

# HCC and Metastatic Disease Tumor Board

# 66-year-old male

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Developed hematuria and incidental finding on workup of mass in the liver

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Past Medical Hx: ETOH abuse, rheumatoid arthritis, HTN, GERD, cutaneous SCC, BPH

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Past Surgical Hx: Mohs, tonsillectomy

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Social Hx: never smoking, 2 glasses of wine/day

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Family Hx: no cancer

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ROS: +nocturia, +heartburn

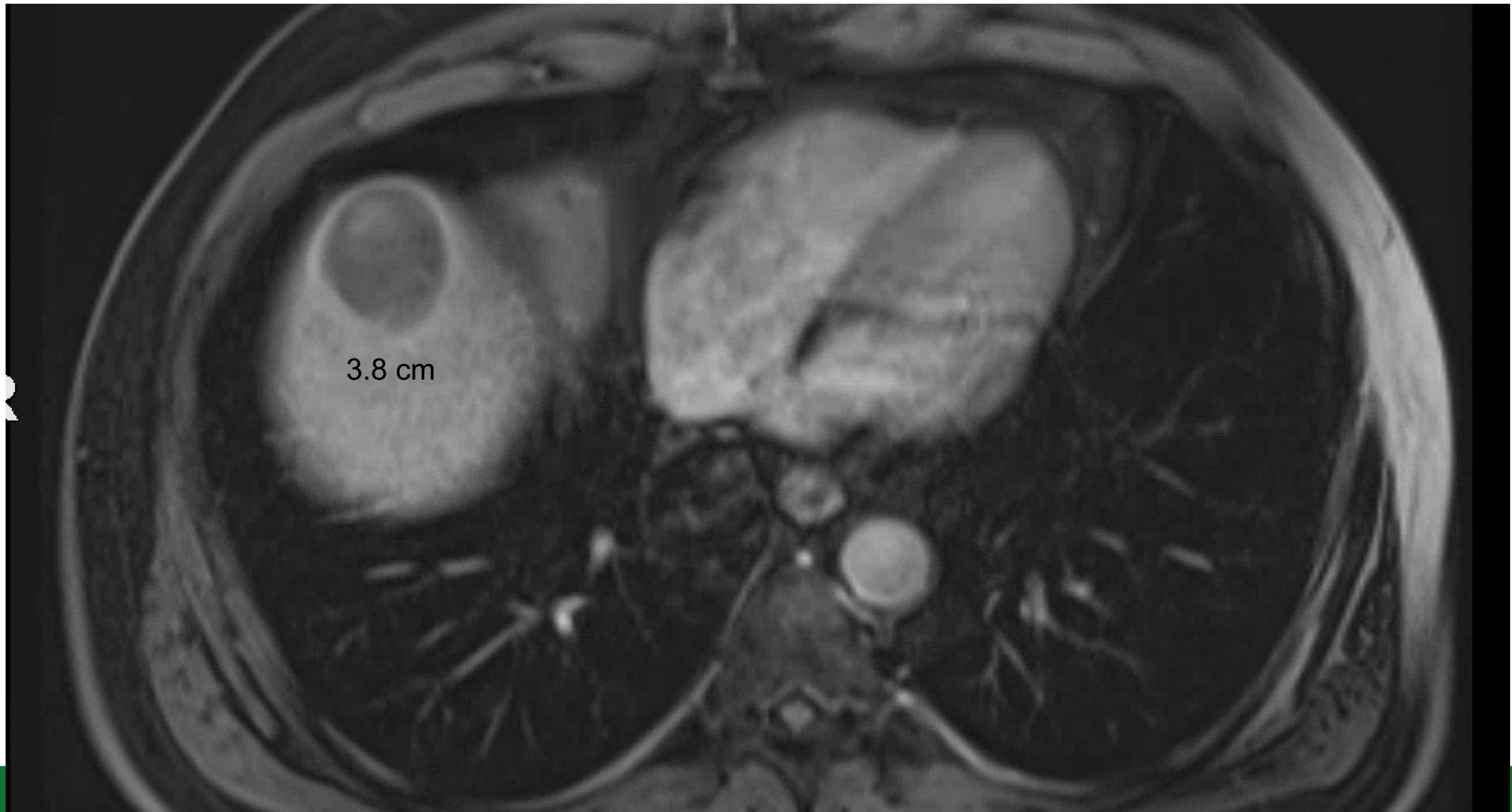
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Exam: WNL

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Labs: CBC WNL, AST 58, ALT 52, Alk phos 99, albumin 3.6, total bili 0.9, INR 1.1, AFP 8,919

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3.8 cm

# Y90 segmentectomy performed

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Post treatment scans demonstrated favorable response and AFP decreased to 1,100

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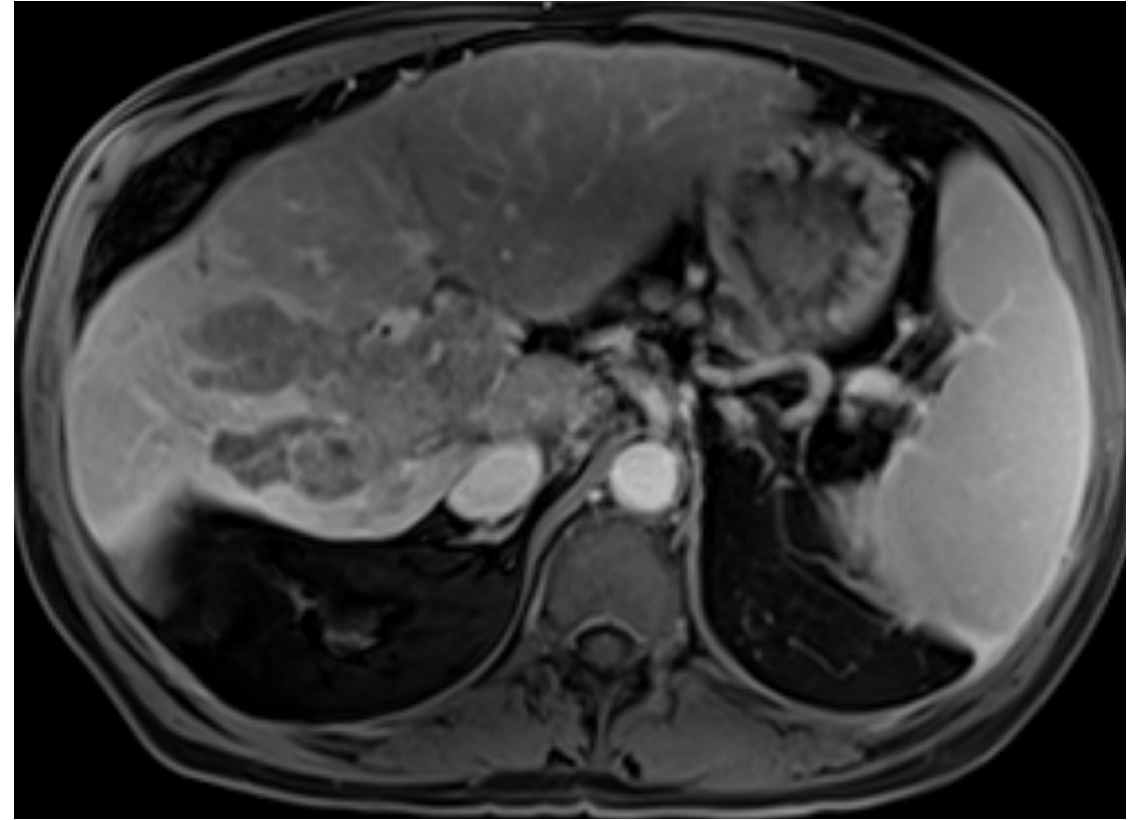
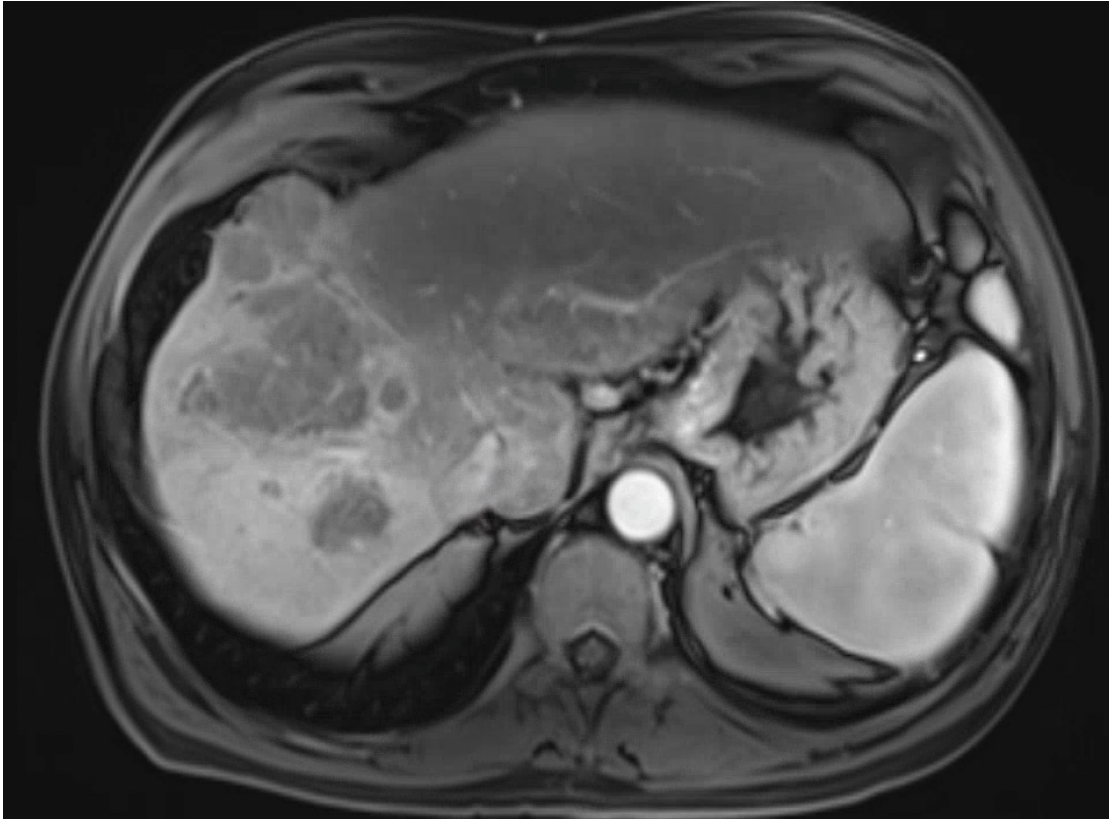
3 months later progressive multi-focal disease and portal vein tumor thrombus, AFP >12,000

