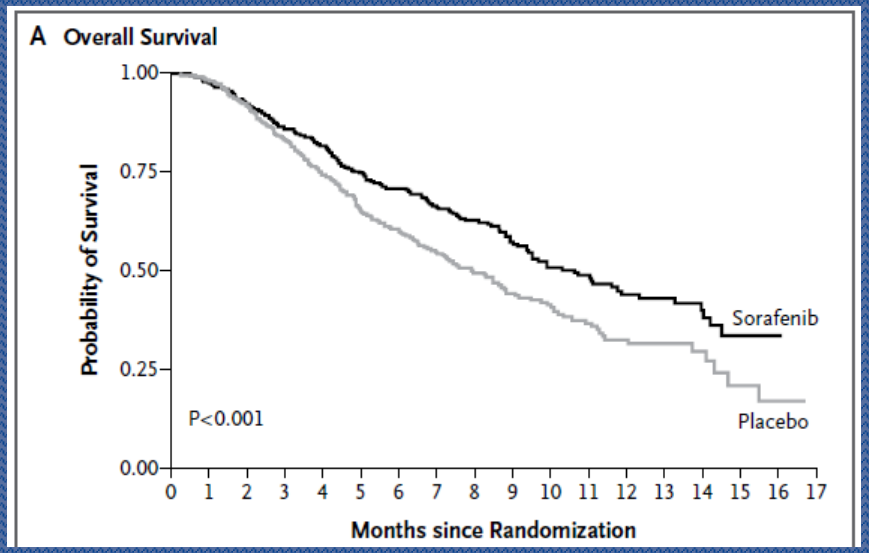
- Infarkt
- Abscess
- Blødning
- Lever svigt

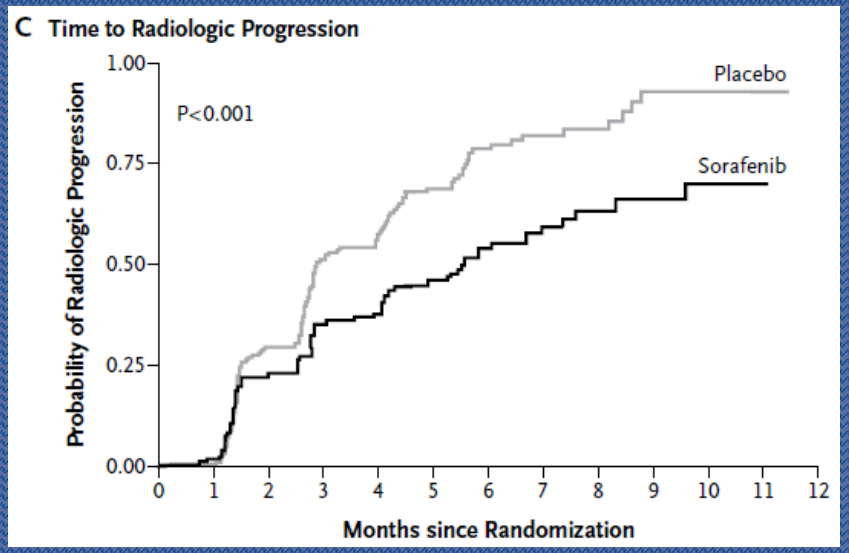
- Feber, smerter, CRP↑ er forventet

- Oftest infarkt feber og ikke infektion – de fleste sendes hjem dag 2-3
- Ingen antibiotika.

Sorafenib og HCC

HCC er en hypervaskulær tumor
RAF/MEK/ERF og VEGF af betydning for HCC tumorgenese og angiogenese
Sorafenib er en multikanase hæmmer af bl.a. RAF, VEGF og andre kinaser





Median overall survival 10.7 vs.7.9, HR: 0.69; 95%CI: 0.55- 0.87; P<0.001).
Ingen forskel for symptomatisk progression (4.1 months vs. 4.9 months, P = 0.77).
Median time to radiologic progression 5.5 months vs. 2.8 months (P<0.001).

