



# HCC MDT

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# The Eagle, Prometheus, & Hepatic Regeneration

(Jacob Jordaens,  
circa 1640)

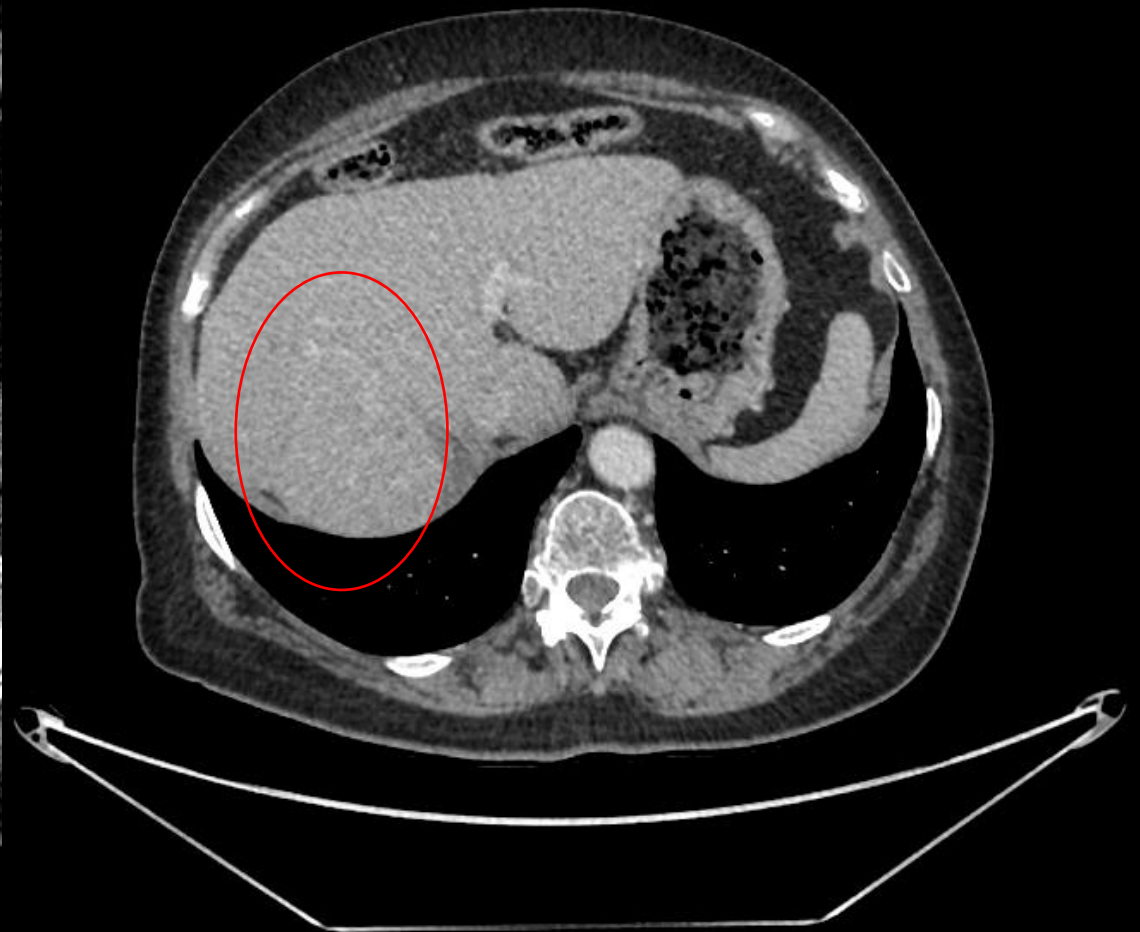


# Case 1

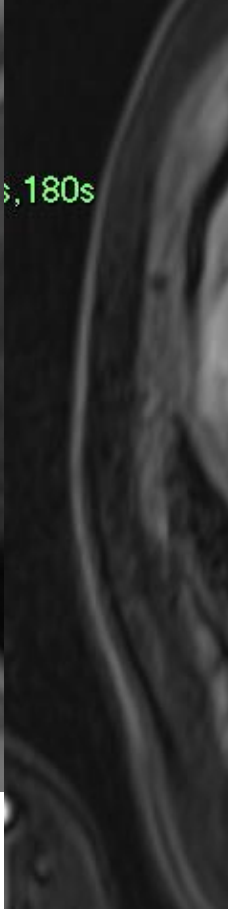
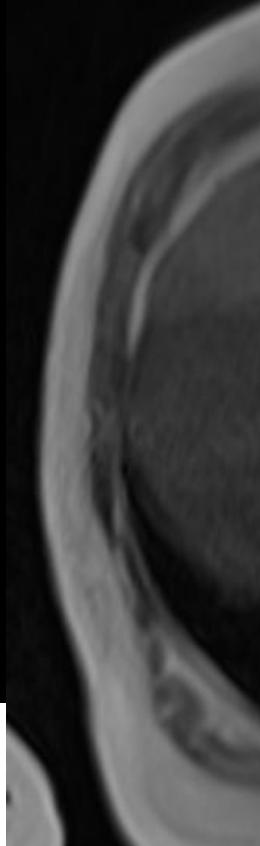
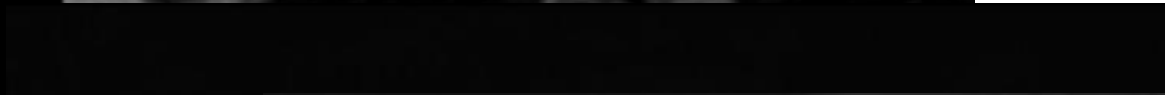
- 73 Female
- PMH: OA, CKD III, HT, THR
- USS: for haematuria
- Incidental liver lesion
- No past history of liver disease
- CT Fort William