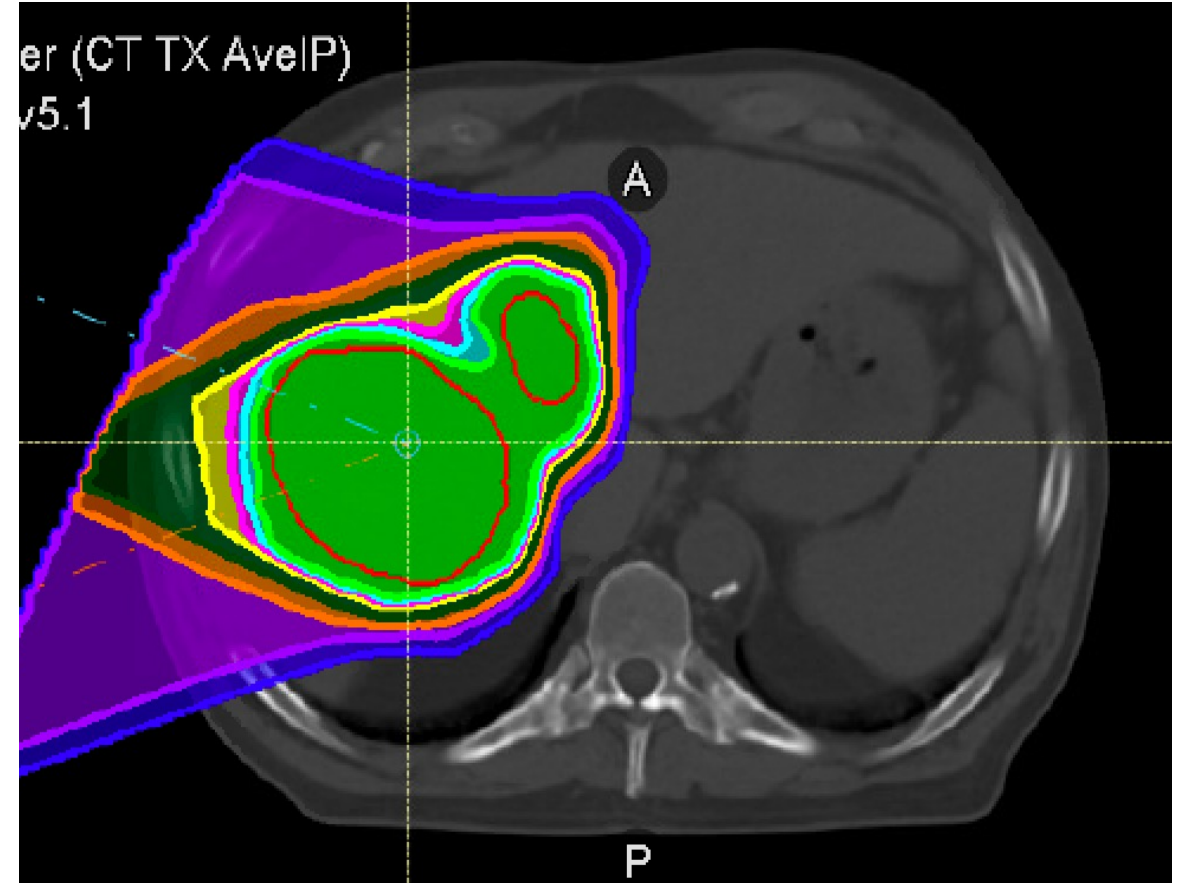
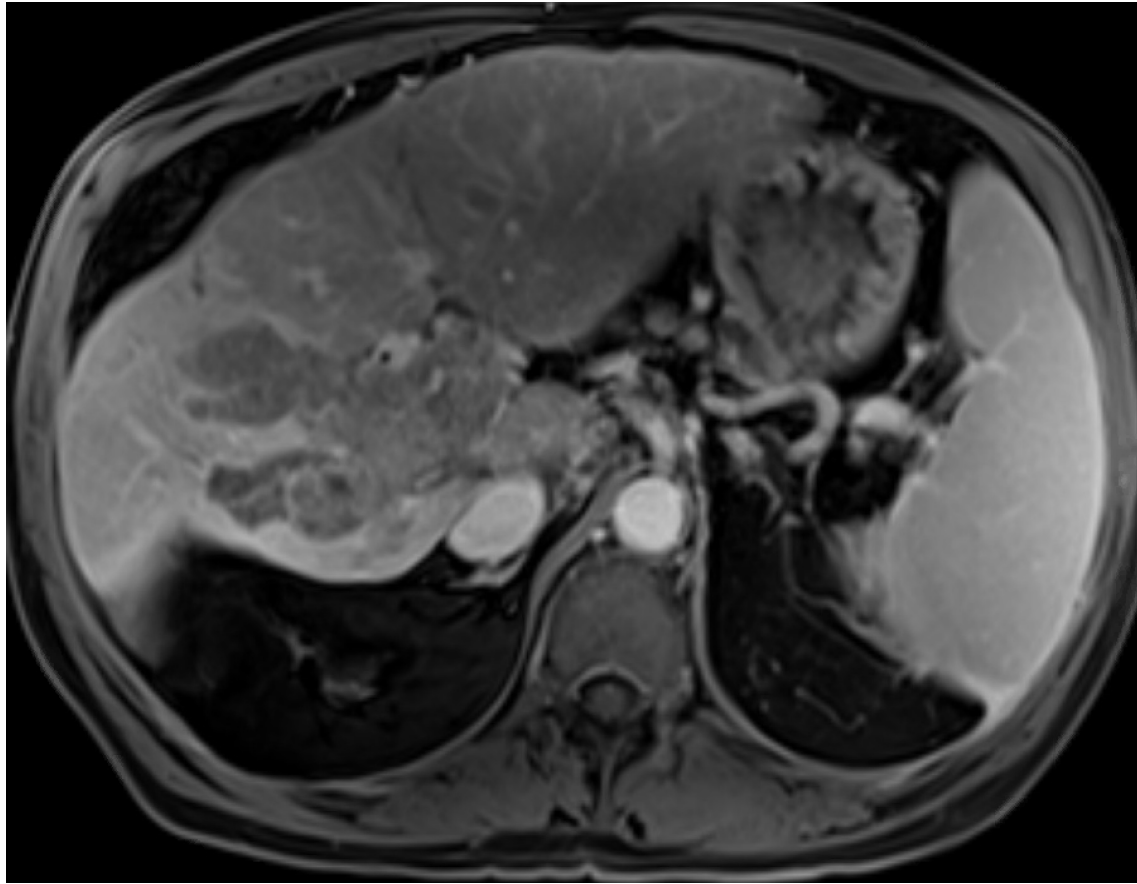
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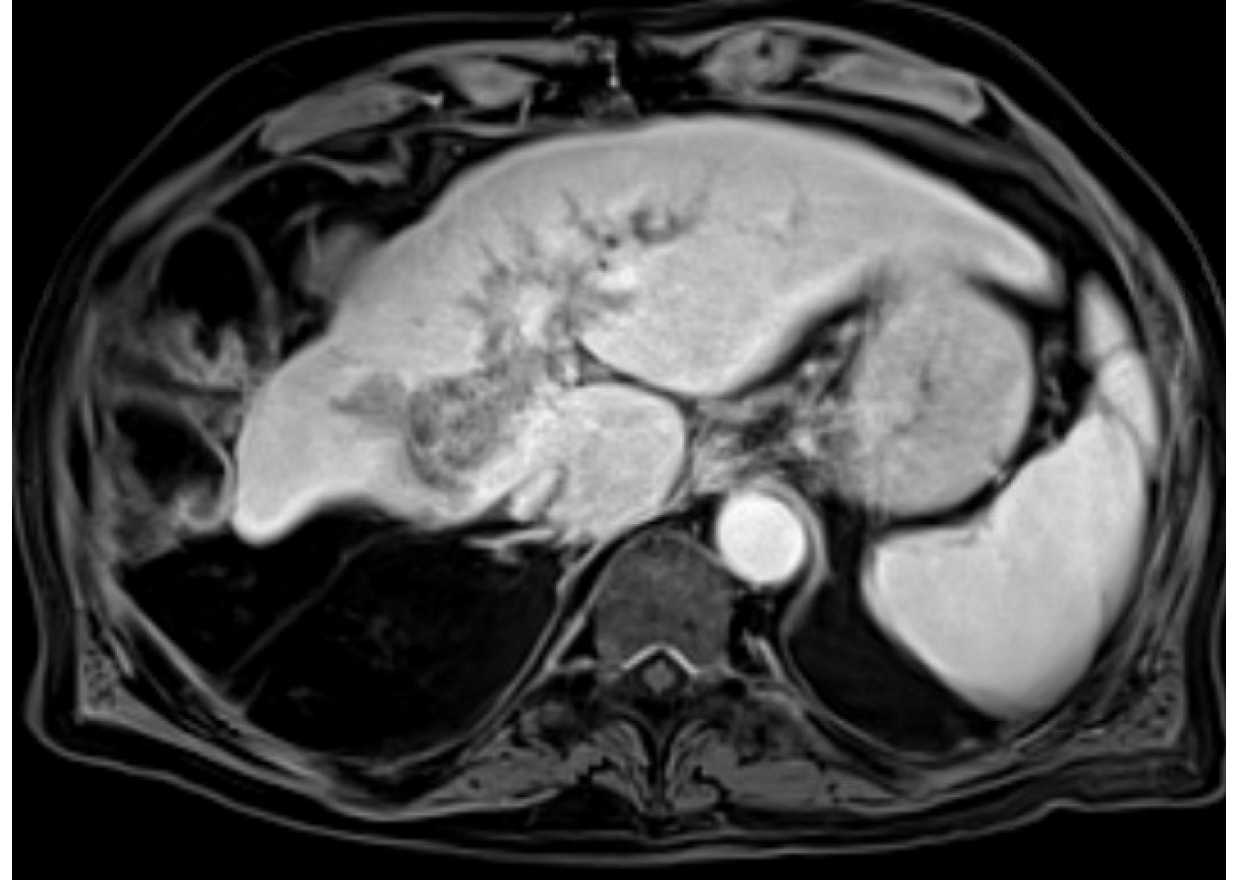
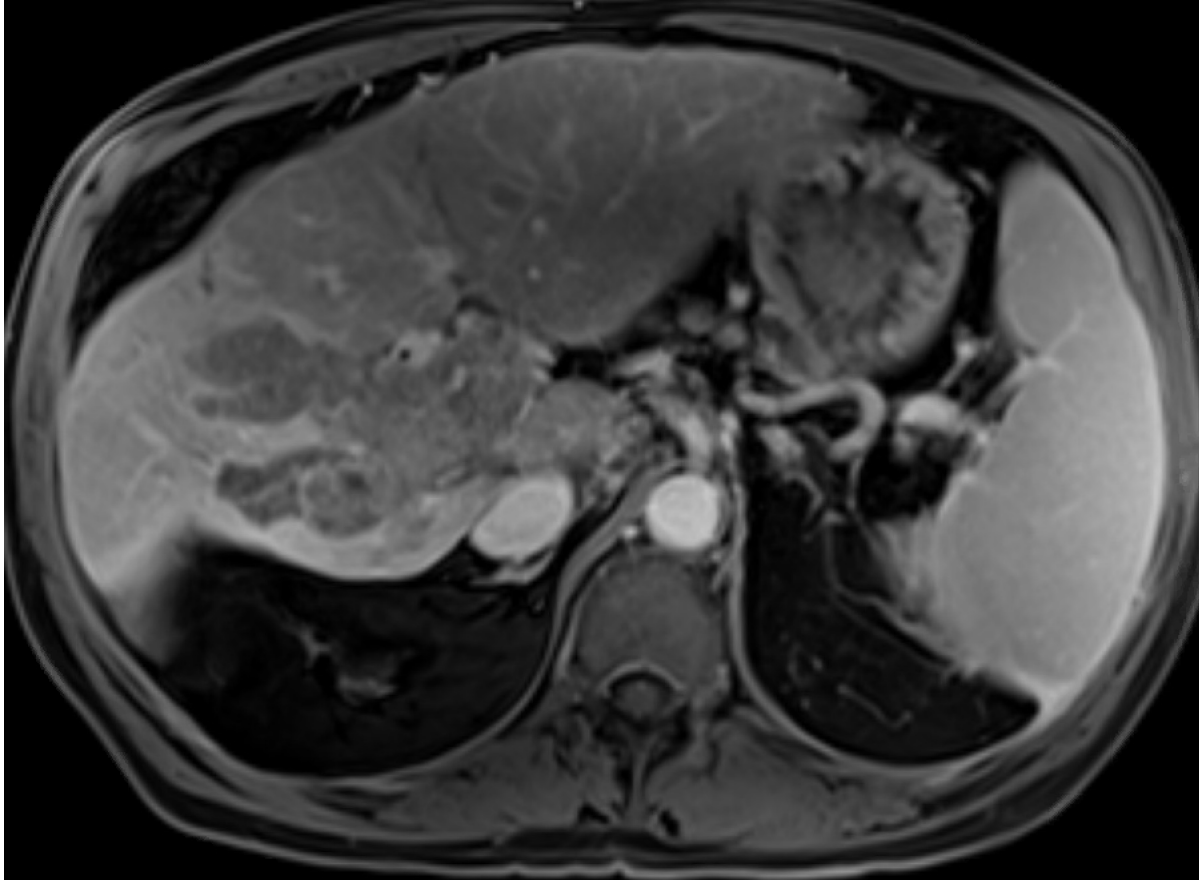
Opdiva/Lenvima started but discontinued due to bleeding varices

