

AGA recommends shared decision-making approach for treatment of hepatocellular carcinoma

February 22 2022

Spotlight: Systemic Therapy in HCC

Charissa Chang, MD¹; Shahnaz Sultan, MD²; Osama Altayar, MD³; Yngve Falck-Ytter, MD⁴

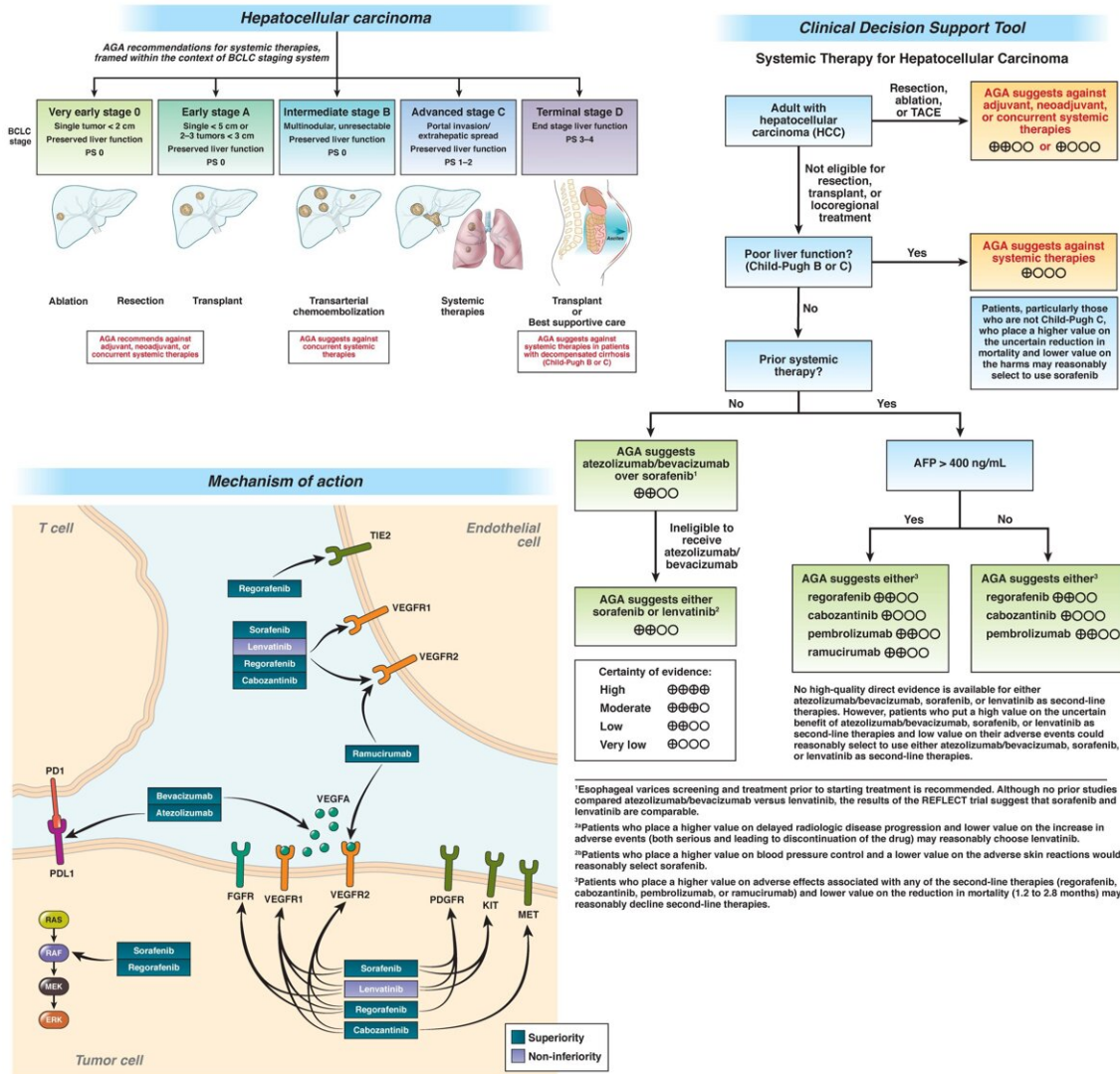


Figure adapted from: Llovet JM, Kelley RK, Villanueva A, Singal AG, Pikasny E, Roayaie S, Lencioni R, Kocak K, Zucman-Rossi J, Finn RS. Hepatocellular carcinoma. *Nat Rev Dis Primers*. 2021 Jan 21;7(1):6.

¹Division of Liver Diseases, Recanati Miller Transplantation Institute, Icahn School of Medicine at Mount Sinai, New York, NY; ²Division of Gastroenterology, Hepatology, and Nutrition, University of Minnesota, Minneapolis, MN, Minneapolis Veterans Affairs Healthcare System, Minneapolis, MN; ³Division of Gastroenterology, Department of Medicine, Washington University; School of Medicine, St Louis, MO; ⁴Division of Gastroenterology and Hepatology, Veterans Affairs Northeast Ohio Health Care System, Cleveland, OH; Case Western Reserve University School of Medicine, Cleveland, OH.

Hepatocellular carcinoma (HCC), the most common form of primary liver cancer, remains a deadly cancer with an incidence that has tripled in the United States since 1980. Individuals with HCC often present at an intermediate or advanced stage when decisions regarding systemic therapy are critical. Within the last few years, several new and novel FDA-approved treatments have become available, offering hope to patients with advanced disease who are not candidates for curative surgeries. The American Gastroenterological Association (AGA) has conducted a detailed review of all available literature to provide the most up-to-date clinical guidelines on the use of systemic therapy in the treatment of HCC. These guidelines were published today in *Gastroenterology*, AGA's official journal.

The guideline was developed to not only guide hepatologists through care and treatment of their HCC patients, but also to highlight the importance of consulting a multidisciplinary team of health care professionals—including radiologists and oncologists—when developing a treatment plan.

"Deciding the [best treatment](#) for your liver cancer patient is not a one-doctor decision," said lead author Grace L. Su, MD, from the University of Michigan Health System, Ann Arbor, Michigan. "Our hope is that this new guideline empowers GI doctors to build relationships with multidisciplinary providers, such as oncologists, that will ultimately determine the best individualized treatment for their patients."

Top guideline recommendations

1. Systematic therapies are only recommended for patients with advanced (stage C) HCC with preserved liver function. Atezolizumab/bevacizumab are recommended as first-line

treatments over sorafenib.

2. Patients with early stage HCC (stage 0 and A) who are candidates for ablation, resection or transplant should receive curative surgery instead of systemic therapies.
3. Patients with intermediate HCC (stage B) should receive transarterial chemoembolization as first-line treatment.
4. Terminal patients (stage D) should not receive systemic therapy. AGA recommends transplant or best supportive care.

More information: Grace L. Su et al, AGA Clinical Practice Guideline on Systemic Therapy for Hepatocellular Carcinoma, *Gastroenterology* (2022). [DOI: 10.1053/j.gastro.2021.12.276](https://doi.org/10.1053/j.gastro.2021.12.276)

Provided by American Gastroenterological Association

Citation: AGA recommends shared decision-making approach for treatment of hepatocellular carcinoma (2022, February 22) retrieved 6 April 2024 from <https://medicalxpress.com/news/2022-02-aga-decision-making-approach-treatment-hepatocellular.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.