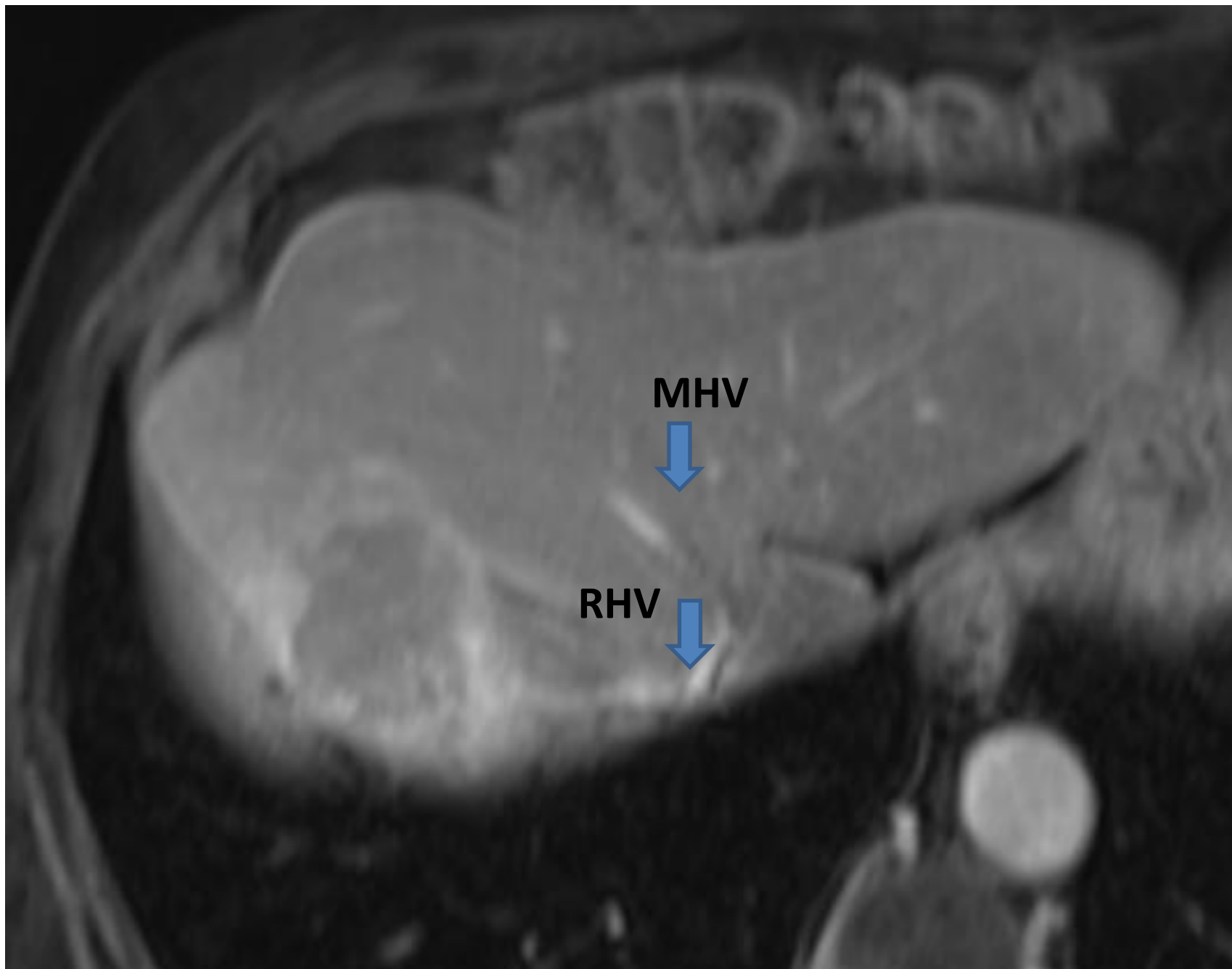
2017



2018







- MDT:
  - Macrovascular invasion at RHV.
  - Looks like HCC in non cirrhotic liver. Amenable to biopsy if required.
  - Fibroscan 5.1 kPa (Low Risk of Fibrosis)
  - Outwith transplant criteria
  - AFP 88
  - 2 peritoneal nodules
- Seen in clinic: fit candidate

# Diagnostic Lap

- Morphologically healthy liver
- 2 peritoneal nodules: biopsies
- Tumour not visualised



# MDT

- Peritoneal biopsies benign
- AFP 114
- Consider proceeding to resection

# HPB clinic

- Counselling for Surgery
- Pre-assessment: passed fit ASA2
- Standard Right hemihepatectomy
- Well encapsulated tumour R0 morphologically
- Trivial post-op delirium, self limiting

Test Items	Reference Range	Units	CB316738P20191108 08/11/2019 11:57	22/02/2019 09:10 Ⓢ	21/02/2019 09:08 Ⓢ	20/02/2019 09:00 Ⓢ	19/02/2019 09:11 Ⓢ	19/02/2019 00:52 Ⓢ	17/02/2019 08:03 Ⓢ	16/02/2019 18:14 Ⓢ
Sodium	133 - 146	mmol/L	<u>136</u> Ⓢ	<u>126</u> Ⓢ	<u>125</u> Ⓢ	<u>127</u> Ⓢ	<u>127</u> Ⓢ	<u>126</u> Ⓢ	<u>123</u> Ⓢ	<u>122</u> Ⓢ
Potassium	3.5 - 5.3	mmol/L	<u>4.7</u> Ⓢ	<u>4</u> Ⓢ	<u>4.4</u> Ⓢ	<u>4.6</u> Ⓢ	<u>5.2</u> Ⓢ	<u>5.1</u> Ⓢ	<u>4.7</u> Ⓢ	<u>4.6</u> Ⓢ
Chloride	95 - 108	mmol/L	<u>104</u> Ⓢ	<u>95</u> Ⓢ	<u>94</u> Ⓢ	<u>95</u> Ⓢ	<u>95</u> Ⓢ	<u>94</u> Ⓢ	<u>92</u> Ⓢ	<u>93</u> Ⓢ
Urea	2.5 - 7.8	mmol/L	<u>7.2</u> Ⓢ	<u>2.4</u> Ⓢ	<u>3.3</u> Ⓢ	<u>3.4</u> Ⓢ	<u>4.8</u> Ⓢ	<u>5.5</u> Ⓢ	<u>4.3</u> Ⓢ	<u>4.3</u> Ⓢ