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MRI showed tumor progression, AFP >41,000, Child Pugh A6

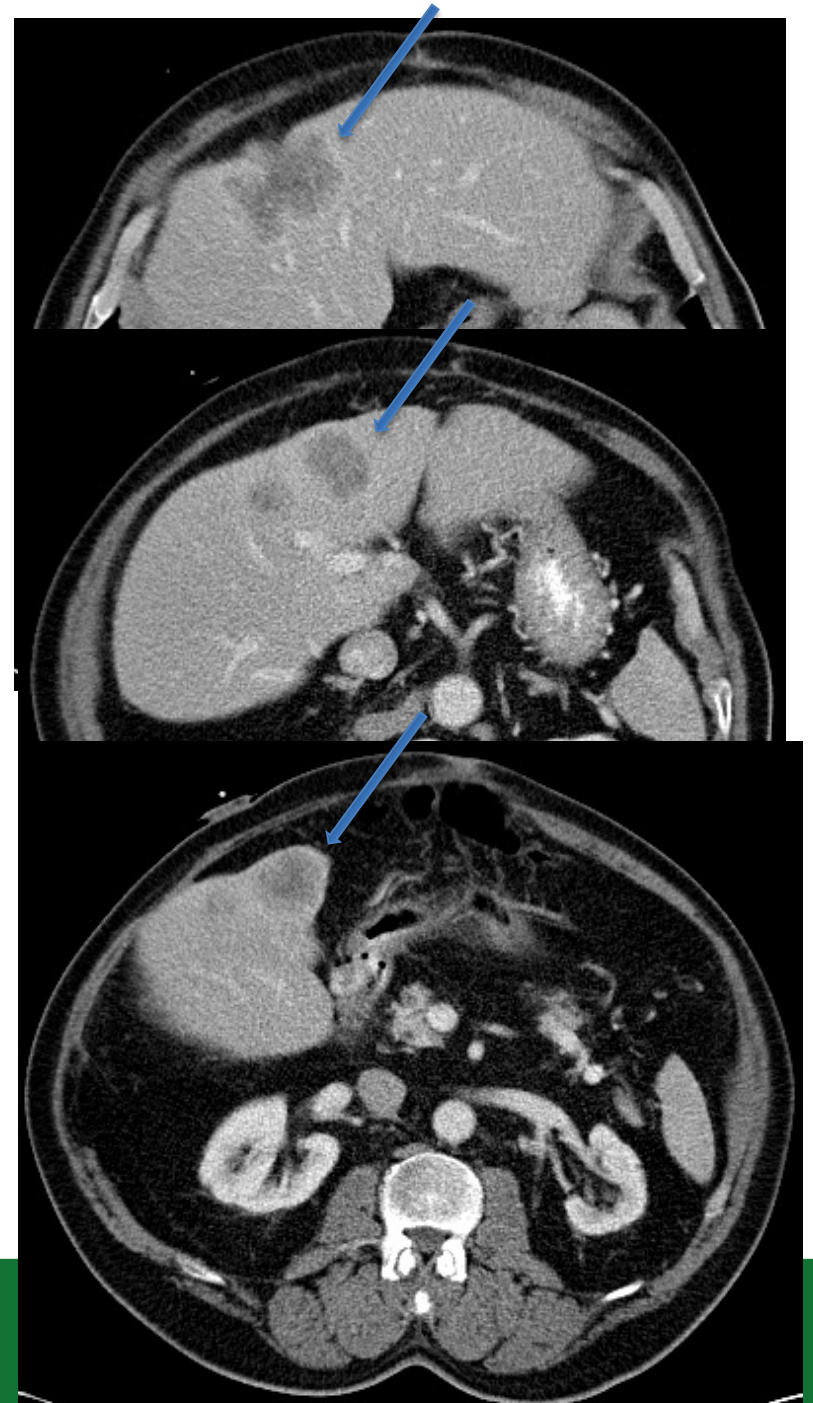






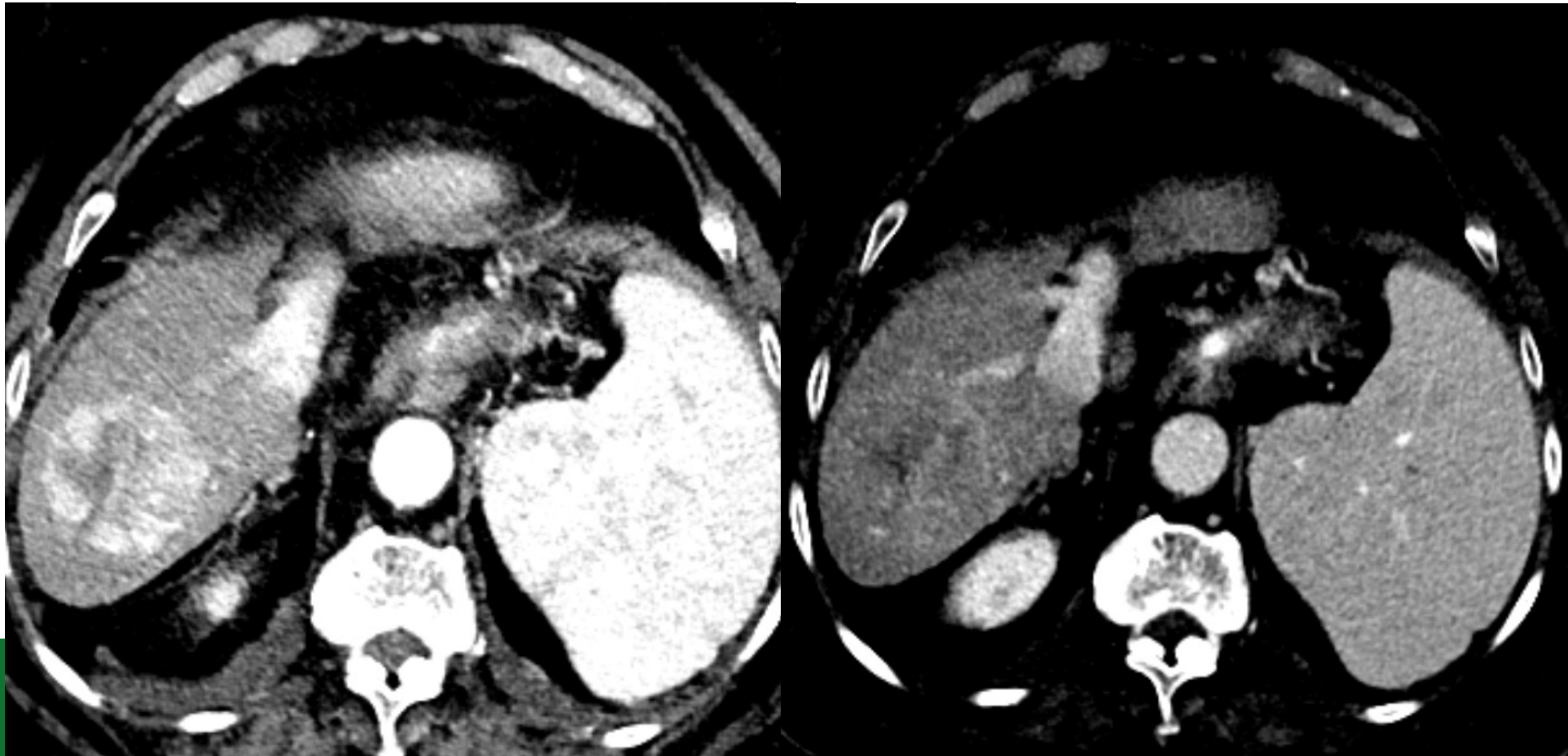
## Case 2

- 71 y.o. male with metastatic colonic adenocarcinoma to the liver ECOG 0
  - Status-post left hemicolectomy
  - FOLFOX initially (6 months)
  - Stopped FOLFOX due to disease progression in the liver
  - Metastatic disease to the lungs stable
  - Labs
    - CEA 8.8
    - Total Bili 0.3
    - Albumin 3.7



# 78 y.o. 6cm HCC found incidentally

Bili 1.0, alb 3.5, INR 1.3, platelets 80, no ascites or encephalopathy - Child B7



