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ABOUT COVER

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Multidisciplinary approaches in the management of advanced hepatocellular carcinoma: Exploring future directions

Xin-Jin Liu, Yi-Xiu Lin, Liu-Xiang Chen, Wen-Juan Yang, Bing Hu

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Abstract

Recently, we read the article "Pathologically successful conversion hepatectomy for advanced giant hepatocellular carcinoma after multidisciplinary therapy: A case report and review of the literature" published in the *World Journal of Gastrointestinal Oncology*. The prognosis of advanced hepatocellular carcinoma (HCC) is poor, and multidisciplinary comprehensive treatment is currently the main research direction. This case report demonstrated the efficacy of the combination therapy of transcatheter arterial chemoembolization, hepatic arterial infusion chemotherapy, epclusa, lenvatinib and sintilimab for a patient with advanced HCC, and the report can serve as a reference for clinical practice. We would also like to share some of our views.

Key Words: Hepatocellular carcinoma; Multidisciplinary conversion therapy; Pathological complete response; Comment

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Core Tip: Chu and colleagues reported a case of pathologically successful conversion hepatectomy for advanced giant hepatocellular carcinoma after multidisciplinary therapy. We shared our views about this study and discussed the current status of unresectable liver cancer. We believe that individualized combination therapy has great potential for patients with advanced liver cancer.

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INTRODUCTION

Surgical resection is appropriate only for patients with early-stage liver cancer, but hepatocellular carcinoma (HCC) that occurs in the context of cirrhosis often originates from multiple sites and is highly heterogeneous, so the postoperative recurrence rate is high. In contrast, approximately 20% of all HCCs arise in noncirrhotic livers, where they frequently remain clinically silent, thus making surveillance impractical[1]. At present, there are a variety of treatment options for liver cancer, including surgery, radiotherapy, transcatheter arterial chemoembolization (TACE), hepatic arterial infusion chemotherapy (HAIC), radiofrequency ablation, targeted therapy and immunotherapy[2,3]. However, the therapeutic effect on liver cancer is affected by many factors, such as clinical stage, liver function status, and treatment resistance[4]. Therefore, in the treatment of advanced liver cancer, it is necessary to consider these factors and develop appropriate treatment plans to achieve the dual goals of improving efficacy and minimizing adverse reactions.

MULTIDISCIPLINARY APPROACHES IN THE MANAGEMENT OF ADVANCED HCC

Recently, we read an article with great interest titled "Pathologically successful conversion hepatectomy for advanced giant hepatocellular carcinoma after multidisciplinary therapy: A case report and review of the literature"[5]. In this case report, a patient with advanced HCC underwent surgical resection after multidisciplinary treatment with TACE, HAIC, epclusa, lenvatinib and sintilimab, and postoperative pathology suggested a complete response. Chu *et al*[5] carefully selected the most appropriate treatment regimen for the patient based on their individual situation and adjusted the regimen according to the examination results during follow-up. This case report provides a clinical reference for an effective and safe treatment option for patients with advanced HCC. However, this case study was limited by the 3-month postoperative follow-up period. If feasible, prolonged follow-up would be beneficial for accurate assessment of patient prognosis.

As emphasized by the authors, individualized therapy is imperative[6]. Combination therapy is expected to prolong the survival of patients and even achieve a cure. For example, targeted drugs such as lenvatinib combined with immunotherapy can significantly reduce the size of tumors[7]. On this basis, when combined with radiotherapy, the levels of tumor markers such as alpha-fetoprotein and PIVKA-II can be significantly decreased[8,9]. In addition, Zhou *et al*[10] reported that multidisciplinary therapy can provide a therapeutic window for clinicians to optimize therapies for patients with advanced HCC. In the majority of patients with advanced liver cancer, experts from oncology, surgery, and intervention departments participate in multidisciplinary diagnosis and treatment to evaluate the patient's condition and formulate a combined treatment plan. If the tumor can be reduced by medical drugs combined with interventional therapy to reach the criteria for surgical resection, more patients with liver cancer will have the opportunity to be cured. Therefore, for the comprehensive treatment of advanced liver cancer, prolonging survival to explore possible curative treatments has become a relatively clear and promising direction.

CONCLUSION

Overall, conversion therapy is essential for patients with unresectable advanced liver cancer. In this case, multidisciplinary treatment successfully transformed the pathology of an advanced giant HCC. However, it is difficult to find a universal regimen due to the variety of adverse reactions that can occur. Thus, further research is necessary to advance and refine this therapy. We believe that an increasing number of patients with liver cancer will be cured by conversion therapy in the near future.

FOOTNOTES

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