Creatinine	45 - 84	umol/L	<u>80</u> Ⓢ	<u>64</u> Ⓢ	<u>66</u> Ⓢ	<u>69</u> Ⓢ	<u>78</u> Ⓢ	<u>84</u> Ⓢ	<u>76</u> Ⓢ	<u>78</u> Ⓢ
Acute Kidney Injury				<u>0 *</u> Ⓢ	<u>0 *</u> Ⓢ	<u>0 *</u> Ⓢ	<u>0 *</u> Ⓢ	<u>0 *</u> Ⓢ	<u>0 *</u> Ⓢ	<u>0 *</u> Ⓢ
eGFR (MDRD aligned)	60 - 140	ml/min/1.73m2	<u>&gt;60</u> Ⓢ	<u>&gt;60</u> Ⓢ	<u>&gt;60</u> Ⓢ	<u>&gt;60</u> Ⓢ	<u>&gt;60</u> Ⓢ	<u>58</u> Ⓢ	<u>&gt;60</u> Ⓢ	<u>&gt;60</u> Ⓢ
Calcium									<u>2.20</u> Ⓢ	
Calcium (adjusted)	2.20 - 2.60								<u>2.46</u> Ⓢ	
Phosphate	0.80 - 1.50								<u>0.98</u> Ⓢ	<u>0.79</u> Ⓢ
Total Protein	60 - 80								<u>52</u> Ⓢ	
Albumin	35 - 50	g/L		<u>24</u> Ⓢ	<u>24</u> Ⓢ	<u>23</u> Ⓢ	<u>26</u> Ⓢ	<u>23</u> Ⓢ	<u>27</u> Ⓢ	<u>25</u> Ⓢ
Tot Bilirubin	0 - 20	umol/L		<u>31</u> Ⓢ	<u>33</u> Ⓢ	<u>43</u> Ⓢ	<u>63</u> Ⓢ	<u>63</u> Ⓢ	<u>92</u> Ⓢ	<u>76</u> Ⓢ
Ala Amino Trans	9 - 55	U/L		<u>206</u> Ⓢ	<u>254</u> Ⓢ	<u>335</u> Ⓢ	<u>484</u> Ⓢ	<u>497</u> Ⓢ	<u>1020</u> Ⓢ	<u>1135</u> Ⓢ
Alk Phosphatase	30 - 130	U/L		<u>163</u> Ⓢ	<u>168</u> Ⓢ	<u>159</u> Ⓢ	<u>149</u> Ⓢ	<u>124</u> Ⓢ	<u>149</u> Ⓢ	<u>124</u> Ⓢ
Gamma Glut Trans	6 - 35	U/L		<u>208</u> Ⓢ	<u>214</u> Ⓢ	<u>198</u> Ⓢ	<u>191</u> Ⓢ	<u>158</u> Ⓢ	<u>206</u> Ⓢ	<u>192</u> Ⓢ
C-Reactive Protein	0 - 4	mg/L		<u>77</u> Ⓢ		<u>98</u> Ⓢ	<u>139</u> Ⓢ	<u>138</u> Ⓢ	<u>183</u> Ⓢ	<u>125</u> Ⓢ
Magnesium	0.70 - 1	mmol/L								<u>0.61</u> Ⓢ
Haemolysis			- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ
Lipaemia			- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ	- Ⓢ
Icteric			- Ⓢ	± Ⓢ	± Ⓢ	± Ⓢ	± Ⓢ	± Ⓢ	± Ⓢ	± Ⓢ
Sign Off			☑	☑	☑	☑	☑	☑	☑	☑