Randomized Controlled Trials of Sorafenib in Advanced Hepatocellular Carcinoma

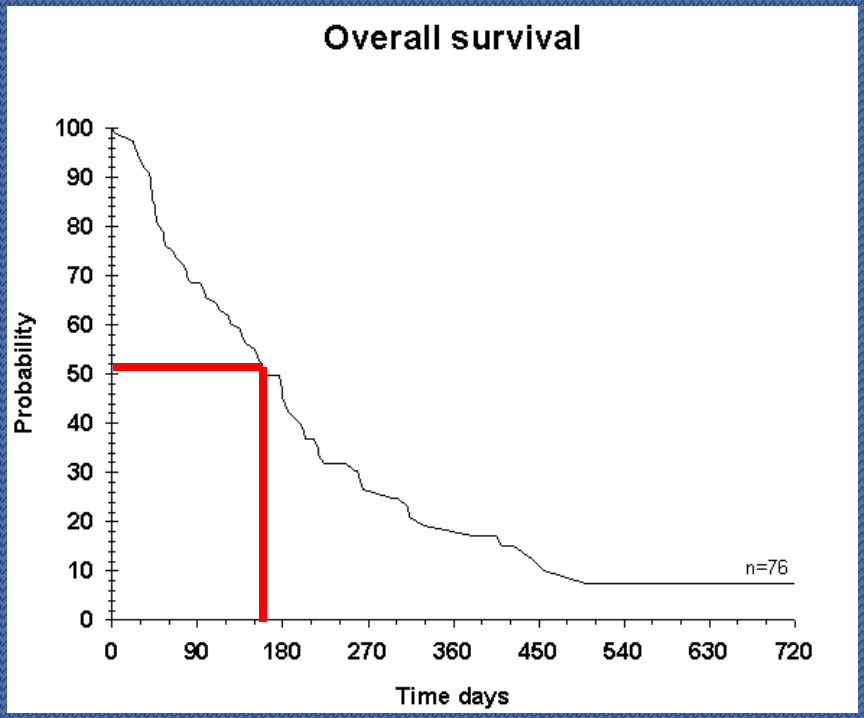
Study characteristics	SHARP Study[1]	Asia Study[2]
Median age	65 yrs	51 yrs
BCLC-B stage	18%	4%
Previous treatments	67%	na
HBV etiology of cirrhosis	19%	71%
TTP (control)	5.5 mo. (2.8 mo.)	2.8 mo. (1.4 mo.)
Median survival (control)	10.7 mo. (7.9 mo.)	6.5 mo. (4.2 mo.)
Grade 3/4 toxicity	30%	24%

[1] Llovet JM et al NEJM 2008;359:378-390; [2] Cheng A et al Lancet Oncol 2009;10:25-34

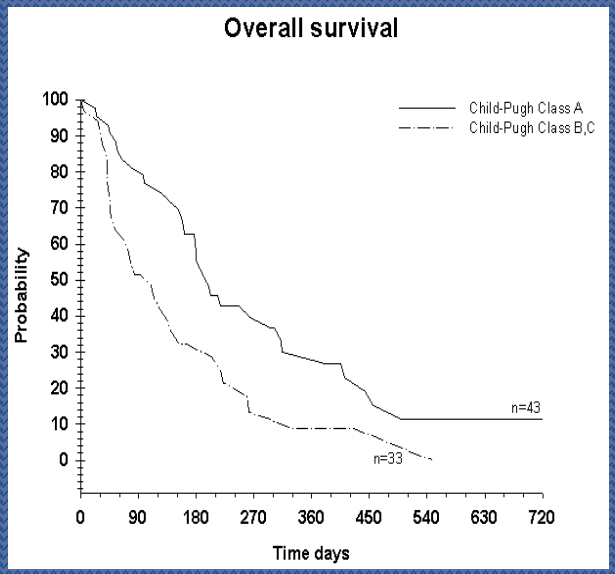
Sorafenib behandling Aarhus Universitetshospital

