LV DB 2

Upfront liver resection in patients with resectable hepatocellular carcinoma with portal vein tumor thrombus

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Lecture : Hepatocellular carcinoma (HCC) with portal vein tumor thrombus (PVTT) and inferior vena cava to right atrium tumor thrombus (IVCRATT) are worst condition of HCC. Median survival times (MST) of PVTT or RATT have been reported as 6 months and 4 months, respectively. According to the Japanese clinical guidelines, liver resection, TACE, arterial infusion chemotherapy, and molecular targeting therapy are recommended. Recently, liver resection showed better survival rate compared to non-liver resection according to the Japanese national database. Of course, mortality after liver resection is low. Furthermore, curative liver resection with adjuvant hepatic arterial infusion chemotherapy improved survival based on the Japanese HBP surgery group. According to those reports, HCC might cure by upfront liver resection although HCC showed PVTT. Furthermore, latest molecular targeting therapy (Lemvatinib) showed better response in patients with recurrent HCC after tumor thrombectomy when the HCC cells showed positive for EGFR. We therefore recommend upfront liver resection in patients with HCC with resectable PVTT and/or IVCRATT.