11.7	A	19.8	A	17.5	A	13.1	A	11.1
1	A	1.7	A	1.5	A	1.1	A	1
32.7	A	31.1 <sup>#</sup>	A	28.3 <sup>#</sup>	A	24.8 <sup>#</sup>	A	29.1 <sup>#</sup>
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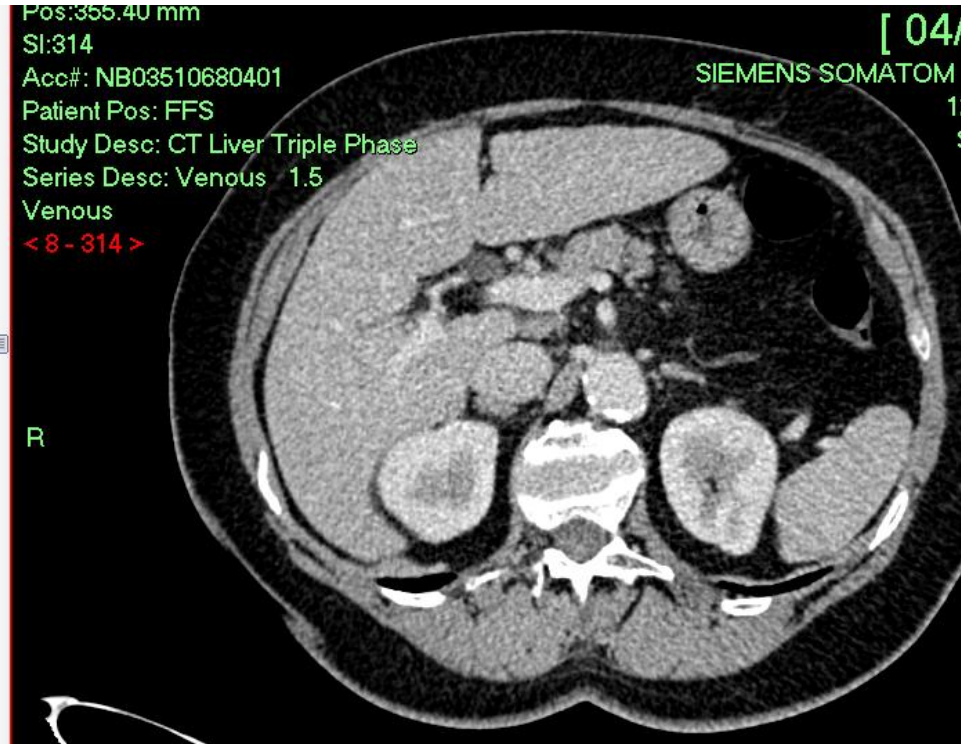
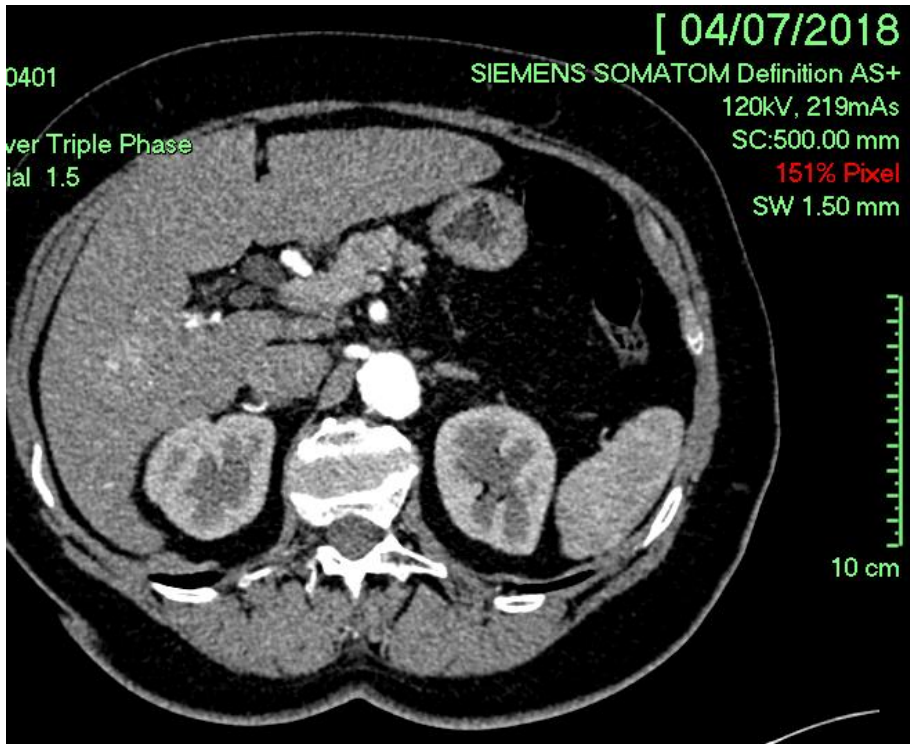
- Discharged 11 days post op
- Histology: Well differentiated HCC. pT1b R0
- Surveillance: CTCAP
- 11 Months: Alive and disease free