76 patienter
59 mænd, 17 kvinder
Median alder 63 (25-85)
CP-A: 43, CP-B: 29, CP-C: 4

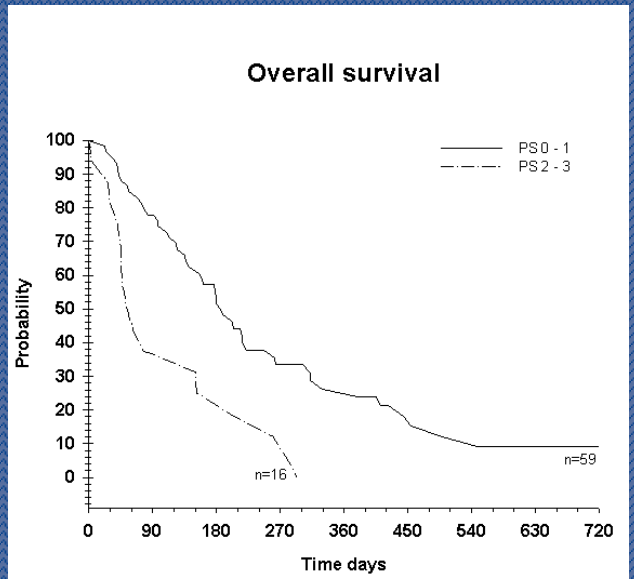
Alle patienter: Child-Pugh A-C, PS 0-3)



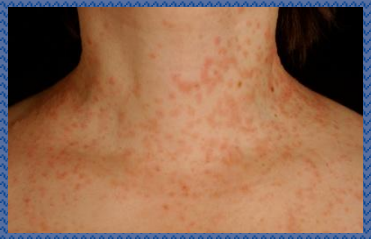
Child-Pugh score

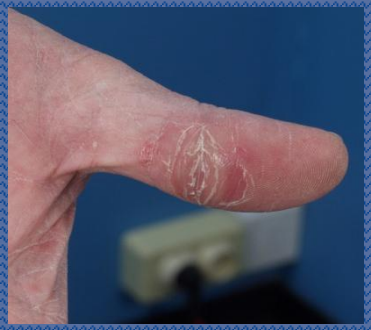


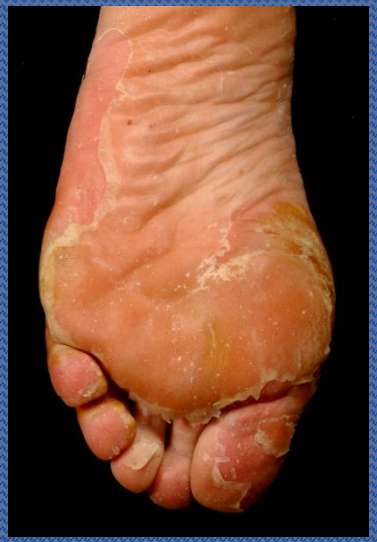
WHO Performance status



Sorafenib toxicitet







Bivirkninger	Alle grader	Grad 3-4
Træthed	68%	12%
Anorexi	47%	3%
Diarre	42%	10%
Hududslæt (Rash)	33%	4%
Kvalme	32%	3%
”Hand-foot” syndrom	26%	12%
Hypertension	18%	3%
Opkast	16%	3%
Trombocytopeni	5%	3%
Knoglemarvs suppression	4%	--

Behandling af HCC i fremtiden

- MDT – centraliseret, cirrose patienter, hepatologer, selektion af patienter
- Screening – mangler dokumentation i DK
- Incidens – uændret? NASH?
- Levertransplantation – donor antal?
- Kombinationsbehandlinger (RFA + TACE + medicin)
- Targeteret behandling (sunitinib? Everolimus? Bevacizumab?