Case 4

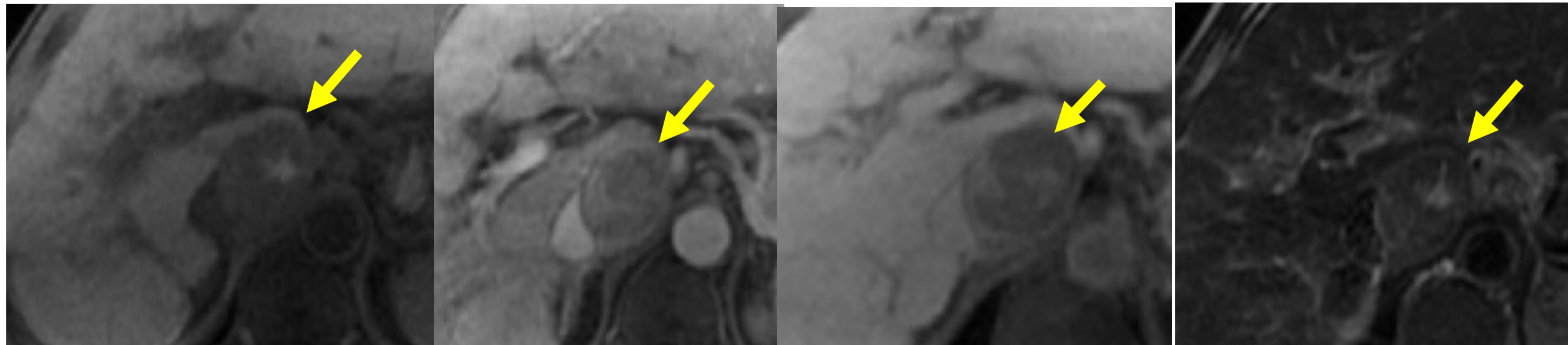
62 y.o. well-differentiated PNET S/P distal  
pancreatectomy for resection of primary 11/2012  
with POD in liver on Lanreotide in 2020

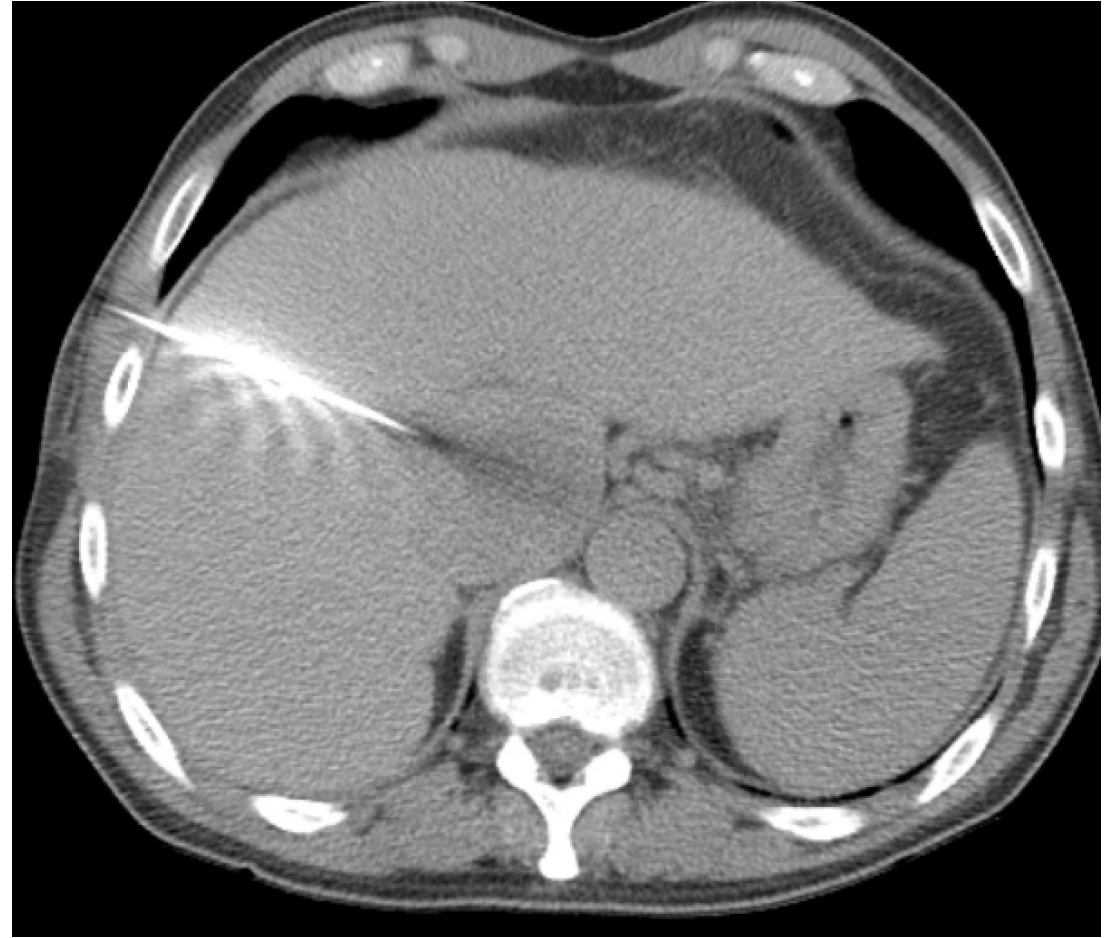
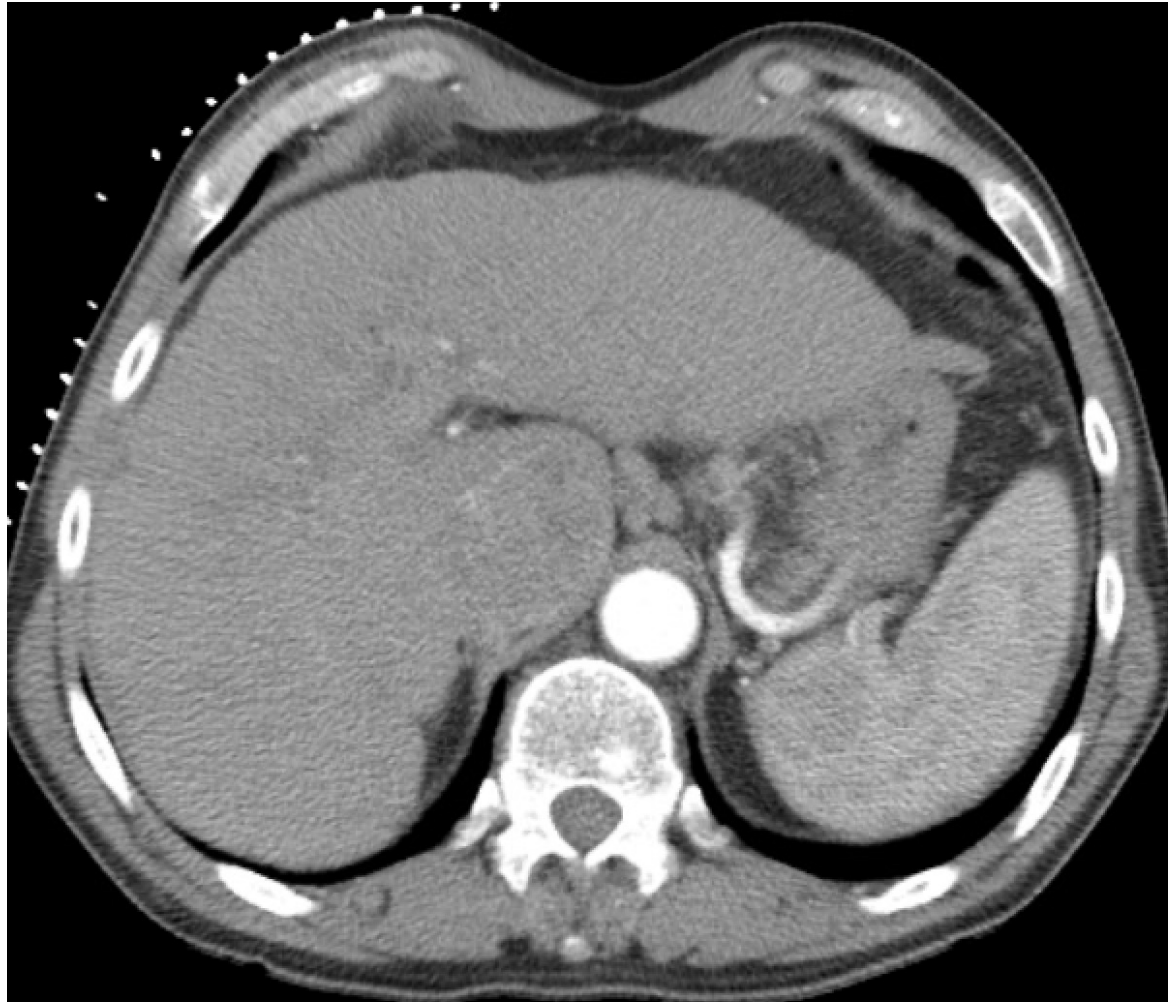


CT  
6.17.20

# History

57 y/o male with HCV cirrhosis and portal hypertension referred for management of single 5.0 cm caudate lobe mass.





Hepatocellular carcinoma, moderately differentiated (see note).