# Case-2 MDT referral

- 77 year old lady with deranged LFTs.
- PMH: HT, BMI 33
- Light alcohol consumer
- No previous liver disease
- Lesion in liver on USS.
- Review CT 04/07/18
- Childs A
- AFP 10

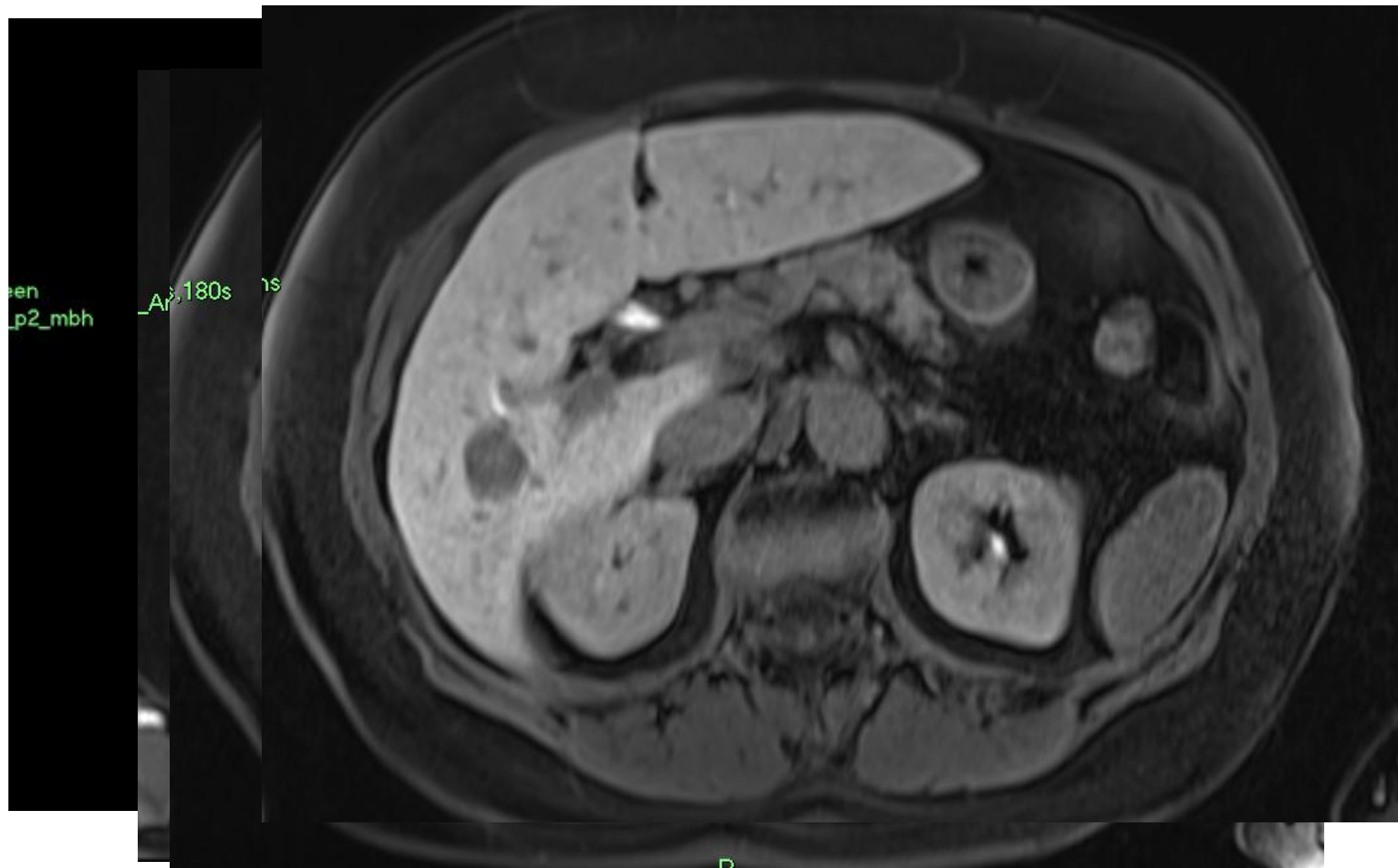


# Review CT 04/07/18



# MDT discussion

- Childs A.
- No vascular invasion.
- Plan: staging MRI and Fibroscan



# MDT

- Out-with transplant criteria.
- fibroscan results.
- Consider resection and RFA.

# FIBROSCAN



- Score 12.6 kPa
- Indicative of degree of fibrosis.

# MDT

- Refer to Edinburgh HPB MDT in view of RFA based on the Fibroscan result.
- Outcome: too-ill defined for RFA due to proximity to posterior branch of the portal vein. Indicates poor prognosis
- Consider TACE

