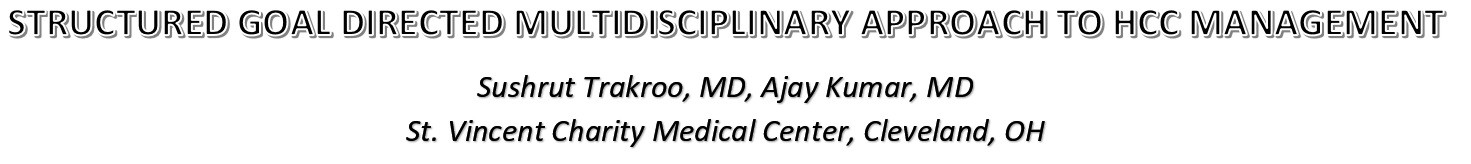
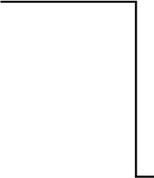
HCC



non-cirrhotic (10%)

Resection candidacy: FLR≥30% & ECOG 0/1

CTP-A

cirrhotic (90%)

CTP-B/C

yes: LR Surveillance Recurrence

non-

cirrhotic

No

FLR<30%:

sequential TACE+PVE

Assess for resection

ECOG>2 or

multiple comorbidities

LRT ± SB/BSC

Resection candidacy:

1. No varices (EGD/ imaging
2. Platelets>1,00,000/mm3
3. HVPG ≤ 10
4. Tumor: ≤ 2 cm (any T. that

allows seg/ non-anat resection)

Within Milan Outside Milan

Candidacy for downstaging: within UCSF and ECOG 0/1

Yes: LRT±SB

cirrhotic

Y candidacy

N

Yes: LR

surveillance

No

Evaluate for LT candidacy

Downstaged to within

No

LRT±SB/Experimental/BSC

Recurrence: assess for LR vs. salvage LT vs. non- curative Rx

No: LRT±SB/ BSC

Yes

Bridging with LRT (if not a candidate for LRT, surveillance Q 3mon)

Milan and stays within

Milan's for 3 months with? AFP<500 ("Time out period")

No

If LRT±SB, Rx till untreatable progression. Then Experimental/ BSC

Bridged to LT & surveillance

If LRT±SB, Rx till untreatable progression. Then Experimental? BSC

**Surveillance:** Q 3mon x 1year and then Q 6 monthly till recurrence. Surveillance with CT/MR, AFP.

Progresses beyond Milan: LRT±SB/ Experimental/ BSC

Yes

If LRT±SB, Rx till untreatable progression. Then Experimental/ BSC

**Selection of LRT:**

1. Single ≤2 cm, PS 0/1, CTP A/B-7: MW. If INR>1.5 or Platelets

< 50,000, correct and MW; If not correctable, TACE.

2. T. >2 but ≤5 cm, T. Bil ≤2 for Y90/ ≤ 3 for TACE, PS 0/1, CTP A/B-7:

* 1. Single lesion: DEB TACE. If progression despite 2 TACEs, conventional TACE x 1; If progression – Y-90.
  2. Multiple involving < 50% liver: Segmental TACE x 2; if progression – Y90.
  3. If segmental TACE not possible as above or if 50-70% liver involved: y90.
  4. If >70% liver involved: XBRT/ SB/ Experimental.
  5. If shunt fraction > 20% and 50-70% liver involved: Try super-selective TACE.

1. T. Bil ≥ 2 precludes Y90 and ≥ 3 precludes TACE. If super- selective TACE possible, T.Bil up to 4 acceptable.
2. For 2-3.5 cm, 1 to 2 lesions that are accessible: TACE+MW.

Recurrence:

1. Metastasis - manage according to site and PS

2. Intrahepatic - evaluate for LT candidacy

Use of Sorafenib: Given at the discretion of LTB team.

1. T. ≥2 cm and not a resection candidate – given with LRT for patients WL for LT or beyond Milan.

2. Dosing: For CTP-A, start with 400 mg BID and titrate downwards if required. For CTP-B, start with

200 mg BID and titrate upwards based on AE & tolerability.

Criteria for inclusion in clinical trials:

1. Preserved liver function – T.Bil ≤ 2

2. ECOG PS: 0/1

3. Adequate hematologic parameters

Abbreviations:

* Hepatocellular carcinoma
* Seg: segmental
* Non-anat: Non-anatomic
* T.Bil: Total Bilirubin
* FLR: Functional liver residual volume
* LRT: locoregional therapy
* WL: wait listed for transplant
* LT: Liver transplant
* LR: liver resection
* BCS: Best supportive care
* SB: Sorafenib
* TACE: Transarterial chemoembolization
* TARE: Transarterial radioembolization
* CTP: child’s score
* HVPG: hepatic venous pressure gradient