Liver Cancer Treatment

The recent approval of several new medications has changed the treatment landscape.

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While many cancer types are decreasing, liver cancer is on the rise. New cases have more than tripled in the United States since 1980, according to the American Cancer Society. Liver cancer mortality has also increased, making it the sixth leading cause of cancer death.

Over years or decades, chronic hepatitis B or C, fatty liver disease, heavy alcohol consumption and other causes of liver injury can lead to serious complications, including cirrhosis and hepatocellular carcinoma (HCC), the most common type of primary liver cancer. The liver is also a common site of metastasis, or cancer that spreads from elsewhere in the body.

Around 41,300 Americans will be diagnosed with liver cancer and about 30,500 will die from it this year. Men are over twice as likely as women to be diag- nosed with liver cancer. In the United States, this type of cancer is more common among Asians and Pacific Islanders due to a high prevalence of hepatitis B.

Early liver cancer often has no symptoms, making it difficult to catch at a more treatable stage. For this reason, people with cirrhosis are advised to undergo regular liver cancer monitoring.

Treatment for hepatocellular carcinoma depends on how advanced it is, including the size and number of tumors, whether the cancer has spread to other parts of the body and liver function status.

Treatment Options

In some cases, small liver tumors can be surgically removed (resection). Unlike other organs, a substantial portion of the liver can be removed and it will regenerate. Limited tumors may be treated with local therapies, including destroying the cancer with microwaves or radio waves (radiofrequency ablation), injection of alcohol into the tumor (percutaneous ethanol injection) or blocking the hepatic artery, the liver’s main blood supply (embolization).

Traditional chemotherapy is not very effective against HCC, but targeted therapy and immunotherapy offer more promise for advanced or metastatic disease. The Food and Drug Administration approved the first targeted therapy for HCC, Nexavar (sorafenib), in 2007. That was

about the only option for a decade, but then several approvals came in quick succession, changing the treatment landscape. Most targeted therapies for HCC interfere with angiogenesis, or the development of blood vessels that supply tumors. Checkpoint inhibitor immunotherapy unleashes T cells to destroy tumors.

Standard first-line treatment options for advanced HCC include a combination of the checkpoint inhibitor Tecentriq (atezolizumab) plus Avastin (bevacizumab) or targeted ther- apy using Nexavar or Lenvima (lenvatinib). Additional options for second-line therapy include the targeted drugs Cabometyx (cabozantinib), Cyramza (ramucirumab) and Stivarga (regorafenib) and the checkpoint inhibitors Keytruda (pembrolizumab) and Opdivo (nivolumab), with or without Yervoy (ipilimumab).

Targeted therapies can stop working, and immunotherapy doesn’t work for everyone. Your treatment plan may include a combination of surgery, radiation and medications. A liver transplant may be possible in some cases, but donor livers are in short supply. Liver cancer treatment continues to evolve, and several new therapies are under study. Ask your doctor whether a clinical trial might be a good option for you.

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