# TACE 1

- 7/12 first TACE-1 nausea for 2 weeks



RIGHT

POST CHEMO EMBOLISATION  
RIGHT



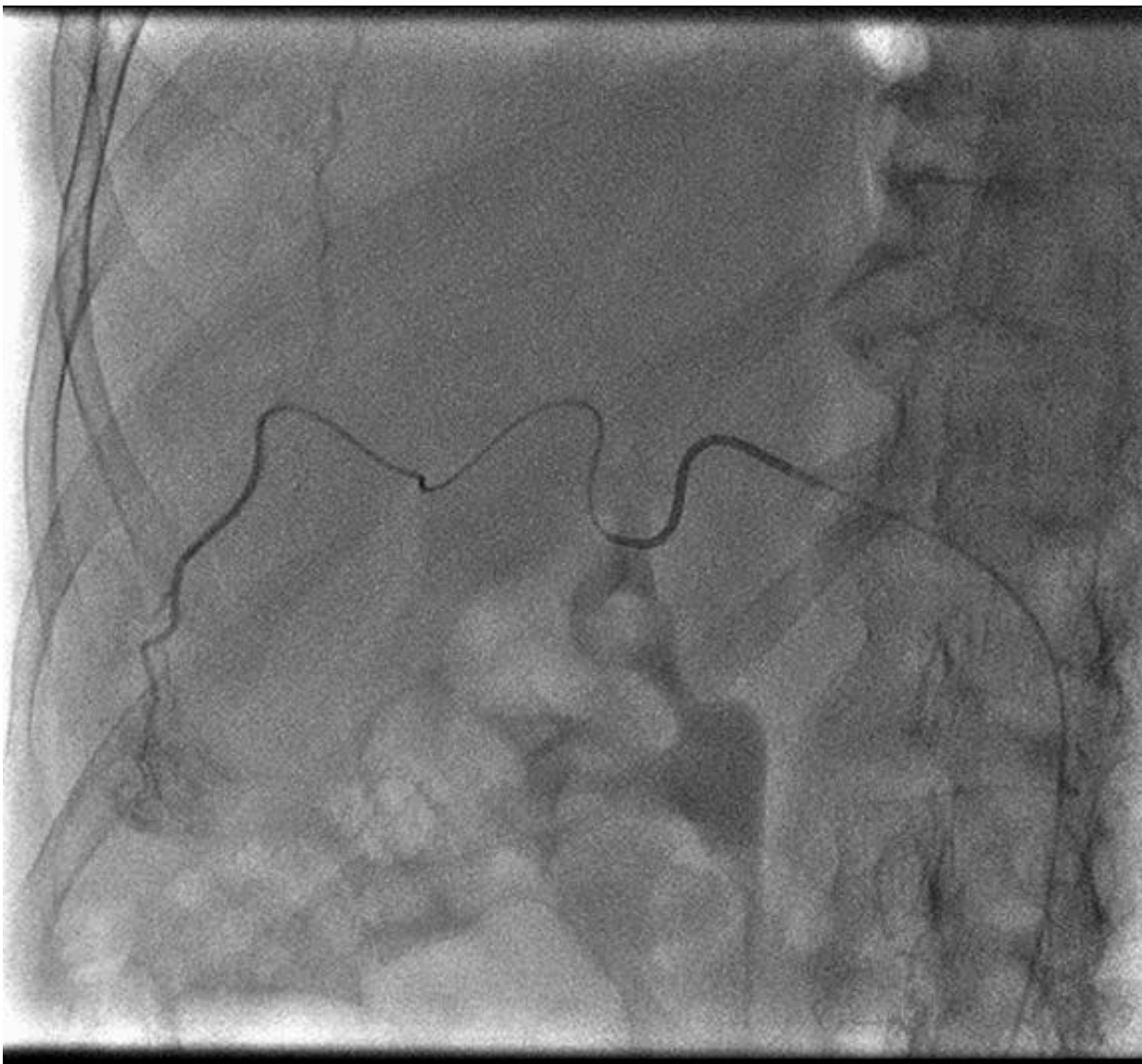
# Post Tace 1



# MDT

- 18/01/19 CT Good partial response to TACE.  
BAK to review in clinic and consider further TACE.