# How to treat caudate lobe mass?

1. Ablation- MWA, Cryo, IRE

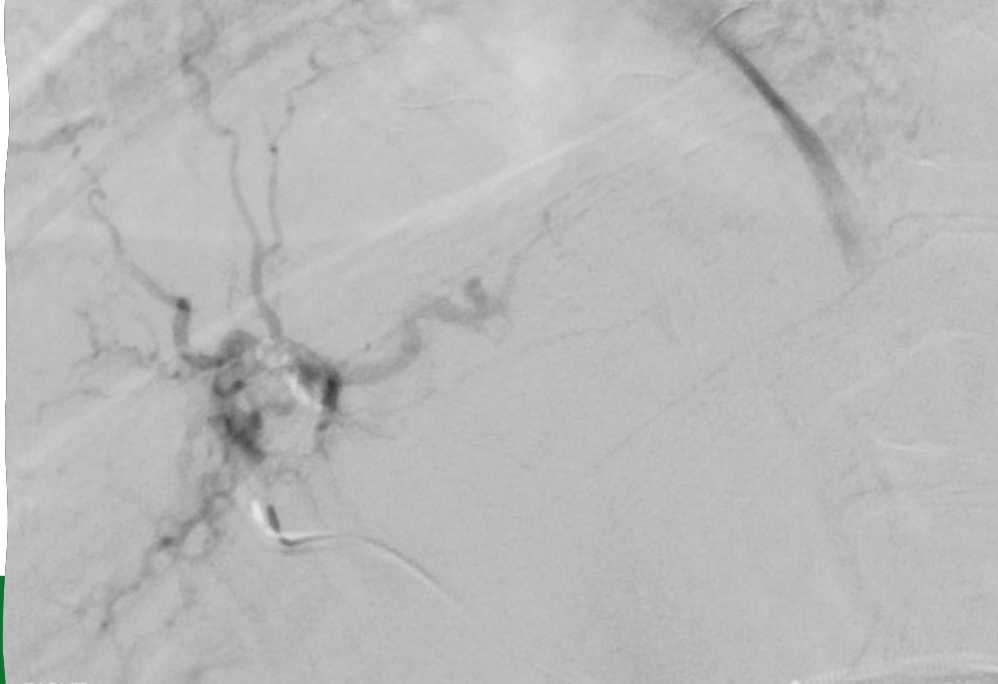
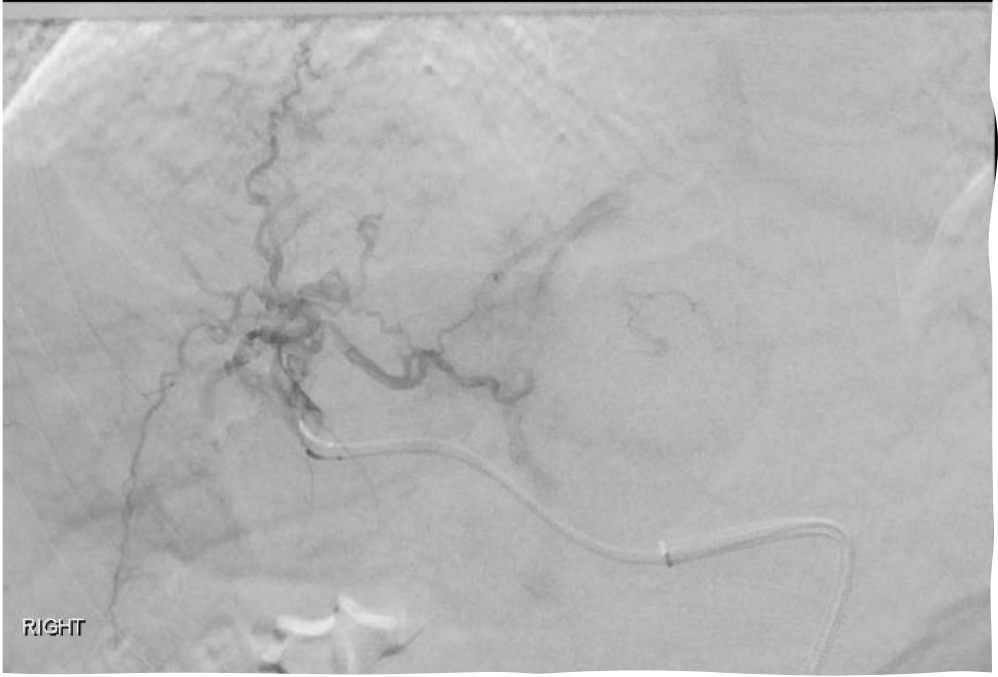
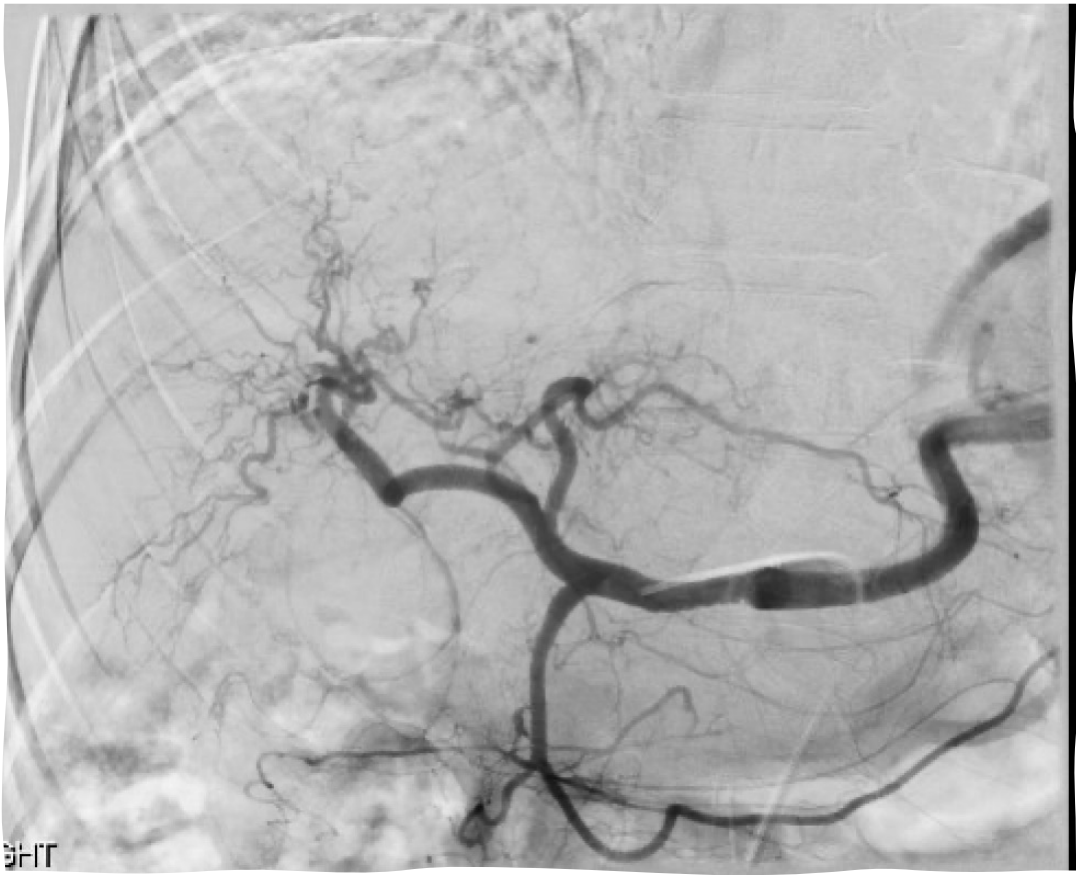
2. Embolization – TACE, SIRT

