

UNDERSTANDING METASTATIC HEPATOCELLULAR CARCINOMA

WHAT IS THE LIVER?

The liver is the largest organ in the human body, after the skin. It is football-sized and sits in the upper right part of the abdomen, beneath the diaphragm and above the stomach. The liver has more than 500 jobs such as:



- Processing and storing nutrients
- Removing waste from blood
- Filtering and detoxifying chemicals

WHAT IS METASTATIC HEPATOCELLULAR CARCINOMA?

Hepatocellular carcinoma (HCC) is cancer that develops in the hepatocytes of the liver. Hepatocytes are the main liver cells and do most of the work for the liver to keep the body healthy.

HCC is a complex disease and frequently occurs in the context of another liver disease. Once HCC has been diagnosed, the healthcare team determines the location of the cancer in the liver and to what extent, if any, the disease has spread, using a process called staging. Treatment is recommended based on the location of the cancer in the liver. Each liver cancer is different, and it is important to work with a multidisciplinary team to create a treatment plan that is unique to each individual's needs.

Metastatic or advanced hepatocellular carcinoma is cancer that has spread to lymph nodes or other organs beyond the liver. Systemic therapy is recommended and is given by pills or injected into the bloodstream. Types of systemic therapy frequently used in the United States include kinase inhibitors, monoclonal antibodies and immunotherapy.

If you or a loved one has been diagnosed with HCC, this can be an overwhelming and difficult time. Remember you are not alone. GLI is here and available to provide you with resources, information, and support.

There are many different staging systems. Two commonly used systems in the U.S. include Tumor Node Metastasis (TNM) and Barcelona Clinic Liver Cancer (BCLC).

TREATMENT FOR METASTATIC HCC

Talk to your doctor to find out if you are eligible for a clinical trial.

KINASE INHIBITORS

Kinase inhibitors block kinases, which are proteins that carry important signals to the cell's control center, to stop cancer growth. These drugs are given in pill form.

- Examples of kinase inhibitors include sorafenib (Nexavar®), lenvatinib (Lenvima®), regorafenib (Stivarga®), cabozantinib (Cabometyx®).
- Potential side effects include fatigue, loss of appetite, hand-foot syndrome, high blood pressure, weight loss, diarrhea, and abdominal pain.

MONOCLONAL ANTIBODIES

Monoclonal antibodies are lab-made versions of immune system proteins that stop the tumor from making new blood vessels so the cancer cells are starved and die. These drugs are infused into a vein in a hospital or doctor's office over a period of time.

- Examples of monoclonal antibodies include bevacizumab (Avastin®), which is given in combination with atezolizumab (Tecentriq®), and ramucirumab (Cyramza®).
- Potential side effects include high blood pressure, tiredness (fatigue), bleeding, low white blood cell counts (with increased risk of infections), headaches, mouth sores, loss of appetite, diarrhea and with ramucirumab there is increased risk for encephalopathy.

IMMUNOTHERAPY

Immunotherapy uses medicines to help a person's own immune system find and destroy cancer cells. These drugs are infused into a vein in a hospital or doctor's office over a period of time.

- Examples of immunotherapy include atezolizumab (Tecentriq®), which is given in combination with bevacizumab (Avastin®), pembrolizumab (Keytruda®), and nivolumab (Opdivo®), which is given with ipilimumab (Yervoy®).
- Potential side effects include feeling tired or weak, fever, cough, nausea, itching, skin rash, loss of appetite, muscle or joint pain, constipation or diarrhea, and immune mediated events – where the body attacks other organs in the body because of immunotherapy treatment.

SUPPORTIVE CARE

Many people believe that palliative care is hospice. The two are similar because their goal is to provide comfort and care to people living with an illness. Palliative care can be given at any age and at any stage of illness. Hospice is medical care to help someone with a terminal illness live well for as long as possible.

QUESTIONS TO ASK

THE DOCTOR

- What is your experience treating advanced HCC?
- How many patients like me (of the same age, gender, race) have you treated?
- Will you be consulting with experts to discuss my care? Whom will you consult?

ABOUT SUPPORT

- Are there support groups for me and my family?
- How can your hospital/office help me manage the costs of cancer care?
- What other resources are available to me?
- When it is time, how will you help me transition to hospice care?

GENERAL

- In what parts of my body is the cancer?
- Who can help me gather my records for a second opinion?

ABOUT TREATMENT

- What are all of my treatment options?
- Am I eligible for a clinical trial?
- What treatment do you recommend and why?
- If I am not able to have the recommended treatment, what happens? What does that mean for me and my future health?
- What do you recommend as a treatment choice if the first treatment stops working?
- How will we know if treatment is successful?

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