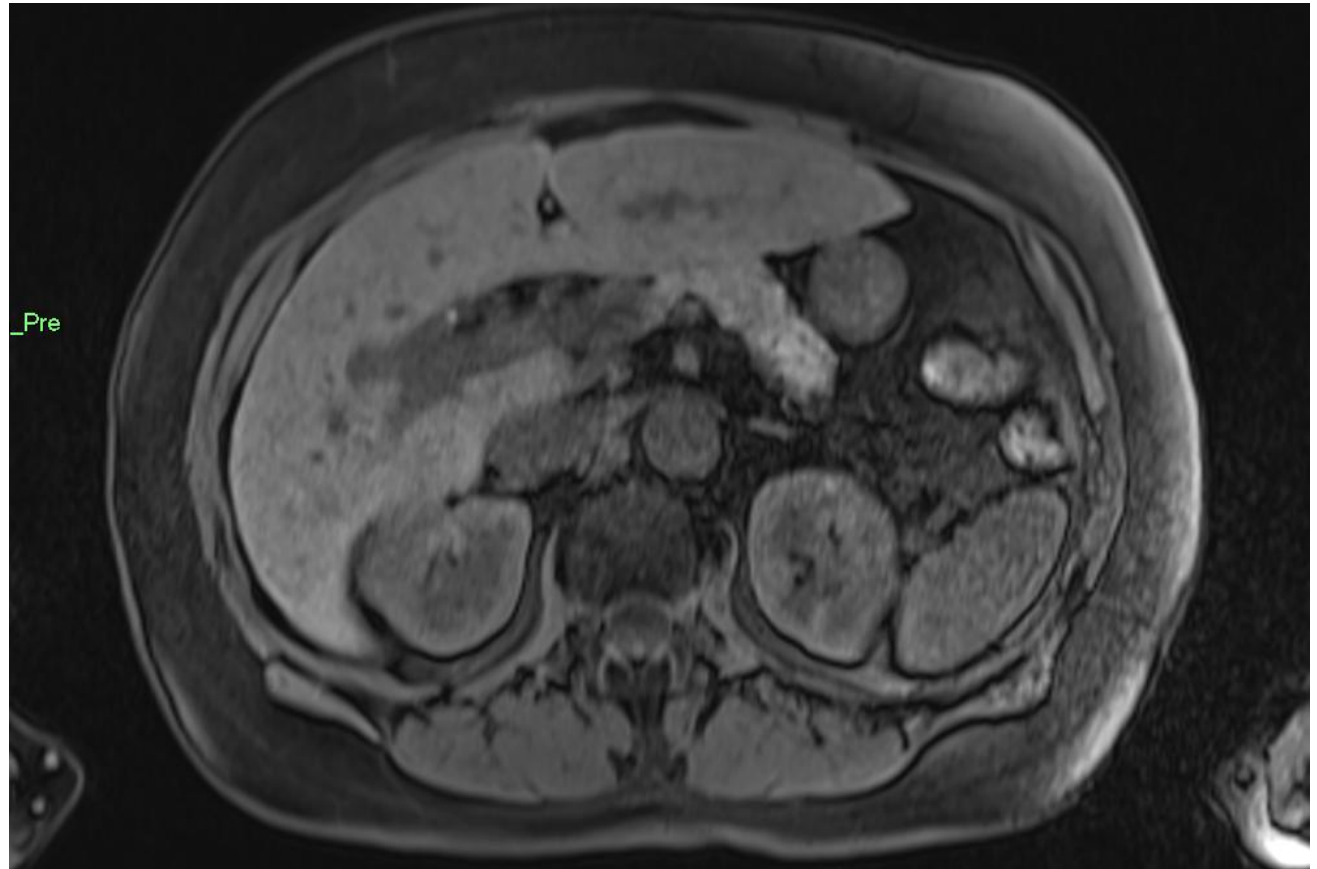
# TACE 2



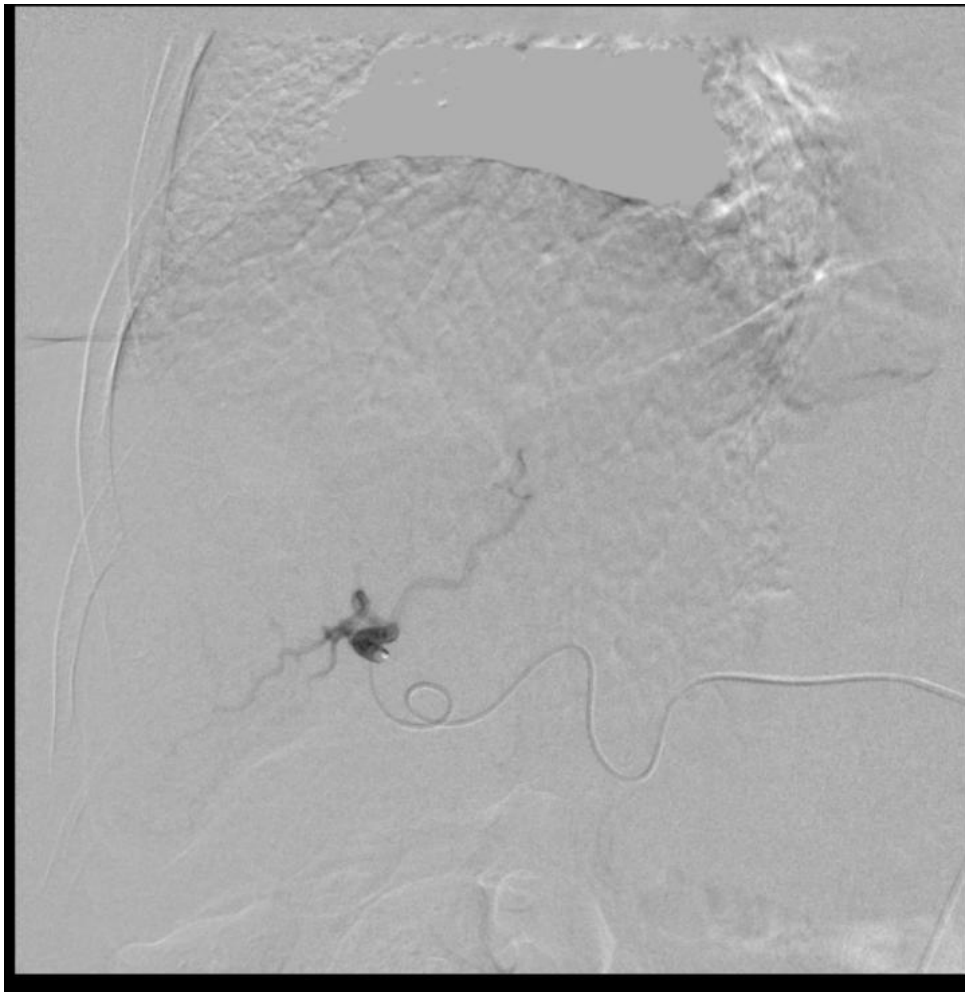
# TACE 2

- 07/03 TACE-2 well tolerated

# MDT



MRI 18/04 Good response to TACE although possible marginal residual tumour. consider repeat TACE.



TACE-3

- 18/07 No embolisation



# MDT

- MRI 30/10 HCC in segment 5/6
- Repeat MRI in 6 months time as likely only necrotic area left.