3. Surgery

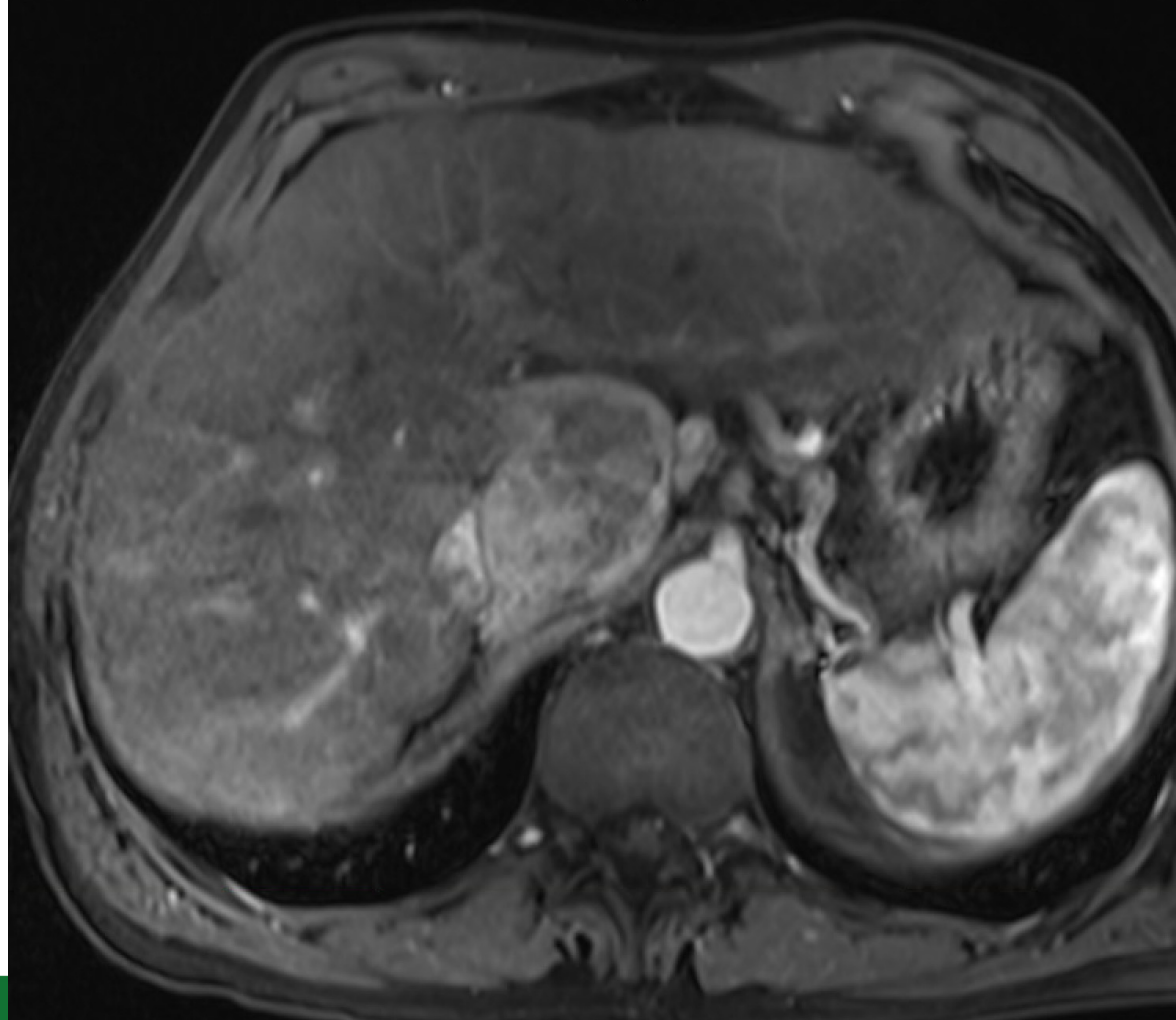
4. Radiation Therapy

# How to treat caudate lobe mass?

## TACE vs SIRT?



# 1 month post TACE MRI



# What are your options now?

1. Ablate residual

2. Repeat TACE

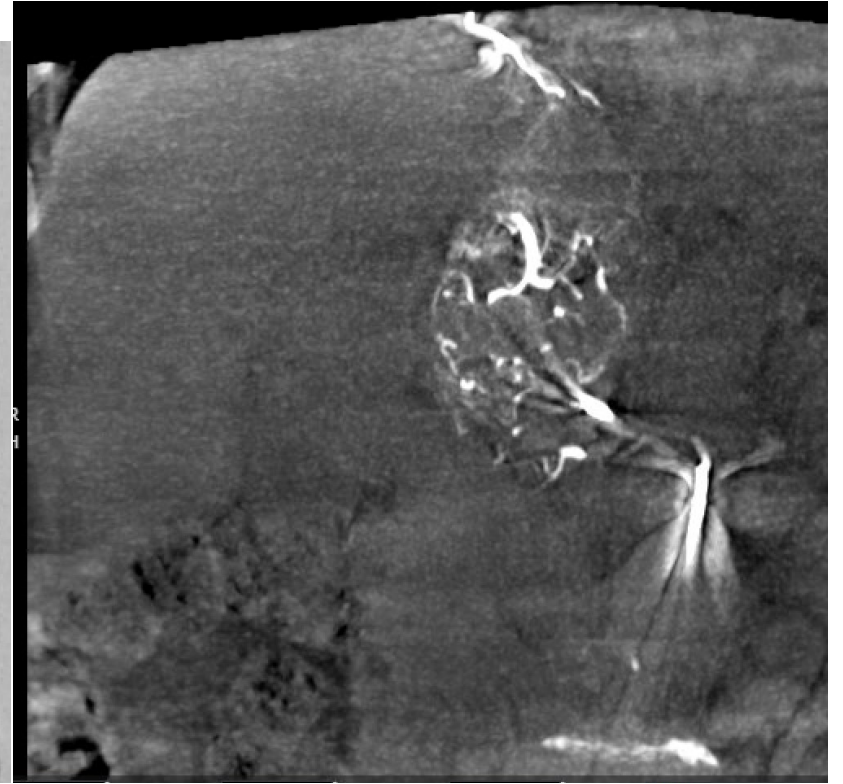
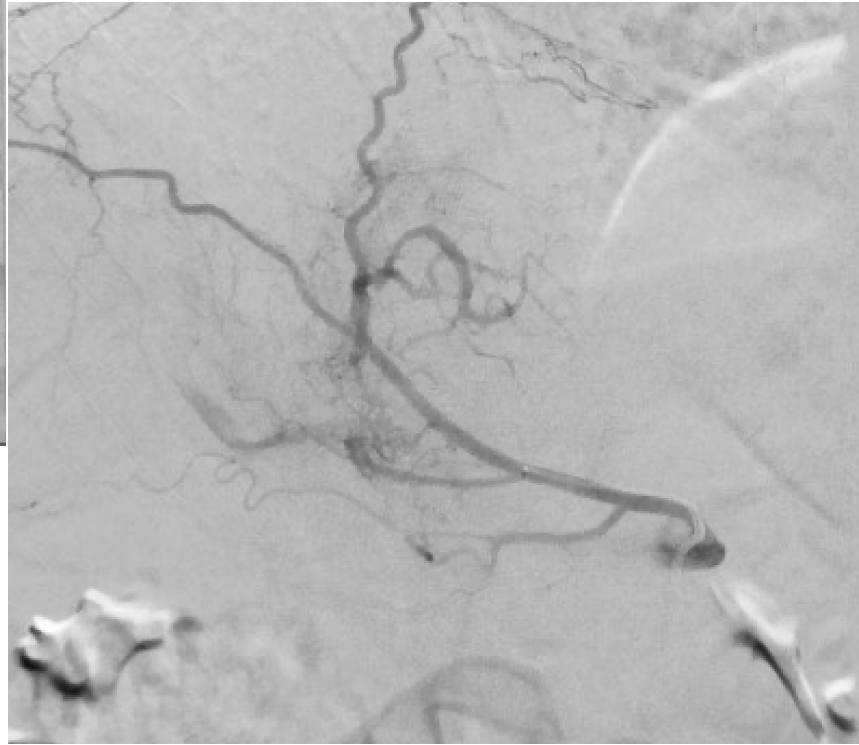
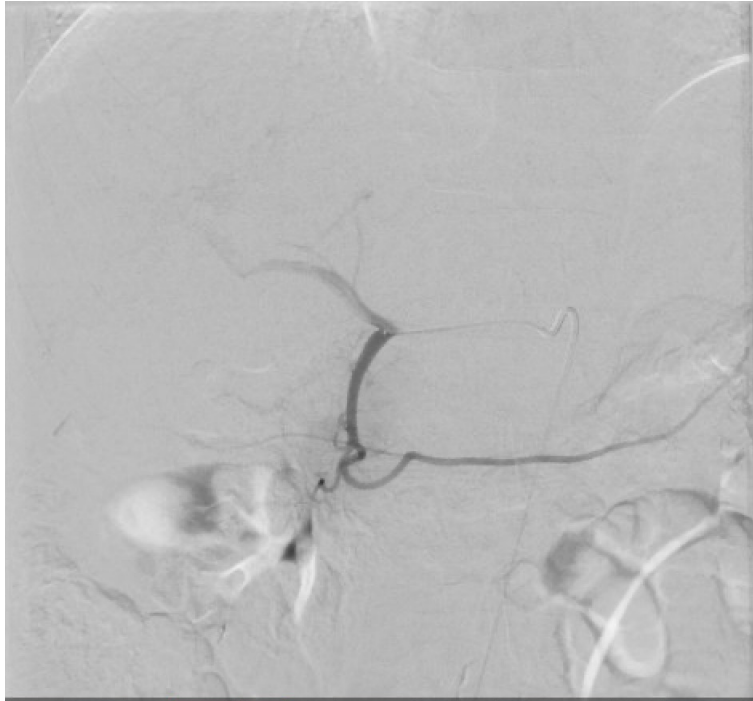
3. Pre-SIRT/SIRT

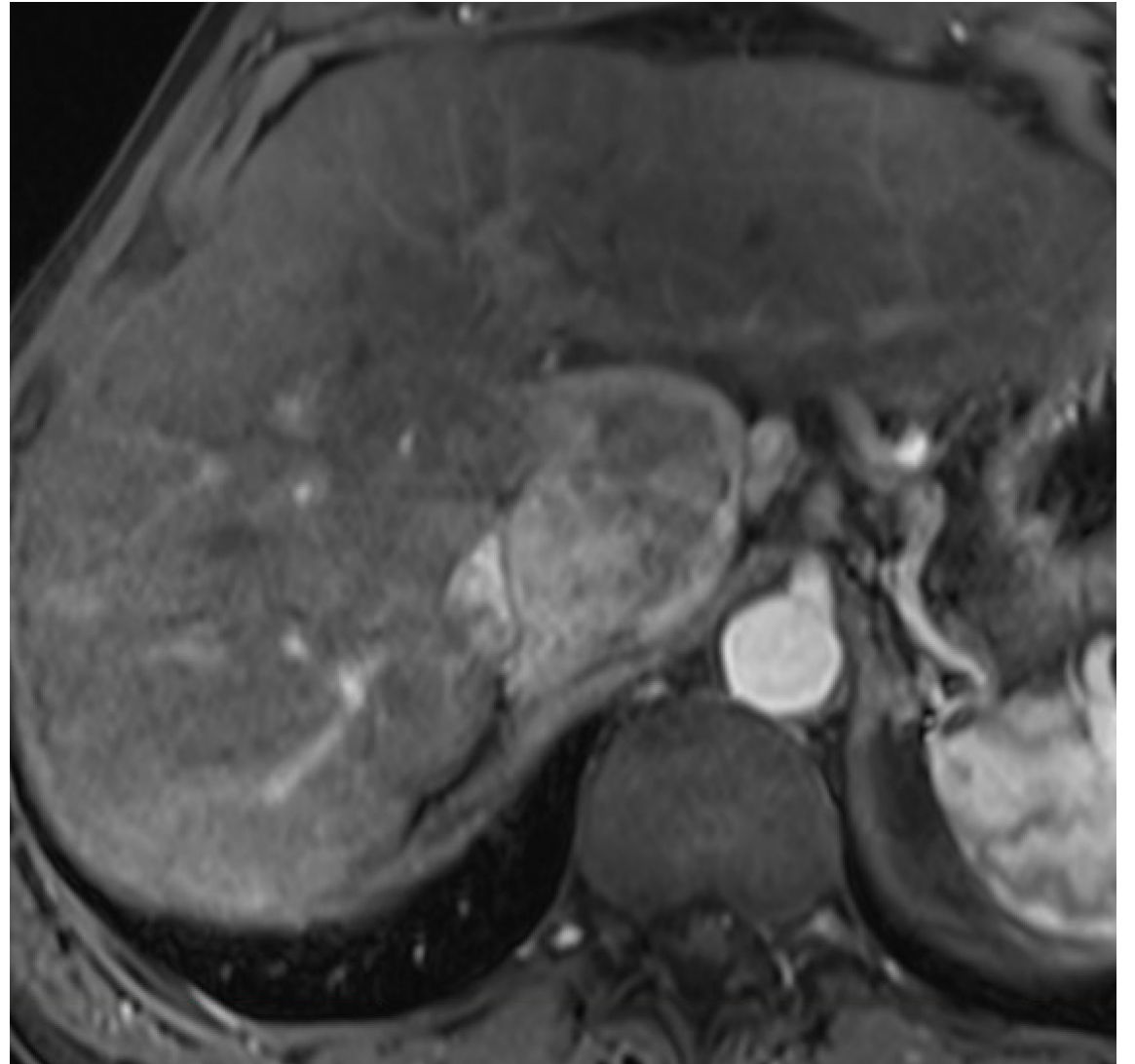
4. Radiation

# What do you explore?

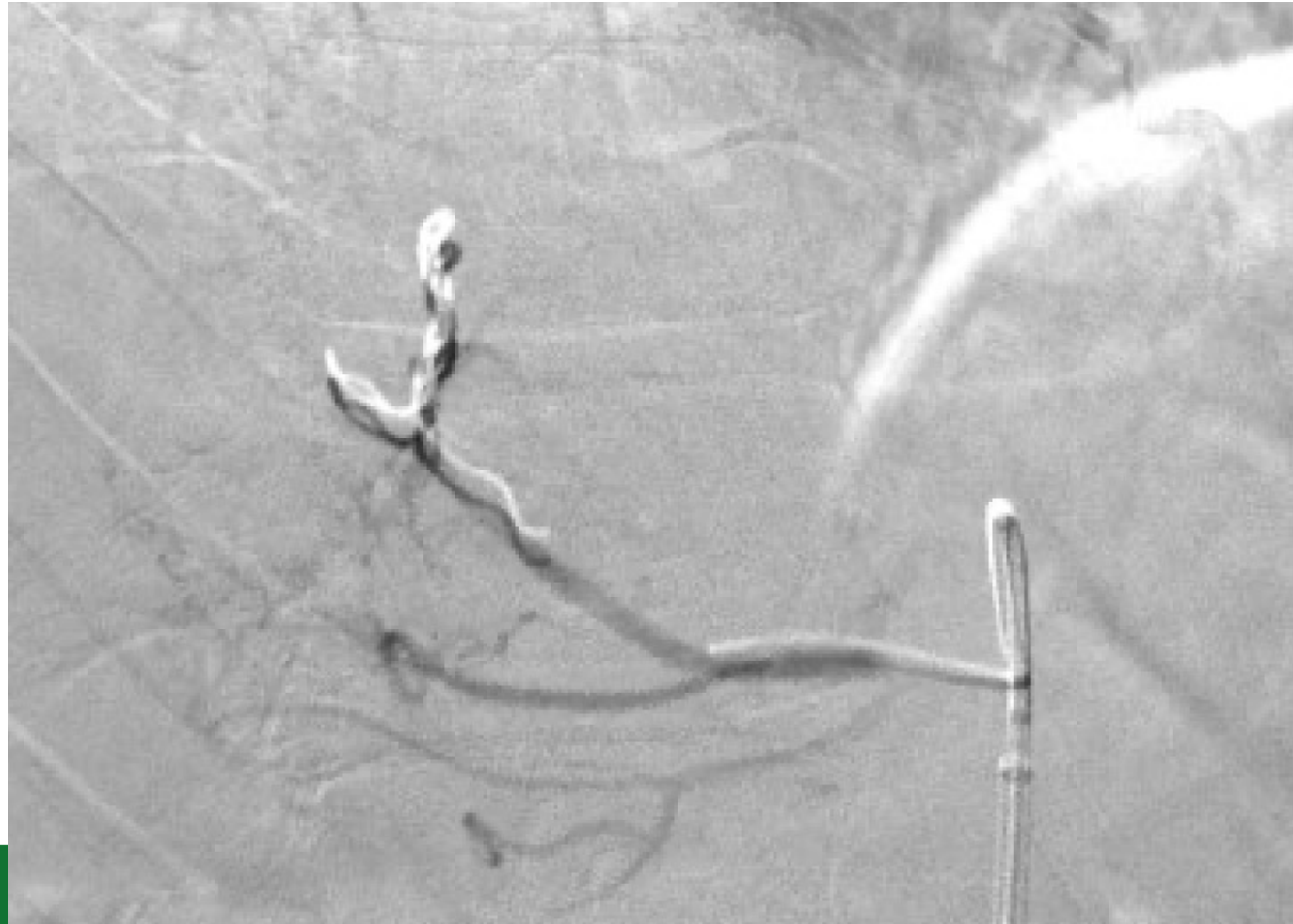
1. Left hepatic
2. Left gastric
3. Phrenic
4. All of the above

# Pre-Sirt/SIRT – Inferior Phrenic

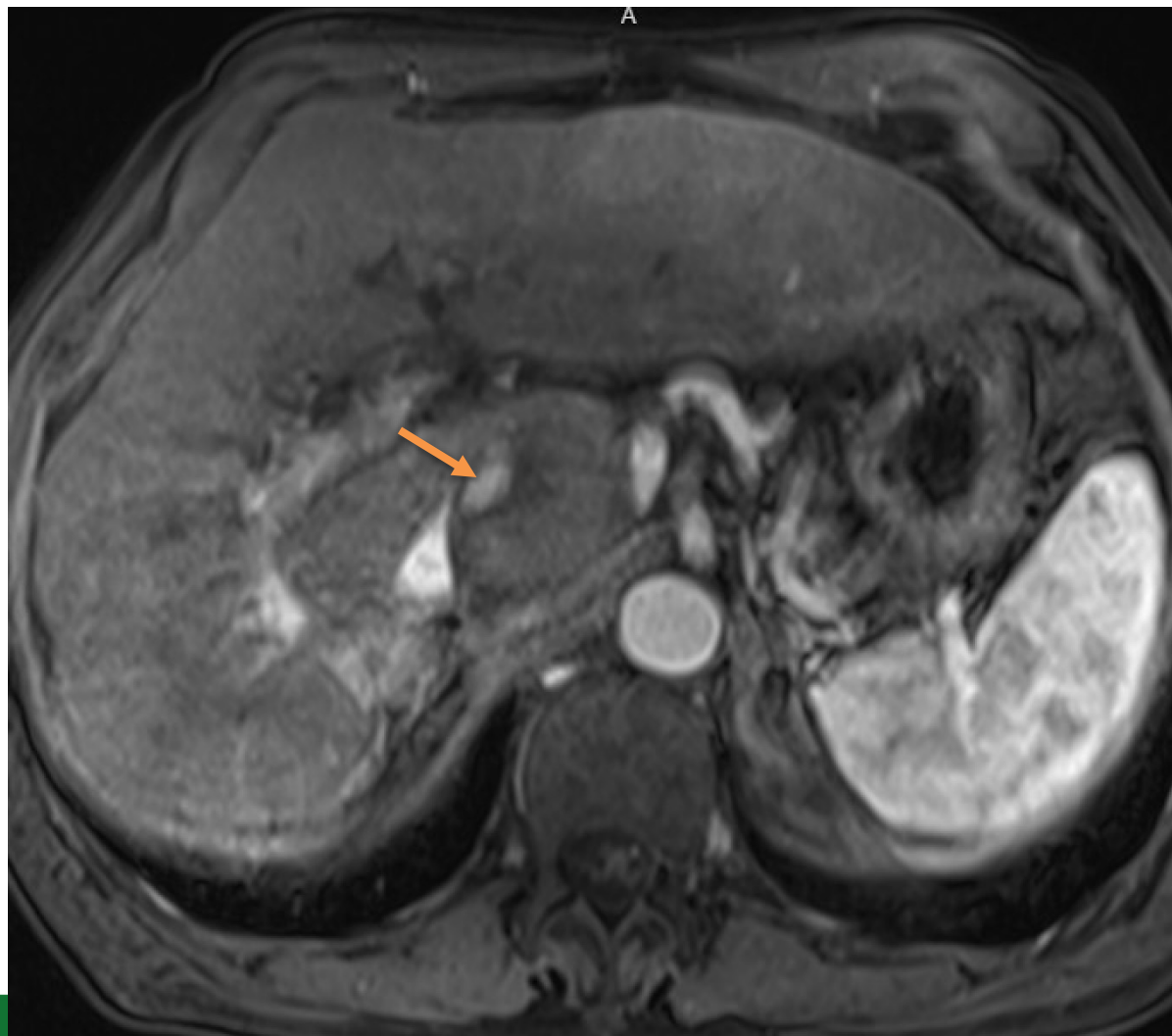




# Coil embo distal phrenic during pre-SIRT Y90 to tumor 1 week later



# 1 month post SIRT



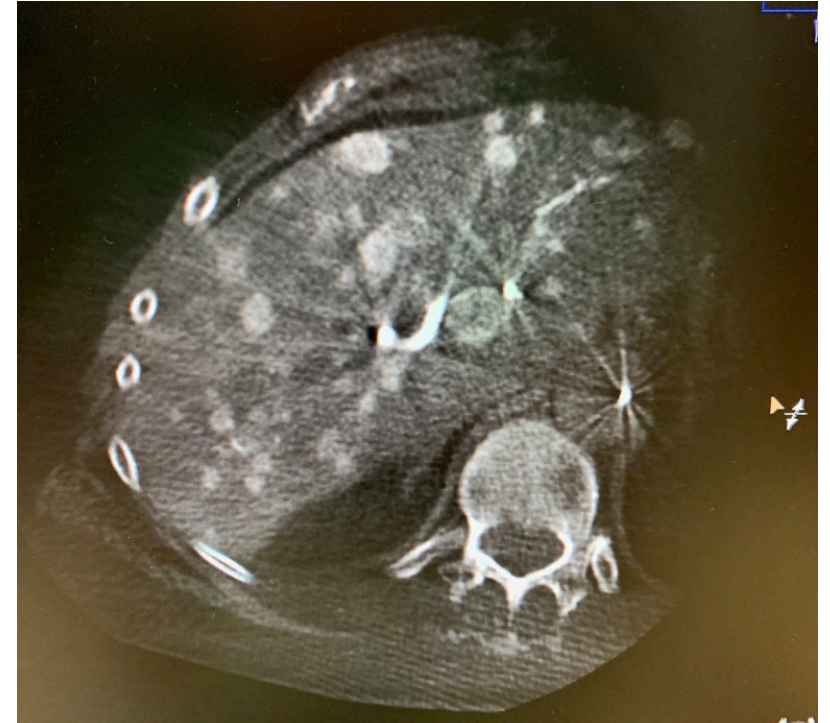
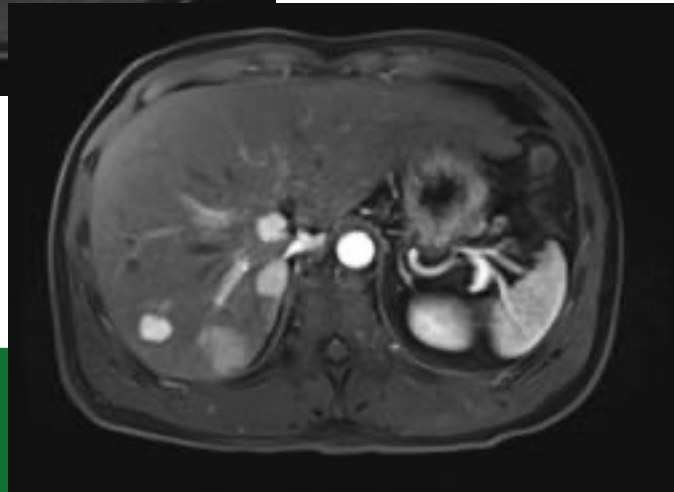
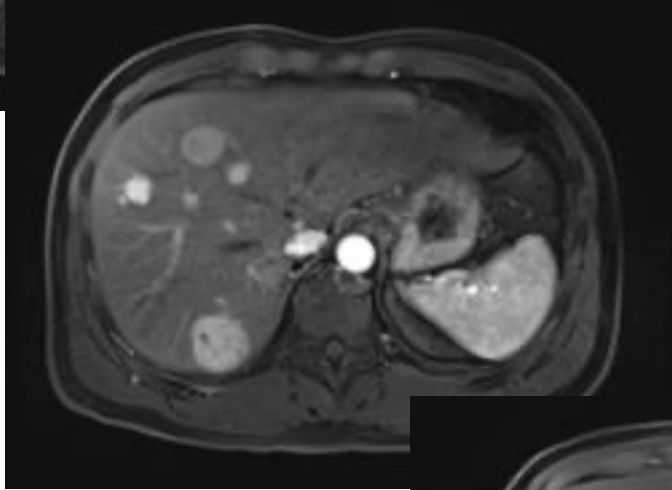
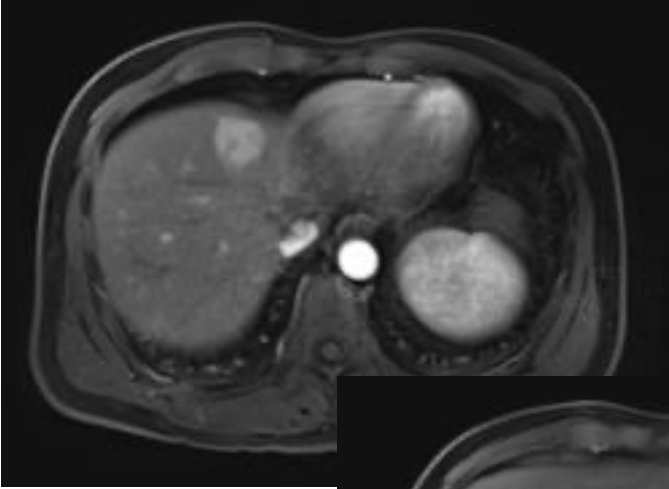
# Next step?

1. Ablate residual nodular area
2. Repeat TACE
3. Repeat SIRT
4. Radiation
5. Chemo



Case 6

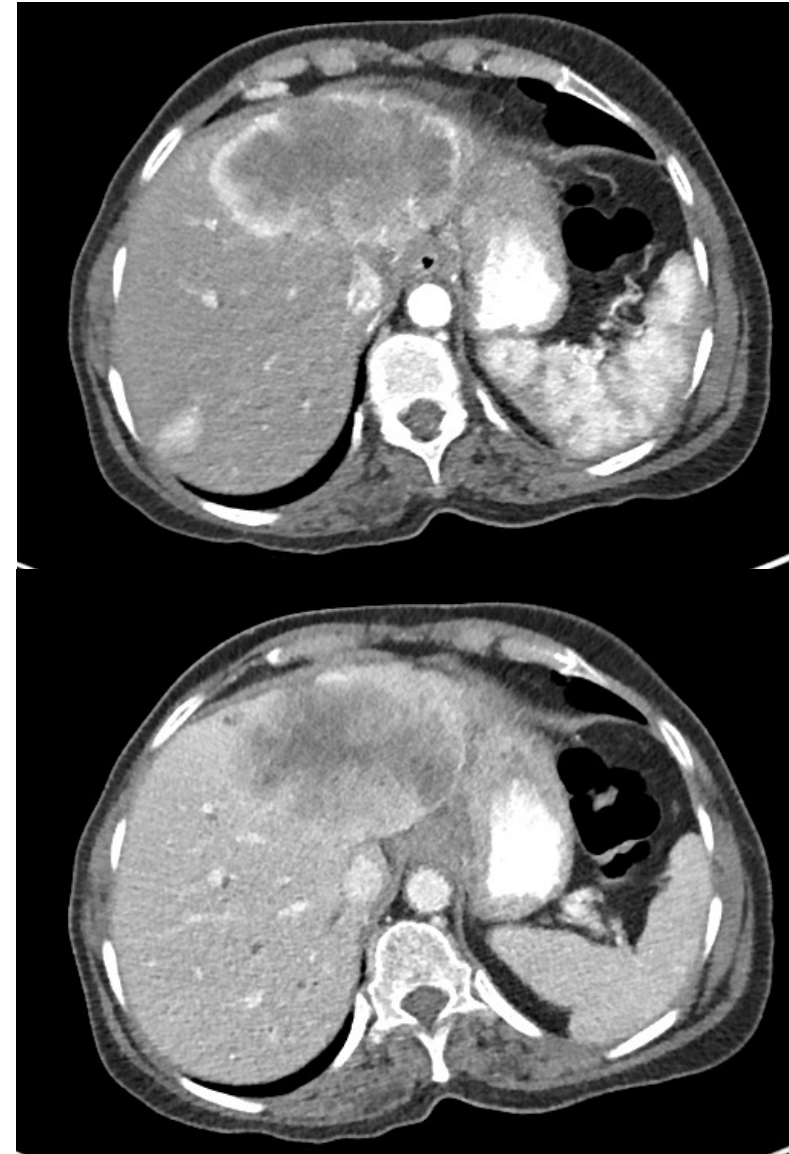
# BCLC Intermediate or Intermediate?



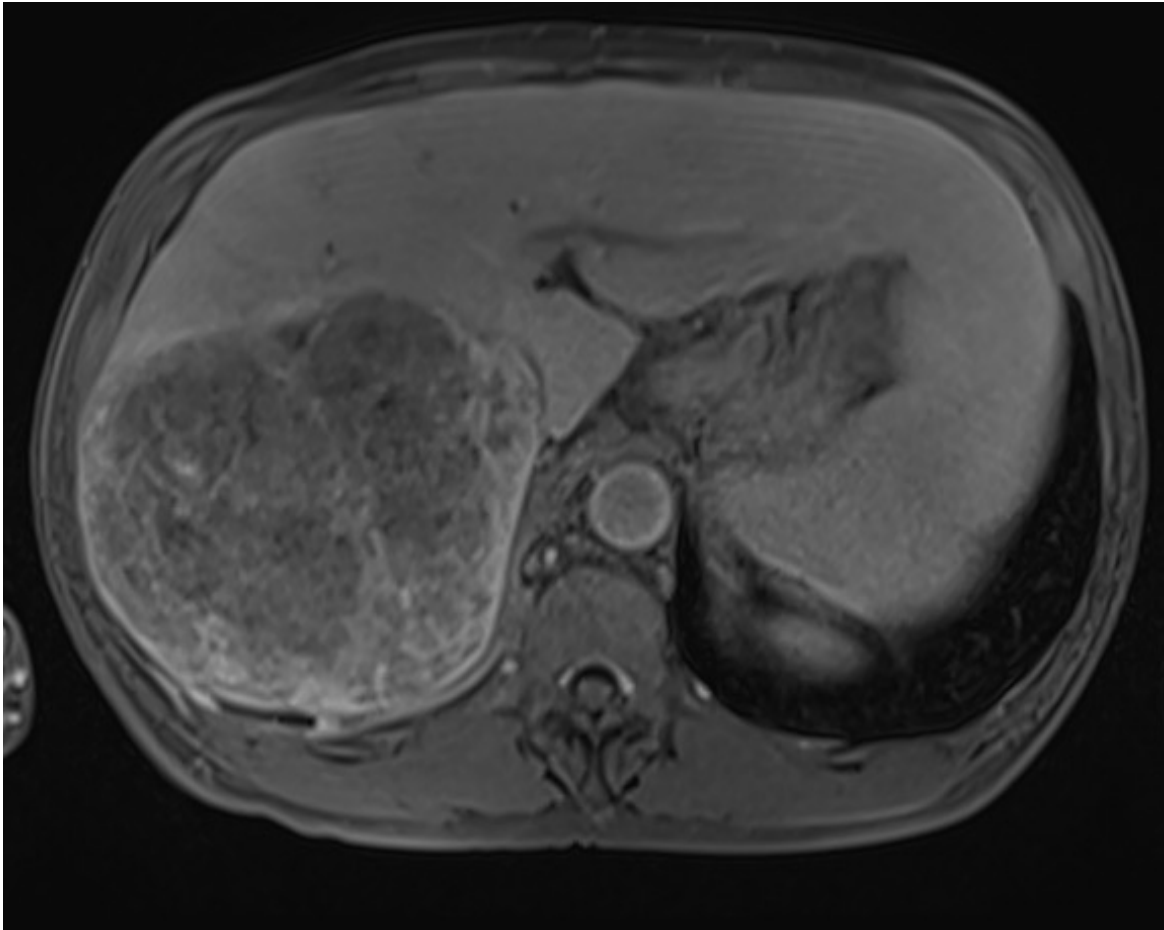
## Case 7

78 yo female without underlying history presents with abdominal pain

- ECOG 1
- Not a surgical candidate
- Labs:
  - CA 19-9: 300k
  - T Bili 0.5
  - Albumin 3.5
- Biopsy proven Cholangiocarcinoma



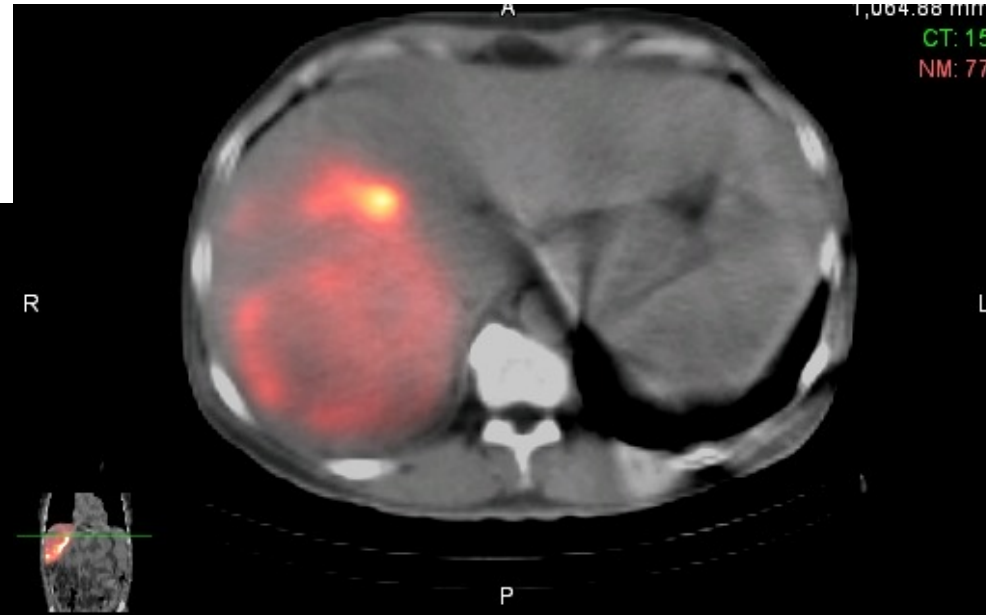
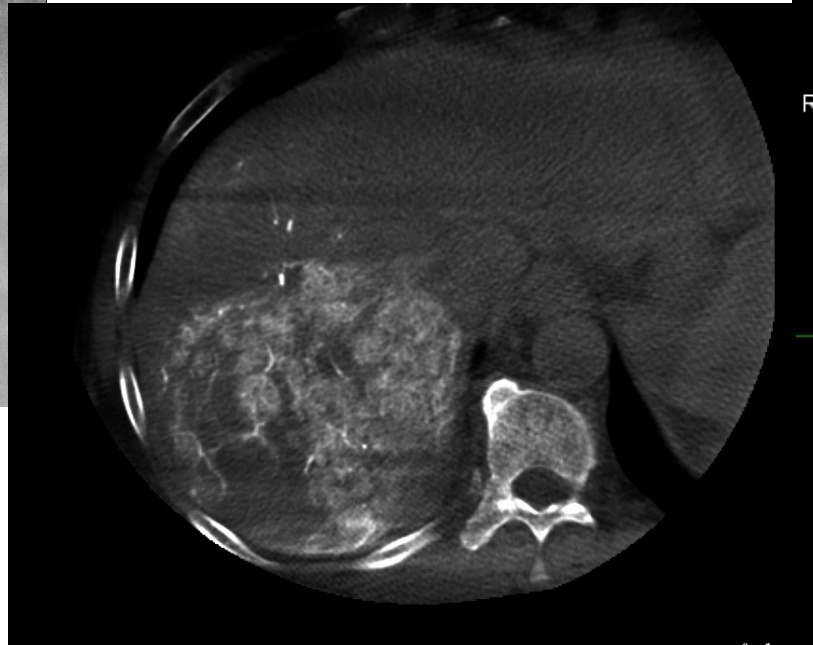
## Case 8



48 yo male with Hepatitis B

- ECOG 0
- Labs:
  - T Bili 1.4
  - Albumin 3.7
  - Platelets 78
  - AFP 5
- No vascular invasion or extrahepatic spread

# Mapping



Lung shunt: 22%